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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 (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 (the Subcommittee).

2. “Official relations” is a privilege that the Executive Committee may grant to nongovernmental organizations, international business associations, and philanthropic foundations that have had, and continue to have, sustained and systematic engagement with PAHO that is assessed by both parties as being mutually beneficial.

3. Official relations are based on a three-year plan for collaboration with PAHO that has been developed and agreed upon jointly by the non-State actor 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 Actors for Admission into Official Relations with PAHO

4. Based on its review of the application for admission into official relations submitted by the non-State actors Coalition for Americas’ Health (CLAS, Spanish acronym) and the International Diabetes Federation (IDF), the Bureau considered that the applicant organizations meet the requirements and are therefore presented for consideration by the Executive Committee through the Subcommittee.

5. The information submitted by the non-State actors in support of their applications was made available to the Subcommittee. The 17th Session of the Subcommittee on Program, Budget, and Administration, composed of the Delegates of Argentina, Brazil, Dominican Republic, Honduras, Jamaica, Saint Kitts and Nevis, and United States of America, considered the applications and background papers prepared by the Bureau with information submitted by the non-State actors. The report is provided in Annex A.
6. The Subcommittee recommends establishing official relations with Coalition for Americas' Health and the International Diabetes Federation.

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, at which time it may decide on the desirability of maintaining official relations or defer the decision to the following year. In addition, the Executive Committee may decide to discontinue official relations with a non-State actor if it considers that such relations are no longer appropriate or necessary in light of changing programs or other circumstances. Similarly, the Executive Committee may discontinue official relations if an organization no longer meets the criteria that applied at the time the relations were established, fails to provide updated information or report on the collaboration, or fails to fulfill its part in the agreed program of collaboration.
8. Currently, there are 28 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. In 2023, eleven entities are up for renewal: American Heart Association (AHA), American Public Health Association (APHA), American Society for Microbiology (ASM), Basic Health International (BHI), Global Oncology (GO), Inter-American Association of Sanitary and Environmental Engineering (AIDIS, Spanish acronym), March of Dimes, Pan-American Federation of Associations of Medical Schools (PAFAMS), Pan American Federation of Nursing Professionals (FEPPEN, Spanish acronym), United States Pharmacopeial Convention (USP), and World Association for Sexual Health (WAS). The Director submitted a report to the 17th Session of the Subcommittee on Program, Budget, and Administration on these eleven entities. The 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 eleven non-State actors be maintained through 2025: American Heart Association, American Public Health Association, American Society for Microbiology, Basic Health International, Global Oncology, Inter-American Association of Sanitary and Environmental Engineering, March

of Dimes, Pan-American Federation of Associations of Medical Schools, Pan American Federation of Nursing Professionals, United States Pharmacopeial Convention, and World Association for Sexual Health.

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 two non-State actors:

Coalition for Americas' Health

1. The Coalition for America's Health (CLAS, Spanish acronym), established in 2011, is a not-for-profit umbrella organization of over 200 non-governmental organizations from Latin America and the Caribbean, whose purpose is to prevent and control non-communicable diseases (NCDs) in the Region of the Americas by promoting an environment conducive to health, well-being, and social and economic development.
 2. CLAS promotes healthy, sustainable, and equitable food systems, as well as reduction in tobacco, nicotine, and alcohol use; addresses the prevention and control of hypertension and diabetes; strengthens civil society organizations in the Region; and promotes consensus for a regional agenda on NCDs from the civil society perspective.
 3. Over the past two years, CLAS worked closely with PAHO on the prevention and control of NCDs, including healthy nutrition and tobacco control. The main areas of collaboration have been:
 - a) *Reducing obesity and overweight:* As part of its advocacy efforts, CLAS organized teams and coalitions of civil society organizations in Costa Rica, El Salvador, Guatemala, and Panama to promote front-of-package labeling (FOPL). CLAS provided capacity building to over 700 participants in Central America on industry monitoring, mapping of regulations, coalition building, and fostering advocacy skills. CLAS also developed a policy brief on FOPL for decision makers.
 - b) *Tobacco control:* CLAS led the development of a policy brief on fiscal policies for the financial sector entitled *Políticas Fiscales y Enfermedades No Transmisibles*. CLAS, PAHO, and Centro de Estudios en Protección Social y Economía de la Salud de la Universidad Icesi y la Fundación Valle del Lili (PROESA) en Colombia signed a letter for co-publication of this brief. CLAS also supported civil society in Bolivia to promote the passage of regulation for the legislation on tobacco control approved in 2020.
 - c) *NCD prevention and control:* In 2021, CLAS, its members, and its allies started to develop the *Regional NCD Agenda 2022–2030: Towards Post-Pandemic Recuperation and Resilience in Latin America to Prevent and Control NCDs*. PAHO regional advisors and NCD focal points in the PAHO/WHO Representative (PWR) Offices were actively engaged in this dialogue, which was a milestone of the new agenda.
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- d) *Reducing cardiovascular diseases*: PAHO invited CLAS to write for the HEARTS supplement of the Pan American Journal of Public Health, on the role of civil society in hypertension control.
 - e) *Alcohol control*: In 2021, CLAS helped PAHO to further disseminate the “Live Better, Drink Less” campaign in six countries, seeking to increase awareness on the harmful effects of alcohol on health.
4. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between CLAS and PAHO:
- a) Strengthen civil society’s capacity to promote effective policies for preventing NCDs through the development and implementation of capacity building events and tools, such as industry monitoring, communications planning, development of advocacy strategies, and mapping of stakeholders and regulations.
 - b) Support the creation of civil society coalitions, where they do not already exist, by convening interested parties, working with local leaders to identify priorities, drafting a case for support, and so on.
 - c) Promote improved communication to support policy change. CLAS is planning to organize a regional communication space to foster synergies, empower local advocates, and articulate efforts of various groups.

International Diabetes Federation

5. The International Diabetes Federation (IDF), established in 1950, is an umbrella organization of over 240 national diabetes associations in 160 countries and territories. Its mission is to promote diabetes care, prevention, and a cure worldwide. IDF is engaged in action to tackle diabetes from the local to the global level, from programs at community level to worldwide awareness and advocacy initiatives.

6. IDF seeks to increase access to and improve the quality of care currently available. It does this through advocacy, education of people with diabetes to help them manage their condition, campaigns for public awareness and health improvement, and the exchange of high-quality information about diabetes.

7. Over the past two years, IDF and PAHO have been working closely to improve diabetes prevention and control in the Region of the Americas. The following activities have been carried out jointly:

- a) A consultation was held with IDF national members in the Region of the Americas on their existing collaboration with PWR Offices, and on the use of the WHO HEARTS technical package, the PAHO Chronic Care Passport, and the Regional Revolving Fund for Strategic Public Health Supplies Fund (Strategic Fund).
- b) In January 2021, IDF and PAHO signed a Framework Agreement in order to strengthen ongoing collaboration. The agreement supports the implementation of

joint activities to improve diabetes prevention and control in the Region. Such activities include the development of communications and diabetes-related materials, a virtual course on diabetes, awareness-raising webinars, and media training for journalists on diabetes prevention and control.

- c) PAHO and IDF developed joint webinars on a myriad of topics, including: the impact of COVID-19 on diabetes care in South and Central America (with over 1,500 attendees) and in North America and the Caribbean (with over 800 attendees); and the prospects for increasing access to diabetes care in the Region.

8. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between IDF and PAHO:

- a) Promote HEARTS package D-module and conduct diabetes evidence workshops. The IDF network will promote the use of the D-module of the HEARTS package on the diagnosis and management of type 2 diabetes in national programs. One joint virtual or face-to-face workshop will be organized to disseminate scientific evidence on diabetes.
- b) Organize a joint webinar and develop educational materials on diabetes. One joint webinar on relevant diabetes-related topics will be organized. IDF will provide input and disseminate PAHO public educational materials on diabetes.
- c) Monitor and report quality of care indicators and use of the Chronic Care Passport. The IDF network will advocate for the national monitoring and reporting of diabetes quality of care indicators. An IDF survey will be conducted with its members to report on the use of the quality-of-care model and of the Chronic Care Passport in the Region.
- d) Increase access to diagnosis and medicines, including insulin. A methodology will be developed to gather national data on access to and affordability of insulin in the Region and may be pilot-tested in one country. The IDF network will help promote the Strategic Fund at the national level.

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 eleven non-State actors:

American Heart Association

1. The American Heart Association (AHA) is a non-profit professional and public health voluntary organization dedicated to fighting heart disease and stroke through research, education, and advocacy. AHA's mission is to be a relentless force for a world of longer, healthier lives. AHA's main fields of work are public health education; research; public policy and research; emergency cardiovascular care training; professional education and science; and quality care programs in cardiovascular diseases and stroke.
 2. Over the past three years, the following activities were carried out under the collaborative work plan between AHA and PAHO:
 - a) The training modules of the online program on Social Marketing for Public Health for the prevention and control of NCDs were finalized, with a focus on salt reduction. AHA and PAHO promoted and launched this training, whose online version is available at the Virtual Campus for Public Health . During the fiscal year 2021–2022, over 15,000 participants registered for the online program and 80 participants engaged across two cohort classes. The first cohort created projects at country level. The second cohort, which had the support of the Ministry of Health, secured funding for the implementation of the campaign in two countries.
 - b) In 2020, a two-day virtual regional workshop was hosted entitled School Health in Latin America: Intersectoral NCD Prevention and Management, with a focus on childhood health and related risk factors. This was a partnership between NCD Child, the Coalition for Americas' Health (CLAS), and AHA. The workshop provided a forum for focused regional- and country-level knowledge sharing and collaboration on school health strategies for NCDs, in the context of the COVID-19 pandemic, which included support of nutrition policies. Proceedings of the workshop were developed and subsequent work followed with youth advocates in the Region of the Americas and globally, to continue bringing urgency to the nutrition policies impacting young people.
 3. The following three activities are proposed for the next three years (2023–2025) under the collaborative work plan between AHA and PAHO:
 - a) Support country implementation teams on social marketing campaigns through the provision of tutors, development of case studies, and funding; continue evaluation and monitoring efforts; and disseminate best practices.
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- b) Collaborate to increase awareness on pregnancy risk factors associated with NCDs and develop collateral materials to support educational efforts.
- c) Build capacity around NCD risk factors to create health-promoting environments within the school setting, with engagement of Ministries of Health and Ministries of Education.

American Public Health Association

4. The American Public Health Association (APHA), founded in 1872, is an organization for professionals in the field of public health and allied professions committed to improving the health of the public and achieving equity in health status. APHA seeks to advance the health of all people through prevention, reduction of health disparities, and promotion of wellness.

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

- a) *APHA Annual Meetings:* PAHO and APHA collaborated on activities to successfully raise awareness of public health issues within APHA Annual Meetings, in 2020 (virtual), 2021 (virtual), and 2022 (in-person). These activities included co-hosting scientific sessions each year, highlighting various public health issues faced in the Region, and the presentation of a PAHO exhibit at the Public Health Expo (2022).
- b) *Translations project:* To increase the access of Spanish-speaking audiences to peer-reviewed scientific information, updated chapters in the Control of Communicable Diseases Manual were translated to Spanish (Control of Communicable Diseases Manual, 20th Edition; Control of Communicable Diseases Manual: Laboratory Procedures; and Control of Communicable Diseases Manual: Clinical Practice).

6. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between APHA and PAHO:

- a) *APHA Annual Meetings:* At every Annual Meeting, APHA and PAHO will work together to co-host two scientific sessions highlighting public health issues in the Region of the Americas. Additionally, a PAHO exhibit will be presented at the Public Health Expo to disseminate and increase visibility for PAHO information and resources.
- b) *Publication partnerships and translation project:* APHA’s American Journal of Public Health will continue to partner with the Pan American Journal of Public Health to translate selected articles for publication in the latter journal on a periodic basis. Additionally, the two organizations will continue to work together to translate relevant publications into Spanish.

- c) *Joint work on key public health issues:* APHA and PAHO will proactively identify opportunities for collaboration that may strengthen impact and advance mutual goals. Such activities may include training, webinars, and engagement in events such as World Health Day.

American Society for Microbiology

7. The American Society for Microbiology (ASM), founded in 1899, brings together more than 47,000 scientists and health professionals. Its mission is to promote and advance the microbial sciences through conferences, publications, certifications, and educational opportunities. It also enhances laboratory capacity around the globe through training and resources. ASM provides a network linking scientists in academia, industry, and clinical settings and promotes a deeper understanding of the microbial sciences for diverse audiences.

8. Over the past three years, the following activities were carried out under the collaborative work plan between ASM and PAHO:

- a) Improve the diagnosis of whooping cough, ASM worked in collaboration with PAHO and Brigham and Women’s Hospital (BWH) and in close consultation with the US Centers for Disease Control and Prevention (CDC) to identify reference laboratories in Brazil and Mexico, through their respective networks. This work included the diagnosis of *Bordetella pertussis* (*B. pertussis*) by conventional microbiological tests, molecular methods, and susceptibility testing, thus optimizing epidemiological surveillance for this infection.
- b) A workshop on *B. pertussis* was conducted in Mexico. Participants included members from reference laboratories and in Brazil and Mexico, as well as from the CDC, the Clinical and Laboratory Standards Institute (CLSI), and the European Committee on Antimicrobial Susceptibility Testing (EUCAST), among others.

9. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between ASM and PAHO:

- a) Continue the existing collaboration between ASM and PAHO, in close consultation with the CDC, of working on reference laboratories in Brazil and Mexico through their respective networks.
- b) Improve the diagnosis of whooping cough. The primary focus in this regard will be the standardization of in vitro antimicrobial susceptibility testing (AST) to determine the effectiveness of macrolides—an antimicrobial used to treat whooping cough—against *B. pertussis*. The developed AST protocol will be submitted to CLSI and EUCAST for their review and consideration, thus contributing to the standardization and dissemination of the methodology in Latin America and in the Caribbean region, as well as in other interested countries in the Region.

- c) ASM, in collaboration with PAHO and BWH, will disseminate recommended methodologies for detection, diagnosis, and surveillance of *B. pertussis* in Brazil and Mexico. This will contribute to the expansion of the *B. pertussis* network and eventually improve lab capacity and methodology transfers to other countries in Latin America and the Caribbean.

Basic Health International

10. Basic Health International (BHI) is committed to eliminating cervical cancer globally by conducting cutting-edge research on early prevention and treatment, implementing sustainable strategies that can be scaled up in limited-resource settings, and leading advocacy for evidence-based strategies and policies.

11. Over the past three years, the following activities were carried out under the collaborative work plan between BHI and PAHO:

- a) A comprehensive in-country assessment of cervical cancer prevention programs was conducted in Antigua and Barbuda, evaluating the readiness of five clinics and laboratories. A report of the visit was delivered in person to the Chief Medical Officer of Antigua and Barbuda.
- b) A comprehensive introductory training on control and prevention of cervical cancer was developed and implemented for involved healthcare staff and personnel from the Ministry of Health of Antigua and Barbuda.
- c) A more specialized virtual training was delivered to the personnel of the Ministry of Health of Antigua and Barbuda to prepare them for the implementation of a nation-wide Human Papillomavirus (HPV) screening program.
- d) In-person training on the implementation of HPV testing was conducted for healthcare providers in Antigua and Barbuda. The training focused on readying involved key staff for conducting the HPV screening pilot program on 1,500 women across the five clinics previously mentioned.
- e) Hands-on training on the use of thermal ablation devices and treatment was delivered to medical staff in two countries (Antigua and Barbuda, and El Salvador).

12. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between BHI and PAHO:

- a) Scale up cervical cancer screening efforts in Antigua and Barbuda until screening is fully incorporated as part of the country’s health care services.
- b) Pilot the implementation of a cervical cancer screening and treatment program in three other countries in the Region of the Americas. Under consideration are Belize, the Dominican Republic, and other countries of the Caribbean.

- c) Conduct in-country assessment of cervical cancer prevention programs. Joint mission teams will conduct comprehensive assessments and assist with the development of cervical cancer prevention plans as part of the Plan of Action for Cervical Cancer Prevention and Control 2018–2030 (Document CD56/9).
- d) Provide training for healthcare professionals to strengthen cervical cancer screening and treatment programs. Training topics will include basic anatomy of the female reproductive system, misconceptions about sexually transmitted diseases, natural history of HPV and cervical cancer, cervical cancer risk factors, screening methods and cervical precancer treatments, and guidelines for cervical cancer management.

Global Oncology

13. Global Oncology (GO) is committed to bringing the best in cancer care to underserved patients around the world. GO collaborates across geographic, professional, and academic borders to build capacity for health systems; educate patients, caregivers, and the general public; and mobilize the global cancer community in order to stem the growing tide of cancer in low- and middle-income countries and resource-limited settings.

14. Over the past three years, the following activities were carried out under the collaborative work plan between GO and PAHO:

- a) Didactic and hands-on refresher training on chemotherapy preparation and administration was provided to clinical staff in Belize, with a focus on the latest standard operating procedures.
- b) Virtual training on general medical oncology and various specialty topics in cancer care delivery was offered to health care professionals from a range of Caribbean Community (CARICOM) countries.
- c) Technical assistance was provided in the development of the Belize Comprehensive Cancer Plan 2022–2026.

15. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between GO and PAHO:

- a) Didactic and hands-on trainings on medical oncology for clinical staff of emerging and/or established public oncology programs in selected countries in the Region.
- b) Workshops on the principles of cancer patient navigation, drawing on a detailed case study of a novel patient navigation program developed by GO in Belize.
- c) Technical assistance to national cancer control planning efforts in selected countries in the Region, and guidance on developing clinical operations and patient navigation systems to enhance diagnosis and treatment of cancer patients.

Inter-American Association of Sanitary and Environmental Engineering

16. The Inter-American Association of Sanitary and Environmental Engineering (AIDIS, Spanish acronym) is a technical and scientific organization that brings together the principal institutions of professionals and students dedicated to environmental preservation, health, and sanitation in the Region of the Americas. Its mission is to promote public health and the quality of life of the peoples of the Americas and to protect and preserve the environment, through coordinated actions in sanitary engineering and the environmental sciences, as well as other disciplines concerned with human development.

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

- a) Dissemination, in various events, of the progress made in countries of the Region towards the achievement of Sustainable Development Goal (SDG) 6 and of the regional framework for water security and sanitation.
- b) Cooperation in the assessment of water and sanitation in health facilities affected by hurricanes Eta and Iota in Central America.
- c) Evaluation of water, sanitation, and hygiene conditions in health facilities in six countries of the Region, following the PAHO/AIDIS protocol.
- d) During the COVID-19 pandemic, development and dissemination of messages on risk prevention measures related to water, sanitation, hygiene, and waste management.
- e) Training on emergency and disaster response focusing on topics related to water and sanitation.
- f) Preparation of a primer on water, sanitation, and hygiene management during the COVID-19 pandemic.
- g) Participation in events during Inter-American Water Day and Inter-American Air Quality Day, with webinars and high-quality technical meetings.
- h) Formation of a round table on the conservation of the Amazon, with the participation of Brazil, Peru, and Venezuela.

18. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between AIDIS and PAHO:

- a) Advise on the review and socialization of progress towards the SDGs.
- b) Assess water, sanitation, and hygiene situation in health facilities in six countries.
- c) Plan a regional meeting on water and sanitation in health facilities of the six countries undergoing assessments.

- d) Advise on the construction of environmentally responsible and resilient communities, in light of the environmental determinants of health. This will be accomplished through the organization of four workshops (one per subregion) to disseminate water and sanitation safety plans and one workshop on water and sanitation technologies.
- e) Socialize the water security and sanitation framework in four subregions.
- f) Update the 2010 Regional Evaluation on Urban Solid Waste Management in Latin America and the Caribbean.
- g) Conduct training on water and sanitation for emergency and disaster response.
- h) Organize the AIDIS/PAHO pre-congress symposium and participate in the development of presentations and technical panels at national, regional, and inter-American congresses on water, sanitation, and hygiene.
- i) Prepare and update primers and technical standards for water quality, sanitation and environment, climate change, and risk and disaster management.
- j) Participate in Inter-American Water Day and Inter-American Air Quality Day at regional and national levels.
- k) Strengthen and participate in technical working groups, in the six countries of the Amazon and the South American Chaco, for actions that promote good practices concerning water, sanitation, hygiene, and climate change.

March of Dimes

19. The March of Dimes is dedicated to improving the health outcomes of mothers and babies. Its mission is to prevent birth defects, premature birth, and infant mortality by helping to improve the health of mothers and babies through research and medical support as well as community services, education, and advocacy.

20. Over the past three years, the following activities were carried out under the collaborative work plan between March of Dimes and PAHO:

- a) Participation in assessments and action planning aimed at strengthening surveillance of birth defects in Latin America and the Caribbean.
- b) Initial desk review on the availability of surveillance systems and policies on rare diseases in Latin America and the Caribbean.
- c) Advocacy activities around birth defects and preterm birth in the Region during the commemoration of World Birth Defects Day, on 3 March, and World Prematurity Day, on 17 November.
- d) Provision of information and knowledge for the development of PAHO clinical guidelines for the care of small and sick newborns, and support of its dissemination.

21. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between March of Dimes and PAHO:

- a) Organize the 10th International Conference on Birth Defects and Disabilities in the Developing World, to be held in Santiago, Chile from 1–4 March 2023, aimed at strengthening surveillance, prevention, and care of birth defects in lower- and middle-income countries of the Region.
- b) Conduct advocacy related to birth defects and preterm birth in the Region during the commemoration of World Birth Defects Day, on 3 March, and World Prematurity Day, on 17 November.
- c) Strengthen surveillance of birth defects and estimates of the burden of disease due to birth defects, in Latin America and the Caribbean countries, by sharing lessons learned in surveillance and featuring country-level data on birth defects.
- d) Build evidence on rare diseases, in Latin America and in the Caribbean, to include data on prevalence at the regional and country level, regulatory frameworks, and clinical instruments for screening, diagnosis, and treatment.
- e) Preparation of a proposal for a future update of the regional evaluation of municipal solid waste management in Latin America and the Caribbean (2010), scheduled with the Inter-American Development Bank for 2023.

Pan-American Federation of Associations of Medical Schools

22. The Pan-American Federation of Associations of Medical Schools (PAFAMS) is an academic organization that works in conjunction with national associations of medical schools throughout the Region. Since its founding, in 1962, PAFAMS has pursued its mission to improve the quality of medical education through academic and research activities.

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

- a) An expert technical team was formed to address the transformation of medical education. Based on the Cartagena Declaration, the team established seven critical aspects of curricular reform processes, which were the basis of a second stage in the support and promotion of best practices in medical education.
- b) Nine videoconferences were held on the transformation of medical education focused on primary health care, with emphasis on underserved areas and vulnerable populations. Directors and teachers from various medical schools participated. Topics addressed included medical competencies, primary health care, evaluation, accreditation, and distance education.

24. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between PAFAMS and PAHO:

- a) Promote excellence in medical education by establishing training programs for deans, enhancing teacher and student mobility, and providing regional support for national processes.
- b) Strengthen medical training by identifying and increasing visibility for training experiences with a focus on primary health care, especially in rural, remote, and underserved areas.
- c) Promote capacity building in universities—medical schools in particular—to address the development of public health within undergraduate and postgraduate curricula and through an internship program, aimed at providing related experiences.

Pan American Federation of Nursing Professionals

25. The Pan American Federation of Nursing Professionals (FEPPEN, Spanish acronym), founded in 1970, works to *a)* promote the scientific, political, economic, and social development of the nursing profession and of nursing workers in the Region; *b)* define guidelines, goals, and targets that support the collective, cooperative work of its member organizations; and *c)* defend the right to health and social security in the countries of the Region.

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

- a) A virtual celebration of International Nurses Day (2020, 2021, and 2022) was organized as a tribute to those professionals for their work against COVID-19.
- b) Support was provided for the dissemination of the PAHO policy brief *The Strategic Importance of National Investment in Nursing Professionals in the Region of the Americas*, which addresses key policies for investment in the nursing workforce and calls on countries to strengthen the profession. Support was also provided for the incorporation of this document into national nursing policies of countries in the Region.
- c) Collaboration was offered in the pilot test of the PAHO course on scientific methodology and knowledge dissemination strategies for nurses, which was hosted in 2022 at the Virtual Campus for Public Health, with the participation of 90 professionals.

27. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between FEPPEN and PAHO:

- a) Delineate collaborative strategies for workforce development between ministries of health, universities, and nursing schools, fulfilling training needs that meet care demands in health services and promoting a curriculum that is more focused on primary health care.

- b) Conduct joint programs with health authorities, unions, and other institutions to coordinate and monitor the working conditions of nurses.
- c) Promote regulations and responsibilities that expand the role of nurses in primary care, and incorporate core inter-professional competencies into nursing curricula.
- d) Work with ministries of health to introduce changes in nursing education, emphasizing the need to expand the role of nurses in primary care.
- e) Help ensure continuous nursing education in community health and develop innovative training programs that focus on universal access to health and on the 2030 Agenda for Sustainable Development, with emphasis on primary health care.

United States Pharmacopeial Convention

28. The United States Pharmacopeial Convention (USP) is a scientific non-profit organization that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements manufactured, distributed, and consumed worldwide. The USP standards for drugs are enforceable in the United States by the Food and Drug Administration (FDA), and the same or similar standards are used in more than 140 countries. The mission of USP is to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods.

29. Over the past three years, the following activities were carried out under the collaborative work plan between USP and PAHO:

- a) Regional capabilities were strengthened to ensure the quality of medicines and other health technologies, with special focus on providing technical support for quality control of medical products and interlaboratory testing, within the framework of the Caribbean Regulatory System. This collaboration enabled consultations and the development of guidance materials concerning regulatory inspections and post-marketing surveillance of medical products. In this regard, USP also collaborated with PAHO, WHO, and the Latin American Center of Perinatology, Women and Reproductive Health on a project aimed at achieving better understanding on the quality and stability of oxytocin injection—the most effective drug in preventing postpartum hemorrhage—in selected hospitals in the Region.
- b) In the framework of the Pan American Network for Drug Regulatory Harmonization (PANDRH), USP and PAHO exchanged and disseminated information on relevant new resources of mutual interest to support national public health programs and activities, including those integrating the COVID-19 response. With regards to COVID-19 prevention and treatment, resources exchanged included: standards and documents concerning hand sanitizers; a white paper on protecting the supply chain of COVID-19 health products; and standards and methods for treatments such as remdesivir, monoclonal antibodies, and other biologics.

- c) USP and PAHO participated in and contributed to meetings and discussions of the PANDRH, aimed at supporting pharmaceutical regulatory harmonization in the Region of the Americas. Topics of particular interest included regulatory capacities for quality control laboratories, substandard and falsified products, and the stability of medicines of interest in priority programs such as maternal health.
30. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between USP and PAHO:
- a) Strengthen regional capabilities of regulatory authorities and laboratories of the Region through technical cooperation, such as training, workshops, and guidance on relevant areas.
 - b) Strengthen quality assurance systems in country settings, such as providing technical assistance in the assessment of products and technologies, fostering good laboratory practices, supporting the implementation of risk-based approaches for post-marketing surveillance at country level, and promoting quality control.
 - c) Generate evidence and disseminate best practices aimed at increasing the availability of quality-assured medicines in the Region.
 - d) Provide support and guidance by means of compendial standards meant for national regulatory agencies and national official control laboratories in the Region.
 - e) USP will continue to support PANDRH projects by means of contributions focused on the quality and safety of medicines and other health technologies. Particular attention will be given to regulatory capacities for quality control laboratories, to substandard and counterfeit medical products, and to the stability of medicines used in priority programs such as maternal health.

World Association for Sexual Health

31. Founded in 1978, the World Association for Sexual Health (WAS) promotes and advocates for sexual health and sexual rights for all. WAS accomplishes its objectives by advocating, networking, and facilitating the exchange of information, ideas, and experiences, while at the same time conducting scientifically based sexual research, sexual education, and clinical sexology using a transdisciplinary approach.
32. Over the past three years, the following activities were carried out under the collaborative work plan between WAS and PAHO:
- a) WAS and PAHO started to develop content for an online course entitled Brief Sexual Content Communication Training, in English and in Spanish. WAS provided technical input on sexual health.
 - b) A webinar was conducted with over 300 attendees to disseminate changes related to sexual health in the International Classification of Diseases 11th Revision (ICD-11). Such changes included a new chapter on sexual health with non-pathologizing perspectives on gender identities and innovations on sexual dysfunctions and paraphilias.

- c) A webinar was conducted on the new scenario for sexual health in the context of the COVID-19 pandemic.
 - d) PAHO organized the symposium Avances en la Red de Centros Centinelas que Asisten a Mujeres en Situación de Aborto en América Latina y el Caribe with the participation of sentinel centers from Brazil, Chile, and the Dominican Republic at the 25th Congress of WAS.
33. The following activities are proposed for the next three years (2023–2025) under the collaborative work plan between WAS and PAHO:
- a) Disseminate the PAHO document A Systematic Review of Sexual Health and Subjective Well-Being in Older Age Groups in the Region.
 - b) Integrate the content of the aforementioned PAHO document into a virtual course aimed at training of primary health care providers, to be made available at the Virtual Campus for Public Health.
 - c) Develop and implement a virtual course on the fundamental elements of sexual health for primary health care providers.
 - d) Create a webinar to disseminate the PAHO document A Systematic Review on Psychological Interventions for Sexual Health in Older Age, which seeks to promote public health interventions aimed at protecting and supporting sexual health in older age.

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

(as of 1 January 2023)

Name (English)	Name (Spanish)	Date Admitted	Last Reviewed	Scheduled to be Reviewed
Action on Smoking and Health (ASH)	Action on Smoking and Health	2018	2021	2024
American Heart Association (AHA)	Asociación Estadounidense del Corazón	2020		2023
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	2021	2024
Basic Health International (BHI)	Basic Health International	2020		2023
Campaign for Tobacco-Free Kids (CTFK)	Campaign for Tobacco-Free Kids	2021		2024
Clinical and Laboratory Standards Institute (CLSI)	Instituto de Normas Clínicas y de Laboratorio	2022		2025
Drugs for Neglected Diseases Initiative—Latin America (DNDi)	Iniciativa Medicamentos para Enfermedades Olvidadas—América Latina	2018	2021	2024
Framework Convention Alliance (FCA)	Alianza para el Convenio Marco	2015	2021	2024
Global Oncology (GO)	Global Oncology	2020		2023
Healthy Caribbean Coalition (HCC)	Coalición Caribe Saludable	2012	2022	2025
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	2021	2024
Inter-American Society of Cardiology	Sociedad Interamericana de Cardiología (SIAC)	2012	2022	2025

Name (English)	Name (Spanish)	Date Admitted	Last Reviewed	Scheduled to be Reviewed
Latin American Association of Pharmaceutical Industries	Asociación Latinoamericana de Industrias Farmacéuticas (AFLIFAR)	2000	2022	2025
Latin American Confederation of Clinical Biochemistry	Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)	1988	2022	2025
Latin American Federation of the Pharmaceutical Industry	Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)	1979	2021	2024
Latin American Society of Nephrology and Hypertension	Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH)	2015	2021	2024
March of Dimes	March of Dimes	2001	2020	2023
Mundo Sano Foundation	Fundación Mundo Sano (FMS)	2016	2022	2025
National Alliance for Hispanic Health (NAHH)	Alianza Nacional para la Salud Hispana	1996	2021	2024
Pan-American Federation of Associations of Medical Schools (PAFAMS)	Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM)	1965	2020	2023
Pan American Federation of Nursing Professionals	Federación Panamericana de Profesionales de Enfermería (FEPPEN)	1988	2020	2023
Sabin Vaccine Institute (Sabin)	Instituto de Vacunas Sabin (Instituto Sabin)	2011	2021	2024
United States Pharmacopeial Convention (USP)	Convención de la Farmacopea de Estados Unidos	1997	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 (Ross Center)	Centro Ross para Ciudades Sustentables del Instituto de Recursos Mundiales (Centro Ross)	2010	2022	2025

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

CE172/7
Annex D
Original: English

PROPOSED RESOLUTION

NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

THE 172nd 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 CE172/7);

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

RESOLVES:

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

- a) Coalition for Americas' Health;
- b) International Diabetes Federation.

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

- a) American Heart Association;
 - b) American Public Health Association;
 - c) American Society for Microbiology;
 - d) Basic Health International;
 - e) Global Oncology;
 - f) Inter-American Association of Sanitary and Environmental Engineering;
-

- g) March of Dimes;
- h) Pan-American Federation of Associations of Medical Schools;
- i) Pan American Federation of Nursing Professionals;
- j) United States Pharmacopeial Convention;
- k) World Association for Sexual Health.

(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: 3.4 Non-State Actors in Official Relations with PAHO

2. Linkage to [PAHO Program and Budget 2022–2023](#):

This resolution proposes continuing official relations with eleven non-State actors, whose collaborative relationship was reviewed. All collaborative work plans should be linked to one of the outcomes of the PAHO Program Budget.

American Heart Association

Outcome 13: Risk factors for NCDs

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 conflicts of interest

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

OPT Indicator 13.1.d: Number of countries and territories implementing fiscal policies and/or regulatory frameworks on food marketing and/or front-of-package warning labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer

Outcome 14: Malnutrition

Output 14.1: Countries and territories enabled to develop and monitor implementation of policies and 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

American Public Health Association

Outcome 21: Data, information, knowledge, and evidence

Output 21.2: Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health

OPT Indicator 21.2.b: Number of PASB policies, standards, tools, etc., for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health

American Society for Microbiology

Outcome: 12: Risk factors for communicable diseases

Output 12.4: Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance

OPT Indicator 12.4.a: Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance

Basic Health International

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

Global Oncology

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

Inter-American Association of Sanitary and Environmental Engineering

Outcome 18: Social and environmental determinants

Output 18.2: Countries and territories enabled to address environmental determinants of health including air quality, chemical safety, climate change, and water and sanitation

OPT Indicator 18.2.a: Number of countries and territories with water safety plans, policies, and/or programs in place and aligned with the WHO guidelines

OPT Indicator 18.2.b: Number of countries and territories with sanitation safety plans, policies, and/or programs in place and aligned with the WHO guidelines

OPT Indicator 18.2.c: Number of countries and territories that incorporate health protection and prevention interventions in their outdoor air quality plans, policies, and/or programs, following the WHO guidelines

OPT Indicator 18.2.e: Number of countries and territories with health adaptation plans on climate change in place

March of Dimes

Outcome 2: Health throughout the life course

Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered

OPT Indicator 2.2.c: Number of countries and territories implementing regular maternal and perinatal death reviews and audits

OPT Indicator 2.2.d: Number of countries and territories that conduct periodic developmental assessment as part of their services for children

Pan-American Federation of Associations of Medical Schools

Outcome 7: Health workforce

Output 7.1: Countries and territories have formalized and initiated implementation of a national policy on human resources for health

OPT Indicator 7.1.a: Number of countries and territories that are implementing a national policy on human resources for health

Output 7.2: Countries and territories have developed interprofessional teams at the first level of care with combined capacities for integrated care

OPT Indicator 7.2.a: Number of countries and territories with a norm that defines the capacities and scope of practices of interprofessional teams at the first level of care

Pan American Federation of Nursing Professionals

Outcome 7: Health workforce

Output 7.1: Countries and territories have formalized and initiated implementation of a national policy on human resources for health

OPT Indicator 7.1.a: Number of countries and territories that are implementing a national policy on human resources for health

Output 7.2: Countries and territories have developed interprofessional teams at the first level of care with combined capacities for integrated care

OPT Indicator 7.2.a: Number of countries and territories with a norm that defines the capacities and scope of practices of interprofessional teams at the first level of care

United States Pharmacopeial Convention

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

OPT Indicator 8.1.a: Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies

OPT Indicator 8.1.b: Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products

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

OPT Indicator 8.2.a: Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool

World Association for Sexual Health

Outcome 2: Health throughout the life course

Output 2.1: Countries and territories enabled to implement the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030

OPT Indicator 2.1.a: Number of countries and territories that are implementing a national plan in alignment with the Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030

Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered

OPT Indicator 2.2.a: Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level

OPT Indicator 2.2.b: Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence

Output 2.3: Countries and territories enabled to implement strategies or models of care focusing on populations living in conditions of vulnerability

OPT Indicator 2.3.a: Number of countries and territories that have set equity-based targets for access and coverage in at least one population living in conditions of vulnerability

Outcome 26: Cross-cutting themes: equity, ethnicity, gender, and human rights

Output 26.3: Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health

OPT Indicator 26.3.a: Number of countries and territories implementing policies, plans, and programs to advance gender equality in health

3. Financial implications:

American Heart Association; American Public Health Association; American Society for Microbiology; Basic Health International; Global Oncology; Inter-American Association of Sanitary and Environmental Engineering; March of Dimes; Pan-American Federation of Associations of Medical Schools; Pan American Federation of Nursing Professionals; United States Pharmacopeial Convention; World Association for Sexual Health

- a) **Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):** None.
- b) **Estimated cost for the 2022–2023 biennium (including staff and activities):** None.
- c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities:** Not applicable.

4. Administrative implications:

American Heart Association; American Public Health Association; American Society for Microbiology; Basic Health International; Global Oncology; Inter-American Association of Sanitary and Environmental Engineering; March of Dimes; Pan-American Federation of Associations of Medical Schools; Pan American Federation of Nursing Professionals; United States Pharmacopeial Convention; World Association for Sexual Health

- 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):** Three years.

Analytical Form to Link Agenda Item with Organizational Mandates

<p>1. Agenda item: 3.4 Non-State Actors in Official Relations with PAHO</p>
<p>2. Responsible unit: Department of External Relations, Partnerships and Resource Mobilization (ERP)</p>
<p>3. Preparing officers: Regina Campa, Partnerships Advisor (ERP) in collaboration with the following technical focal points:</p> <ul style="list-style-type: none"> a) American Heart Association: Leendert Nederveen, NMH b) American Public Health Association: Patricia Schroeder, DD Office c) American Society for Microbiology: Pilar Ramon, CDE/AR d) Basic Health International: Mauricio Maza, NMH/NV e) Global Oncology: Mauricio Maza, NMH/NV f) Inter-American Association of Sanitary and Environmental Engineering: Daniel Buss, CDE/CC g) March of Dimes: Pablo Duran, CLAP h) Pan-American Federation of Associations of Medical Schools: Jose Garcia Gutierrez, HSS/HR i) Pan American Federation of Nursing Professionals: Silvia Cassiani, HSS/HR j) United States Pharmacopeial Convention: María Luz Pombo, HSS/MT k) World Association for Sexual Health: Rodolfo Gomez, CLAP
<p>4. Link between Agenda item and Sustainable Health Agenda for the Americas 2018–2030:</p> <p><i>American Heart Association</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 9.7: 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).</p> <p><i>American Public Health Association</i></p> <p>Goal 7: Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research and innovation, and the use of technology</p> <p>Target 7.2: Develop institutional capacities, infrastructure, technology, and qualified human resources for public health research and its dissemination, in accordance with national health policy (adapted from the PAHO Policy on Research for Health, Document CD49/10 [2009]).</p>

American Society for Microbiology

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

Target 10.8: Treat and prevent infectious diseases, including the responsible and rational use of safe, effective, accessible, and affordable quality-assured drugs (adapted from the PAHO Plan of Action on Antimicrobial Resistance, Document CD54/12, Rev. 1 [2015]).

Basic Health International

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).

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

Target 3.2: Develop HRH policies and intersectoral coordination and collaboration mechanisms between health and education, as well as other social actors, to address the requirements of the health system and the health needs of the population (PAHO Strategy on Human Resources for Universal Health Access and Universal Health Coverage, Document CE160/18 [2017]).

Global Oncology

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).

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

Target 3.2: Develop HRH policies and intersectoral coordination and collaboration mechanisms between health and education, as well as other social actors, to address the requirements of the health system and the health needs of the population (PAHO Strategy on Human Resources for Universal Health Access and Universal Health Coverage, Document CE160/18 [2017]).

Inter-American Association of Sanitary and Environmental Engineering

Goal 11: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health

Target 11.2: Reduce substantially the number of deaths and diseases caused by hazardous chemicals and by pollution and air, water, and soil pollution, especially where environmental risk may be disproportionately impacting disadvantaged populations or communities (adapted from SDG target 3.9).

March of Dimes

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

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).

Pan-American Federation of Associations of Medical Schools

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 (44.5 health workers per 10,000 population) that is qualified, culturally and linguistically appropriate, and well distributed (adaptation of SDG target 3.c and PAHO Strategic Plan outcome 4.5).

Target 3.2: Develop HRH policies and intersectoral coordination and collaboration mechanisms between health and education, as well as other social actors, to address the requirements of the health system and the health needs of the population (PAHO Strategy on Human Resources for Universal Health Access and Universal Health Coverage, document CE160/18 [2017]).

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 (adaptation of the PAHO Strategy on Human Resources for Universal Access to Health, Document CE160/18 [2017]).

Target 3.4: Develop working conditions that foster the attraction and retention of health personnel, as well as their participation in and commitment to health management, including through collaboration with organizations representing health workers (unions and syndicates) and other social actors (adapted from SDG target 3.c and PAHO Strategic Plan outcome 4.5).

Pan American Federation of Nursing Professionals

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

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 (adaptation of the PAHO Strategy on Human Resources for Universal Access to Health, Document CE160/18 [2017]).

Target 3.4: Develop working conditions that foster the attraction and retention of health personnel, as well as their participation in and commitment to health management, including through collaboration with organizations representing health workers (unions and syndicates) and other social actors (adapted from SDG target 3.c and PAHO Strategic Plan outcome 4.5).

United States Pharmacopeial Convention

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

World Association for Sexual Health

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

Target 1.4: Ensure universal access to sexual and reproductive health care services, including for family planning, information, and education, and the integration of reproductive health into national strategies and programs. (SDG target 3.7).

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

Target 3.2: Develop HRH policies and intersectoral coordination and collaboration mechanisms between health and education, as well as other social actors, to address the requirements of the health system and the health needs of the population (PAHO Strategy on Human Resources for Universal Health Access and Universal Health Coverage, CE160/18 [2017]).

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

American Heart Association

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 (<140/90 mmHg) among persons with hypertension 18+ years of age

Outcome 13: Risk factors for NCDs

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

Outcome: 14. Malnutrition

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

American Public Health Association

Outcome 21: Data, information, knowledge, and evidence

Outcome Indicator 21.a: Number of countries and territories with functional governance for generating and using evidence integrated into health systems

Outcome Indicator 21.b: Number of countries and territories that generate, analyze, and use data and information according to health priorities, disaggregated by geopolitical and demographic strata, as appropriate to the national context

American Society for Microbiology

Outcome 12: Risk factors for communicable diseases

Outcome Indicator 12.c: Number of countries and territories with increased antimicrobial resistance (AMR) surveillance capacity to guide the public health interventions for decreasing the risk and preventing the spread of multidrug-resistant infections through intersectoral action

Basic Health International

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

Global Oncology

Outcome 1: Access to comprehensive and quality health services

Outcome Indicator 1.b: Number of countries and territories that have implemented strategies to strengthen the response capacity of the first level of care

Inter-American Association of Sanitary and Environmental Engineering

Outcome 18: Social and environmental determinants

Outcome Indicator 18.c: Proportion of population using safely managed drinking water services

Outcome Indicator 18.d: Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water

Outcome Indicator 18.e: Proportion of population with primary reliance on clean fuels and technology

Outcome Indicator 18.f: Number of cities with population $\geq 500,000$ inhabitants (or at least the major city of the country) in each country and territory that are within or making progress toward meeting the WHO Air Quality Guidelines for the annual mean of fine particulate matter (PM_{2.5})

Outcome Indicator 18.g: Number of countries and territories with capacity to address health in chemical safety (including human health exposure to metals and/or pesticides)

Outcome Indicator 18.h: Number of countries and territories with capacity to address the health-related effects of climate change

March of Dimes

Outcome 2: Health throughout the life course

Outcome Indicator 2.c: Proportion of births attended at health facilities

Outcome Indicator 2.d: Proportion of births attended by skilled health personnel

Outcome Indicator 2.e: Number of countries and territories with capacity to implement and monitor national policies or strategies to improve the health and development of young children that are informed by the WHO/UNICEF framework Nurturing Care for Early Childhood Development

Pan-American Federation of Associations of Medical Schools

Outcome 7: Health Workforce

Outcome Indicator 7.a: Number of countries and territories that have reduced the density gap with respect to physicians, nurses, and midwives, achieving at least 25 health workers per 10,000 population in underserved areas, keeping in mind the global target of 44.5 by 2030

Outcome Indicator 7.b: Number of countries and territories that have an interprofessional health team at the first level of care, consistent with their model of care

Pan American Federation of Nursing Professionals

Outcome 7: Health Workforce

Outcome Indicator 7.a: Number of countries and territories that have reduced the density gap with respect to physicians, nurses, and midwives, achieving at least 25 health workers per 10,000 population in underserved areas, keeping in mind the global target of 44.5 by 2030

United States Pharmacopeial Convention

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)

World Association for Sexual Health

Outcome 2: Health throughout the life course

Outcome Indicator 2.a: Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods

Outcome Indicator 2.b: Fertility rate in women 10-19 years of age (disaggregated by 10-14 and 15-19 years) in Latin America and the Caribbean

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

American Heart Association

- WHO/PAHO Collaborating Centre on Social Marketing for Public Health, University of South Florida, USA-404.

Inter-American Association of Sanitary and Environmental Engineering

- WHO Collaborating Centre for Research and Training in Environmental Epidemiology, MEX-18.
- WHO Collaborating Centre on Health Risk Assessment and Children's Environmental Health, MEX-21.
- WHO Collaborating Centre in Human Environmental Toxicology, URU-2.
- WHO Collaborating Centre on Children's Environmental Health, CAN-116.

Pan American Federation of Nursing Professionals

- PAHO/WHO Collaborating Centre for Nursing Research Development, BRA-32.

United States Pharmacopeial Convention

- WHO Collaborating Center for Standardization and Evaluation of Biologicals: Biologics and Generics Therapies Directorate, Health Products and Food Branch, Health Canada, CAN-94.
- WHO Collaborating Center for Standardization and Evaluation of Biologicals: Center for Biologicals Evaluation and Research (CBER) / Food and Drug Administration (FDA), USA-289.

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

Inter-American Association of Sanitary and Environmental Engineering

PAHO and AIDIS worked together to produce a report on water, sanitation, and hygiene in healthcare facilities in seven Latin American countries. The report used a protocol designed according to WHO recommendations to define and evaluate the characteristics of these services. The results showed that a significant number of healthcare facilities still lack access to safe water and sanitation, and face issues with waste management and vector control. This cooperation between PAHO and AIDIS demonstrates AIDIS contribution to the goals of PAHO. The report is available at:

<https://iris.paho.org/handle/10665.2/55708>

Pan-American Federation of Associations of Medical Schools

Canada is considered a best practice country in the Region of the Americas and globally for fomenting high-level coordination and collaboration mechanisms with education, labor, and other sectors to strengthen human resources for health (HRH). As a result, Canada has been focusing its efforts to:

- Plan and regulate to better address health system requirements and population needs.
- Strengthen strategic planning capacity and HRH information systems to better inform planning and decision making.
- Develop national HRH policies aimed at enhancing recruitment, training, retention, and distribution of health personnel, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- Increase public investment and financial efficiency in HRH; prioritize interprofessional teams at the first level of care, including community health workers and caregivers.
- Develop strategies to maximize, upgrade, and regulate the competencies of the health team to ensure their optimal utilization.
- Enhance dialogue, partnerships, and agreements to address the challenges of health worker mobility and migration.
- Promote high-level agreements between education and health sectors to shift the educational paradigm and align HRH training with universal health.
- Develop evaluation and accreditation mechanisms to promote improvements in the quality of professional health education; encourage transformation in the education of health professionals toward the principles of social accountability and culturally inclusive selection/admission criteria.
- Develop regulatory mechanisms and training plans for priority specialties that stipulate health system requirements; and increase training in family and community health.

United States Pharmacopeial Convention

National regulatory authorities (NRAs) in the Region of the Americas have been key to promoting global changes for the implementation of a common tool to benchmark NRAs capacities and to promote strengthening of regulatory systems as well as South-South Cooperation among countries.

Sharing of experiences and active participation in the PANDRH to advocate for the strengthening of regulatory capacities, and to identify areas that require support.

8. Financial implications of this Agenda item:

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

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