



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **50th DIRECTING COUNCIL**

### **62nd SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 27 September-1 October 2010*

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*Provisional Agenda Item 4.5*

CD50/9 (Eng.)

3 August 2010

ORIGINAL: SPANISH

### **REVIEW OF THE PAN AMERICAN CENTERS**

#### **Introduction**

1. The changing epidemiological, technological, political, and economic environment calls for ongoing analysis of many of the approaches that the Pan American Health Organization (PAHO) takes to carry out technical cooperation. The Organization's Pan American Centers have been an important form of cooperation for nearly 60 years. During that period, the Organization has created or managed 13 Centers, eliminated six, and transferred one to the Center's own governing bodies. The Centers have been the subject of debate and periodic examination by the PAHO Governing Bodies since at least the 1960s.

2. This document was prepared in response to the Governing Bodies' permanent mandate to conduct periodic examinations and evaluations of the Pan American Centers. It includes updates on the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Caribbean Epidemiology Center (CAREC), the Caribbean Food and Nutrition Institute (CFNI), the Latin American Center for Perinatology and Human Development (CLAP), and the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS). It also reports on the transfer of the administration of the Institute of Nutrition of Central America and Panama (INCAP) from PAHO to the Institute's Directing Council, the creation of the Caribbean Public Health Agency (CARPHA), and the current status of the Regional Program on Bioethics in Chile.

#### **Background**

3. The subject of the Pan American Centers has been taken up frequently by the Governing Bodies since the 1960s. In the late 1970s, the Pan American Sanitary Conference requested periodic evaluation of each Center (Resolution CSP20.R31, 1978) to ensure that, in an ever-changing political, technological, and economic environment,

the Centers continue to offer PAHO an appropriate and effective channel for technical cooperation. The Governing Bodies have also encouraged the Director of the Pan American Sanitary Bureau (the Bureau) to transfer Centers to governments or groups of host governments when national institutions are capable of guaranteeing the ongoing availability of quality technical cooperation services for their own countries and other PAHO Member States.

4. Under the guidelines established by the Pan American Sanitary Conference in 1978, a PAHO Center must be an integral part of the Organization's program if it is to be considered a valid and valuable unit of the Organization. Essentially, the Centers are simply one of PAHO's various programmatic modalities, with their own legal, programming, and administrative features. The key question today is the same as it has been over the past 30 years: beyond the historical, technical, administrative, and political problems and the issues of the different interests surrounding a particular Center, what is the most relevant, efficient, and effective way of meeting the goals of a PAHO program that has been approved by the Governing Bodies?

5. New structures, agreements, systems of governance, and funding sources are being explored to enable the Pan American and subregional Centers to address ongoing public health problems in their areas of specialization more efficiently and effectively. The Bureau is working intensively on several fronts to ensure that these Centers are aligned with the Governing Bodies' regional policies, including the criteria for subregional allocations.

6. Thus, the specific aim of this document is to inform all Member States about the changing relationships between PAHO and the Centers. PAHO seeks to ensure that the legal, governance, ownership and partnership aspects of these relationships optimize the technical cooperation that the Organization provides to the Region.

7. The Pan American Centers are of interest to each and every one of the PAHO Member States, given the cooperation that these Centers can provide and their implications for on the Organization's regular budget in the Region of the Americas.

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

8. PANAFTOSA is a PAHO center located in the Brazilian state of Rio de Janeiro. It was created in 1951 as a technical cooperation program of the Organization of American States (OAS) administered by PAHO. Its initial purpose was to execute the Hemispheric Program for the Eradication of Foot-and-mouth Disease, which, in 1968, became a regular PAHO program. In 1998, the zoonotic reference, research, and technical cooperation activities were transferred from the Pan American Institute for

Food Protection and Zoonoses (INPPAZ) to PANAFTOSA. With the close of INPPAZ in 2005, a technical team on food safety was moved to PANAFTOSA facilities.

***Recent progress at PANAFTOSA***

9. In the wake of Resolution RIMSA5.R13 (1987), which was adopted by the 5th Inter-American Meeting, at the Ministerial Level, on Health and Agriculture (RIMSA), PANAFTOSA prepared a foot-and-mouth disease eradication proposal for 2009. The Inter-American Group for Foot-and-mouth Disease Eradication (GIEFA) has also been closely involved in this matter in the wake of a hemispheric meeting on zoonoses held in Houston (Texas). PANAFTOSA serves as the technical secretariat for GIEFA.

10. Given the convergence of human health and animal health, there is a growing need for PAHO to exercise leadership in the areas of zoonoses, veterinary health (including foot-and-mouth disease), and food safety.

11. The PANAFTOSA technical team works closely with the PAHO Representative Office in Brazil and has submitted an institutional development proposal for PANAFTOSA to the Director of the Pan American Sanitary Bureau.

12. Resolution I (Project for Strengthening the Technical Cooperation of PANAFTOSA/PAHO/WHO toward Consolidation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease) adopted by the 37<sup>th</sup> meeting of the South American Commission for the Control of Foot-and-Mouth Disease (COSALFA), held in Georgetown, Guyana on 11 and 12 May 2010, requests the Director of the Bureau to establish a Trust Fund for financing the implementation of the Strengthening Project.

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

13. BIREME was founded in 1967 thanks to collaboration between PAHO and four Brazilian institutions: the Federal University of São Paulo (UNIFESP), the Secretariat of Health of the State of São Paulo, the Ministry of Health, and the Ministry of Education. BIREME is located on the UNIFESP campus in São Paulo.

***Recent progress at BIREME***

14. In 2009, BIREME enjoyed the greatest institutional development since its founding, as a new institutional, governance, operating, and financing framework was approved to address the growing breadth, density, and complexity of the Center's regional and global functions.

15. The former governance framework established under the BIREME Maintenance Agreement signed in 1967 by PAHO and the Government of Brazil through the Ministry of Health, the Ministry of Education, the Health Secretariat of the State of São Paulo, and UNIFESP. That Agreement was renewed every four or five years. The last renewal was originally to be in force until the end of 2009 but was extended to 31 December 2010 in order to cover the transitional period for the implementation of BIREME's new institutional framework.

16. The principal document defining the new institutional framework is the BIREME Statute, approved by the 49th Directing Council (2009), after an extensive consultation process spearheaded by PAHO over the previous five years and involving the Member States, especially the Government of Brazil with the leadership of the Ministry of Health. The Statute establishes a BIREME Advisory Committee with two permanent members and five nonpermanent members elected by the Directing Council of PAHO.

17. The 49th Directing Council selected the following five nonpermanent Member States to sit with the two permanent members (PAHO and Brazil) on the BIREME Advisory Committee: Argentina, Chile, Dominican Republic, Jamaica, and Mexico, setting a three-year term for Argentina, Chile, and the Dominican Republic to serve on the Committee, and two-year terms for Jamaica and Mexico. This arrangement will provide for the continuous rotation of nonpermanent members in the future.

18. The new institutional framework for BIREME, as established in the Statute, requires implementation of the following measures:

- Renegotiation and signature of a new Basic Agreement for BIREME: In August 2010, PAHO and the Ministry of Health of Brazil agreed on the draft of a Basic Agreement, which is being studied by the Ministry of Foreign Relations.
- Establishment of a new agreement on BIREME facilities and operations on the UNIFESP campus: In August 2010, negotiations were held with UNIFESP, which is currently preparing a draft agreement based on the terms agreed to with PAHO/WHO.
- Meeting of the BIREME Advisory Committee: The session to install the Directing Council of BIREME will be held on 31 August 2010. Participating in the event will be the five Participating Members (Argentina, Chile, Dominican Republic, Jamaica, and Mexico) and the two Permanent Members (Brazil and PAHO). At this session, the Council's new internal Regulations will be adopted and the members of BIREME's Scientific Committee will be appointed.
- Meeting of the BIREME Scientific Board: with an agenda centered on analyzing and making recommendations regarding BIREME's work plan, products, services, methods, and scientific information technologies.

***Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS)***

19. The Agreement establishing CEPIS was signed in 1971 by PAHO and the Government of Peru and remains in force.

***Recent progress at CEPIS***

20. In December 2005, CEPIS' laboratory was transferred to the Government of Peru, under the responsibility of the General Environmental Health Directorate at the Ministry of Health.

21. In 2007, the PAHO Representative Office in Peru was moved to the building where CEPIS is headquartered, and the site of the Representative Office, which PAHO owned, was exchanged for the CEPIS headquarters, which belonged to the Government of Peru. Thus, CEPIS and the Representative Office now work out of the same building, which is owned by PAHO. This makes it possible to utilize a single administration and to optimize operating expenses.

22. PAHO is working with the Government of Peru, through its country Representative Office, to transform CEPIS into a Regional Technical Team on Water and Sanitation (ETRAS) with an amended legal and program framework.

***Latin American Center for Perinatology and Human Development (CLAP)***

23. CLAP was created on 2 February 1970 through an Agreement signed by the Government of Uruguay, the University of the Republic, and PAHO. It has been renewed periodically, and its most recent extension expires on 28 February 2011.

***Recent progress at CLAP***

24. In 2010, the Government of Uruguay, through the State Health Services Administration (ASSE), will provide new facilities (in the Edificio Libertad in Montevideo) for the joint relocation of the Uruguay Representative Office and CLAP.

25. Putting the PAHO Representative Office and CLAP in the same physical facility clearly offers an opportunity for the two entities to share administrative services and improve their institutional efficiency.

26. With this in mind, the Director of the Bureau has requested an initial evaluation of this merging of administrative services and a proposal laying out the steps required for the administrative merger and the move to the new facilities.

### **Regional Program on Bioethics**

27. The Regional Program on Bioethics was created in Santiago, Chile in 1994, through a tripartite Agreement between PAHO, the University of Chile, and the Government of Chile. In 2000, after being informed of the Program's activities and development, the 42nd Directing Council of PAHO recommended that the Program be continued, and encouraged the Member States to promote health care and health research plans and programs informed by bioethical principles (Resolution CD42.R6 of September 2000). Furthermore, the Program collaborated in activities programmed by academic and service institutions, conducted research and surveys, and contributed to the work of PAHO Representative Offices in most of the Member States in Latin America and the Caribbean. The Program's regional activities have benefited from close collaboration with the Interdisciplinary Center for Bioethics Studies (CIEB) at the University of Chile, which in 2007 became a Collaborating Center of the World Health Organization (WHO).

### ***Recent progress of the Regional Program on Bioethics***

28. Since its inception, the Program has provided training to over 500 individuals from PAHO and CIEB in a variety of bioethical issues, creating a network for discussions. An up-to-date list of ethics committees in the countries of the Region has been maintained, and a network of WHO Collaborating Centers on Bioethics was recently formed. Three of these Centers are located in the Region of the Americas: the Collaborating Center at the University of Chile (CIEB), the Joint Center for Bioethics at the University of Toronto and the Collaborating Center in Ethics and Global Health Policy at the University of Miami.

29. The possibility of renegotiating the terms of the 1994 tripartite Agreement signed in 1994 is currently being evaluated, with a view to continuing the Organization's work in bioethics at the regional level under other modalities, including working with the WHO Collaborating Centers in the Region, with special emphasis on the Collaborating Center at the University of Chile.

### **Subregional Centers (CAREC, CFNI, and INCAP) and the Caribbean Public Health Agency (CARPHA)**

30. The Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI) are subregional Centers for the Caribbean, and the Institute of Nutrition of Central America and Panama (INCAP) is a subregional Center for Central America. When these three subregional Centers were created, PAHO signed agreements with the relevant Member States and other institutions whereby the Organization was to administer the Centers on their behalf or set up other modalities of governance. These subregional Centers have their own governing bodies, and/or technical advisory committees or councils, which provide information and recommendations to their Member States and the Director of PAHO.

#### ***Caribbean Epidemiology Center (CAREC)***

31. CAREC is located in Trinidad and Tobago, where it was officially created in 1975 as a partnership between 21 Caribbean countries and PAHO. The CAREC Member States felt the need for a regional institution, as the subregion's relatively small and scattered population makes it more effective and economical to address certain issues at the subregional level. While many small Member States have similar epidemiological and laboratory needs, it would not be economical for them to maintain full laboratory capacities and epidemiological services.

32. Activities take place at the subregional level (e.g., laboratory referencing and referral, joint training and policy-making) and at the national level (e.g., outbreak investigations and program assessments).

#### ***Recent progress at CAREC***

33. CAREC is one of the regional health institutions proposed for transition to the new Caribbean Public Health Agency (CARPHA). In preparation for the transition, assessments were conducted in order to strengthen the systems of CAREC, to ensure that its rules and regulations are observed throughout the transition and that its programs are in alignment with PAHO technical cooperation. CAREC will essentially function as an epidemiological and public health surveillance institution with a laboratory that will primarily support surveillance activities.

34. Two main strategies are being followed:

- To strengthen CAREC so that it can meet the needs of its Member States.

- To support and strengthen national capacity to ensure the presence of sustainable quality services for the prevention and management of diseases and chronic conditions.

35. The CAREC Council met in July 2010 and included in the resolutions a request to the Director of the Bureau to lend her support and technical experience in the discussions on CARPHA between CARICOM and the Government of Trinidad and Tobago. The Council also urged PAHO/CAREC, the Steering Committee of CARPHA and the Government of Trinidad and Tobago to continue dialogue to help facilitate the smooth transition of CAREC to CARPHA.

#### ***Caribbean Food and Nutrition Institute (CFNI)***

36. CFNI is headquartered on the Mona Campus of the University of the West Indies in Jamaica, with a subcenter on the University's St. Augustine campus in Trinidad and Tobago. It was created as a regional health institution through a multilateral Agreement signed in 1967 to address food and nutritional problems in the Caribbean countries.

37. The CFNI Policy Advisory Committee (PAC) met on 19 July 2010 and among its resolutions, the PAC recommends that a transitional plan be developed by PAHO with respect to the decommissioning of CFNI, and that CFNI should continue working with the CARPHA Implementation Team to ensure that food and nutrition components are incorporated into their implementation plans. The PAC identified the following six priorities for CFNI's work program: (1) Food Security and Safety; (2) Obesity and Nutrition-related NCDs; (3) Nutrition Deficiency Conditions; (4) Institutional Dietetic Services (5); Nutrition Through the Lifecourse; and (6) Human Resource Development.

#### ***Alignment of the Caribbean subregional centers (CAREC and CFNI)***

38. Since 1984, PAHO has worked in close collaboration with the Secretariat of the Caribbean Community (CARICOM) to design the Caribbean Cooperation in Health (CCH) Initiative, which is the principal framework for joint action in health by the CARICOM countries. The initiative is currently in its third phase (CCH3) and operates as a mechanism for the Member States of the Caribbean Community to:

- centralize activities and resources during given periods to achieve agreed objectives in priority health areas and other areas of mutual interest, and
- set criteria and define activities for joint action and technical cooperation among the countries to strengthen the capacities needed to meet objectives.



### ***Caribbean Public Health Agency (CARPHA)***

39. In March 2010, the CARICOM heads of government approved the creation of the Caribbean Public Health Agency (CARPHA), to be headquartered in Trinidad and Tobago. CARPHA is expected to be in fully operational by mid-2014.

40. The public health challenges in the Caribbean call for strengthening and streamlining current regional health institutions to improve synergies and provide more efficient and effective services. The best way to do so is to integrate these institutions into a single public health agency with a broader and more comprehensive mandate. This will facilitate broader, more in-depth support to the Member States for addressing their shared public health challenges.

41. CARPHA will integrate the functions and administration of the five subregional health institutions of the Caribbean: the two Centers currently administered by PAHO (CAREC and CFNI), the Caribbean Environmental Health Institute (CEHI), the Caribbean Regional Drug Testing Laboratory (CRDTL), and the Caribbean Health Research Council (CHRC). The proposed Agency will streamline the functions of the current regional health institutions and have a more comprehensive mandate, enabling it to address new and emerging threats to public health in the larger Caribbean subregion.

### ***The CARPHA vision***

42. CARPHA envisions a Caribbean in which people's health is promoted and they are protected from disease, injury, and disability.

### ***The CARPHA mission***

43. The CARPHA mission has two elements:

- To offer strategic orientation in analyzing and setting public health priorities for CARICOM and in addressing the issues, with a view to preventing disease, promoting health, and responding to public health emergencies.
- To support solidarity in health as one of the main pillars of functional cooperation in the Caribbean Community.

### ***Governance and management provisions***

- CARPHA is scheduled to become a legal entity in December 2010.

- Its governing body will be comprised of a Council of Ministers of its Member States, which will report to the heads of governments of the CARICOM countries.
- An executive board and a technical advisory committee will report to the CARICOM Council for Human and Social Development (COHSOD). A management team headed by an executive director will, in turn, report to the executive board.

***Institute of Nutrition of Central America and Panama (INCAP)***

44. INCAP was founded in 1946 with cooperation from PAHO and the W. K. Kellogg Foundation, to contribute to the development and improvement of nutrition and food security in the subregion. Currently headquartered in Guatemala City, its legal underpinnings are the Basic Agreement for INCAP signed in 1998 (which entered into force on 22 January 2003) and the Adjustment to the Basic Agreement for the Internal Reorganization of INCAP, approved in October 2009.

***Recent progress at INCAP***

45. Under Executive Committee Resolution CE144.R20 (2009) and Directing Council Resolution CD49.R16 (2009), PAHO transferred the administration of INCAP to the INCAP Directing Council on 21 January 2010.

46. Pursuant to the Record of Administrative Transfer signed by PAHO and the Directing Council of INCAP on that same date, the Institute's Directing Council undertook INCAP's administration. Under this document, INCAP's Directing Council assumed all the responsibilities and rights inherent in administering the Institute and released PAHO from any and all liability arising from its administration of the Institute for the past 60 years.

47. PAHO continues to be a full Member of INCAP, along with its eight Member States, and plans to continue collaborating in technical cooperation activities in nutrition and food security in the subregion under a Technical Cooperation Agreement signed with INCAP on 21 January 2010, as well as any other pertinent legal instruments that may be signed in the future.

48. This final phase of the process was an example of a successful case of orderly, transparent transfer of responsibility for the administration of a Center to its Member States that lays the foundation for a sustainable INCAP and establishes future lines of cooperation that will benefit the Institute's Member States.

**Action by the Directing Council**

49. In view of the foregoing, the Directing Council is requested, if it deems such action opportune, to adopt a Resolution along the lines of the proposed Resolution in Annex B.

Annexes



PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
WORLD HEALTH ORGANIZATION

CD50/9 (Eng.)  
Annex A

**ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES**

**1. Agenda item:** 4.5: Review of the Pan American Centers.

**2. Responsible unit:** Deputy Director, Assistant Director, Planning, Budget and Resource Coordination/  
Institutional Development Unit (DD, AD, PBR/IDU)

**3. Preparing officer:** Dr. Carlos Samayoa PBR/IDU.

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

- PANAFTOSA
- BIREME
- CEPIS
- CLAP
- INCAP
- CFNI
- CAREC
- CARPHA
- Regional Program on Bioethics

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

The Pan American Centers are a mode through which PAHO provides technical cooperation to address needs in many of the Agenda's proposed areas of action.

**6. Link between Agenda item and Strategic Plan 2008-2012:**

Like the Health Agenda for the Americas, the Pan American Centers are a mechanism to support the Bureau in its efforts to meet nearly all of the Strategic Objectives of the Plan 2008-2012.

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

The recent transfer of the administration of INCAP from PAHO to the INCAP Directing Council, featuring friendly and successful negotiations among the Directing Council, PAHO, and the Institute's Staff Association, ensured that INCAP would enter this new phase without the conflicts that have arisen at similar junctures with other Pan American Centers, laying the foundation for its future institutional development and sustainability and maintaining cooperation relations with PAHO, but without its previous subordinate status.

This process can provide lessons for processes in which other Pan American Centers are engaged, such as PANAFTOSA, CEPIS, CAREC, CLAP, the Regional Program on Bioethics, etc.

**8. Financial implications of this Agenda item:**

The financial dependence of the PAHO Pan American Centers will be reduced, and new ways of funding them without jeopardizing putting their institutional sustainability or technical role in supporting their member countries will be sought.



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## **50th DIRECTING COUNCIL** **62nd SESSION OF THE REGIONAL COMMITTEE**

*Washington, D.C., USA, 27 September-1 October 2010*

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CD50/9 (Eng.)  
Annex B  
ORIGINAL: SPANISH

### ***PROPOSED RESOLUTION***

#### **PAN AMERICAN CENTERS**

##### ***THE 50<sup>th</sup> DIRECTING COUNCIL,***

Having reviewed the report of the Director, *Review of the Pan American Centers* (Document CD50/9);

Considering the mandate of the Pan American Sanitary Conference (Resolution CSP20.R31 [1978]) to conduct a periodic evaluation of each Pan American Center;

Noting that the ever-changing political, technological, and economic environment of the PAHO Member States makes it necessary to reexamine the Organization's technical cooperation modalities and bring them up to date to optimize their effectiveness;

Recognizing the Bureau's efforts to align the Pan American Centers with the regional policies approved by the PAHO Governing Bodies,

#### ***RESOLVES:***

1. To take note of the successful transfer of the administration of the Institute of Nutrition of Central America and Panama (INCAP) to the Institute's Directing Council, and to thank the Director of the Bureau for having conducted this transfer process in an effective, transparent, and participatory manner, achieving the consensus needed for the Institute to be viable in this new stage of administrative autonomy.

2. To urge Member States:
  - (a) to continue to collaborate with the Bureau in the periodic evaluation of the Pan American Centers, for the purpose of determining if they continue to offer the most appropriate and effective modality of technical cooperation;
  - (b) to continue working closely with the Bureau on the institutional development of the Pan American Centers, their redefinition toward other modalities of operation that permit them to optimize their operating expenses, and, when appropriate, the transfer of the administration and operations of the same to the Member States or to subregional organizations formed by these.
3. To request the Director:
  - (a) to continue working in consultation with the Government of Brazil in developing a project for the institutional development of the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) for submission to the Governing Bodies of PAHO in 2011;
  - (b) to support the establishment of a trust fund that will pool the financial resources mobilized for the elimination of foot-and-mouth disease in the Region of the Americas;
  - (c) to continue negotiations with the Government of Brazil to finalize the new institutional framework for the Latin American and Caribbean Center on Health Sciences Information (BIREME), including a new basic agreement for BIREME in Brazil and a new agreement on BIREME facilities and operations on the campus of the Federal University of São Paulo (UNIFESP);
  - (d) to continue negotiations with the Government of Peru to transform the Pan American Center for Sanitary Engineering and Environmental Sciences (CEPIS) into a Regional Technical Team on Water and Sanitation (ETRAS);
  - (e) to continue evaluating the agreement on the Regional Program on Bioethics with the Government of Chile and the University of Chile and assessing the different modalities available to continue the Organization's work in bioethics in the Region;
  - (f) to continue working with the Secretariat of the Caribbean Community (CARICOM) to implement the third stage of the Caribbean Cooperation in Health Initiative (CCH 3) and transfer the relevant functions and resources of the Caribbean Epidemiology Center (CAREC) and Caribbean Food and Nutrition

Institute (CFNI) to the Caribbean Public Health Agency (CARPHA), pursuant to terms and conditions agreed upon with the Member States at the appropriate time.



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CD50/9 (Eng.)  
Annex C

**Report on the Financial and Administrative Implications for the  
Secretariat of the Proposed Resolution**

<p><b>1. Agenda item:</b> 4.5: Review of the Pan American Centers.</p>
<p><b>2. Linkage to Program Budget 2008-2009:</b></p> <p>(a) <b>Area of work:</b> Various work areas of AD, DD, and PBR/IDU.</p> <p>(b) <b>Expected result:</b> Various, as specified in each center's BWP.</p>
<p><b>3. Financial implications</b></p> <p>(a) <b>Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):</b> To be determined, based on the particular situation of each center.</p> <p>(b) <b>Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities):</b> In accord with the budget in each center's BWP.</p> <p>(c) <b>Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?</b> Varies with each center's allocated budget.</p>
<p><b>4. Administrative implications</b></p> <p>(a) <b>Indicate the levels of the Organization at which the work will be undertaken:</b> EXM.</p> <p>(b) <b>Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):</b> There are no additional personnel needs.</p> <p>(c) <b>Time frames (indicate broad time frames for the implementation and evaluation):</b> By the next meeting of the Executive Committee and Directing Council in 2011.</p>