



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **34th SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE**

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### **PROSPECTS FOR PAN AMERICAN HEALTH ORGANIZATION COLLABORATION WITH NONGOVERNMENTAL ORGANIZATIONS**

The recent demonstrations against the World Trade Organization (WTO) meeting in Seattle (USA) highlighted the important role that Nongovernmental Organizations (NGOs) play in advocacy, and the increasing demand by components of civil society for transparency and accountability from multilateral institutions.

The Pan American Health Organization (PAHO) has long taken note of the increasing importance of involving civil society as partners in achieving health for all. Considerable effort was undertaken by PAHO in the nineties to obtain a broad overview of the role of NGOs in the Latin American and Caribbean (LAC) region, identify key factors in successful collaboration between NGOs and governments, NGOs and PAHO, and among NGOs. This was followed by increased collaboration with NGOs in the field, as well as clarifying criteria for NGOs to enter into official relations with PAHO.

The purpose of this document is to take stock of PAHO's relations with NGOs, review what has been done by PAHO and other multilateral organizations, to encourage collaboration with NGOs, take cognizance of the role of NGOs in the world today, and to highlight issues related to the next steps. It is submitted to the Subcommittee on Planning and Programming with a view to informing its Members on what PAHO has achieved so far in collaborating with NGOs, and to highlight issues for consideration regarding the next steps as we enter the new millennium. PAHO needs to consider whether and how to involve NGOs more intensely in its Governing Bodies. If so, would this move PAHO closer to fulfilling its mandate of health for all?

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## 1. Background

In order to take stock of NGO involvement in the work of PAHO as well as in that of other UN agencies doing similar types of work, the following three sub-sections review what has been attempted to date.

### 1.1 *PAHO Experience with NGO Collaboration*

Up to 1990, PAHO/NGO collaboration primarily involved NGOs which provided technical assistance, training, and research. This relationship has expanded and PAHO now maintains official working relations with 13 inter-American NGOs (Annex). These NGOs are associations or federations representing a profession, educational faculty, or enterprise. These NGOs generally provide educational programs, coordinate services, and disseminate information to their members in the different countries of the Region. Others undertake scientific, technical, and policy analysis and some strive to ensure that national and international commitments be met through negotiation and advocacy. At the same time, these professional and technical organizations have sought to change institutions and norms.

Aside from these official relations, PAHO has also been working with a number of other technical and scientific NGOs which are neither "inter-American" or "federated" but which meet PAHO's standard criteria of institutional and technical excellence in health related matters.

Since 1991, PAHO has had experience with a number of working models enabling it to establish relations with "non traditional partners" and to promote the formation of NGO networks working in health and human development in Latin America and the Caribbean region. These initiatives have tried to involve national NGOs with policy analysis, health reform dialogue, to improve working partnerships in program planning and implementation, and to work on mechanisms for inter-sectoral program implementation. In the report *Achieving Effective Collaboration Between Governments and NGOs for Health and Health Sector Reform: PAHO's Experiences and Future Strategies* (March 1998), it was stated that "Designing a Health for All policy requires a deep commitment from all actors of society. The most ideal way to achieve it is to involve them in the policy and program formulation from the start".

Involving NGOs in technical support and health sector reform has been accomplished in a trilateral relationship between the governments, NGOs, and PAHO. The objectives of this collaboration have included reaching a consensus on strategic priorities which would result in institutionalizing means of dialogue and collaboration along health and development themes. Another objective was to define the criteria which

categorize and qualify the work of NGOs, and to establish indicators which would make it possible to monitor and evaluate activities undertaken between NGOs and health ministries. Yet another objective was to work towards strengthening the capacity of NGOs to work within the framework of national health reform processes. Another objective was to work on legal frameworks and guidelines which would foster the development of NGOs.

In 1996-1997, regional technical discussions were held by PAHO to reflect upon the lessons learned in working with NGOs and to consider a strategy for the future direction of PAHO collaboration with government and NGOs. These discussions resulted in 17 general conclusions or recommendations for "Strengthening the Process of NGO-Government Collaboration for Health and Development 1996-2000".

The gist of the conclusions of the 1996 discussions was that PAHO should assume a bigger and more activist role in building alliances between the Governments, NGOs, and PAHO. In general, these recommendations called for increased outreach activities on the part of PAHO in sharing information with NGOs about its public health agenda and work; increased policy dialogue on NGO capacity building; best practices in NGO/government collaboration and planning; as well as alternative means of delivering services; and finally, improved trilateral collaboration (PAHO/Government/NGOs) in undertaking health and development activities. One of the recommendations called for the Office of External Relations (DEC) to support PAHO representations in designing methodologies appropriate to the local context and undertake an in-depth analysis of the world of NGOs. PAHO was also called upon to direct funds to document the experiences of NGOs in the health sector and to increase the involvement of NGOs in the internal biannual planning cycle. The PAHO headquarters and field offices were called upon to mobilize resources and facilitate interagency coordination for national and regional projects involving NGOs.

In the summary of technical discussions of 1996, it was also pointed out that in PAHO's *Principles Guiding Relations Between the Pan American Health Organization and Nongovernmental Organizations* (approved by the 38th Directing Council in September, 1995) it is stated that national and Inter-American NGOs gaining an official status are automatically invited to all meetings of the Governing Bodies. In spite of this official avenue of access by NGOs to the Governing Bodies, the number of NGOs actually having official relations with PAHO is limited.

PAHO reports have given us examples of progress made in advancing NGO-Government collaboration. In Guatemala, NGOs have been attempting to fill gaps in health services under the Integrated Systems of Health Attention (SIAS), and to coordinate more effectively with local health authorities. NGOs strive to offer a basic

package of services which are appropriate to the local epidemiological profiles, available resources, and the preferences of the local communities. In Colombia, there was a two year program (1994-1996) called Programa de Empresas Solidarias de Salud (PESS) which offered NGOs an opportunity to increase coverage of community health services by signing agreements with the Ministry of Health in which they provided subsidized health services for indigent citizens who could not pay. On an international level, Rotary Club International played a key role in the early 90s in enabling PAHO to eradicate polio by supporting social mobilization activities and the purchase of vaccines.

## **1.2 *United Nations Experience with NGO Collaboration***

As a group, NGOs now deliver more aid than the whole United Nations system, and collectively they constitute the second largest source of development assistance. The United Nations Economic and Social Council (ECOSOC) is composed of 54 Member States, which coordinates the economic and social work of the United Nations system. In 1948, 41 NGOs were granted consultative status by the ECOSOC. This number has now grown up to 1,500 in 1998. The Secretary General has pointed out that the reform and restructuring of the United Nations has coincided with the emergence of a new participatory international system responding to the forces of globalization in the world.

Formal interaction and consultation between NGOs and the UN are governed by the UN Charter and related resolutions of the Economic and Social Council. Since 1996, the Economic and Social Council has recognized three categories of status for NGOs: "general consultative" status, "special consultative" status, and a third category which entails inclusion on the Roster. Consultative status with the Economic and Social Council remains at the core of the formal relationship between the United Nations and the NGOs. Those NGOs which are granted this status acquire certain rights and responsibilities. The provisional agenda of the Council is communicated to all of the NGOs and those with general status are entitled to place items on this agenda and that of the Council's subsidiary bodies. NGOs with general and special status may designate authorized representatives to sit as observers at public meetings of ECOSOC. NGOs in consultative status with the UN must report every four years on their activities.

In his report entitled "Renewing the United Nations: a programme for reform" (A/51/950) presented to the General Assembly in 1997, the Secretary General called for all departments that had not yet done so to designate a NGO Liaison Officer. An Inter-Departmental Working Group on NGOs was revived in the mid-nineties and is chaired by the Assistant Secretary General for External Relations. There is a similar group at the UN Office in Geneva which is chaired by a representative of the Director-General. While formal responsibility for cooperation with NGOs often resides in external relations services, or their equivalent, staff in the other units of the secretariats maintain informal

contacts with NGOs, maintaining liaison and collaborating on technical and operational matters. This is also the case of PAHO.

Approximately 15 UN agencies or programs have made special arrangements for NGOs to participate in their intergovernmental activities at various levels.

As early as 1950 the United Nations Children's Fund (UNICEF) was collaborating with NGOs as called upon by the General Assembly. UNICEF has granted consultative status to those international development organizations which already have consultative status with the ECOSOC which engage in child-related activities and wish to formalize their relationship with UNICEF. This allows them to be represented as observers at meetings of the Executive Board, and to take the floor and circulate statements, with the agreement of the Board's Chairperson. Over 190 NGOs hold consultative status with UNICEF. There also exists an NGO Committee on UNICEF, based in New York and Geneva, which is made up of those international NGOs holding consultative status with UNICEF who wish to belong to the committee. It works through an elected board of eight NGOs and develops most of its activities through specialized working groups, consultations, and regional as well as international meetings. UNICEF provides financial and in-kind support for this NGO committee. This committee also prepares its own section within a quarterly journal published by UNICEF to strengthen worldwide advocacy and exchange of information among UNICEF, NGOs, and others. UNICEF also organizes forums and meetings in which NGOs take part.

United Nations Population Fund (UNFPA) began collaborating with NGOs in the 1970s beginning with international NGOs and then expanded to include national NGOs. The main goal of collaboration is to supplement and strengthen the national capacity to implement programs in the sectoral areas within the Fund's mandate. The UNFPA cooperation with NGOs goes beyond the list of NGOs in Consultative Status with ECOSOC to organizations working at the national as well as local levels. The Executive Director of UNFPA established the NGO Advisory Committee to facilitate the participation of NGOs in follow-up activities aimed at implementing the 1994 International Conference on Population and Development (ICPD) Program of Action, and monitoring progress made towards the goals. This committee meets at UNFPA headquarters annually, and brings together representatives from both national and international NGOs. UNFPA has steadily increased the amount of program resources allocated to NGO-executed projects, and this now amounts to almost 15% of total UNFPA program expenditures.

Article 71 of WHO Constitution stipulates that WHO may "on matters within its competence make suitable arrangements for consultation and cooperation with non-governmental international organizations and, with the consent of the Government

concerned, with national organizations, governmental or non-governmental". WHO has only one category of formal relations and, in principle, only international NGOs are eligible. The Executive Board decides whether an NGO is to be admitted into what it refers to as "official relations with WHO". NGOs in official relations with WHO have the right to participate, but not to vote, in WHO's meetings or in those of the committees and conferences convened under its authority. All other contacts with NGOs, including working relations, are considered to be of an informal character. Official relations normally result when contacts and joint activities develop over the years into mutually agreed programs of work in international health or health-related activities. Once granted official relations status, the NGOs activities with WHO are reviewed every three years by the WHO Executive Board. There are over 180 NGOs that have official relations with WHO.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the first program of the UN to include NGO representatives on its governing body as full participants. UNAIDS is governed by a Programme Coordinating Board (PCB) which is comprised of representatives of 22 member states (including both donor and recipient countries), the program's six co-sponsors (UNDP, UNESCO, UNICEF, UNFPA, WHO, and the World Bank), NGOs, and people with HIV/AIDS. Five seats on the PCB are reserved for NGO delegates. The PCB also has an open policy of allowing observers from other NGOs attend meetings.

### **1.3 *World Bank Experience with NGOs***

In 1994, the "Fifty Years is Enough" campaign against the World Bank Group was similar to what occurred at the WTO meeting in Seattle. Activists invaded the meeting halls and disrupted the meetings of the World Bank. Today, NGOs support the activities of the World Bank probably because James Wolfensohn, World Bank President, has promoted dialogue with NGOs as a main aspect of the institution's working agenda since 1995.

The World Bank has undertaken several initiatives that enable NGOs to participate in its operations. The World Bank has followed a Participation Mainstreaming Initiative which has created opportunities for NGO participation. "Participation focal points" have also been identified in all regional technical departments. Nineteen flagship projects and policies were selected by the World Bank to be monitored relative to whether participatory methodologies were used in their design and implementation. There was also a review of participatory approaches used in preparing 22 Country Assistance Strategies (CAS)—the documents which summarize the strategy the Bank and the Government plan to pursue in the country—with an emphasis on deriving lessons learned.

This Participation Mainstreaming Initiative has also included creating NGO liaison officer positions in most Bank resident missions. The Latin American Caribbean region of the World Bank was one of the first to staff Civil Society and Social Development Specialists (CSSs)—formerly known as NGO Liaison Officers—in all of its resident missions. In 1998, the Regional Vice President for the Latin American Caribbean region appointed a regional coordinator for a civil society program and launched the Bank's first Regional Civil Society Strategy.

Not only have creative opportunities for policy dialogue and operational collaboration been developed by the World Bank but 60% of the Bank's projects approved in Fiscal Year 1997 attempted to involve Civil Society Organizations. This represented a significant increase from 1993, when only 28% of the Bank's regional portfolio had civil society involvement. The World Bank does not fund NGOs directly but hires them as a paid consultant or contractor to the borrower.

## **2. Current Situation**

The *Yearbook of International Organisations* puts the number of international NGOs at more than 26,000 today, up from 6,000 in 1990. The World Watch Institute estimates that the United States alone has about 2 million NGOs, of which 70% are less than thirty years old. The growth of NGOs are the clearest manifestation of the expansion of what is often referred to as the "civil society" or the sector in which social movements organize themselves along thematic interests. NGOs represent only one of the actors in civil society.

In the publication *Health in the Americas* (1998 edition), PAHO reported that "Total development aid disbursed by international NGOs for developing countries increased from US\$ 0.9 billion in 1970 to more than \$7.6 billion in 1992. It is now estimated that more than 15% of total official development assistance is channeled through NGOs, and, a total of \$4.7 billion destined for health, 22.9%, or \$1.1 billion, was directed through NGOs worldwide in 1990." As mentioned previously, NGOs as a group now deliver more aid than the whole United Nations system, and collectively they constitute the second largest source of development assistance.

One could say that NGOs as a group have come of age, and their growing number and influence is attracting attention from journalists, academics, world leaders, and local politicians. Multilateral institutions like the United Nations and the World Bank regard the NGOs as critical partners in building a better world. The political clout of NGOs was not only in evidence at the WTO meeting in Seattle, but also in the series of UN conferences that took place in the 1990s. At the Fourth UN World Conference on Women at Beijing, more than 3,000 NGOs participated (with 4,035 NGO delegates) and were

accredited which represents ten times as many as those that participated (400) at the 1985 Women's Conference in Nairobi. In Beijing, NGOs helped shape key sections of the Platform of Action and secured specific commitments from governments to advance women's rights worldwide.

Some 1,000 organizations from around the world gathered at the 1999 Seoul International Conference of NGOs (Seoul, Korea 10-15 October 1999), to assess implementation of the UN World Conferences and develop a common vision of UN-NGO partnerships for the 21st Century. The event was hosted by the Conference of NGOs in Consultative Relationship to the Economic and Social Council of the United Nations (CONGO), the Executive Committee of NGOs Accredited to the Department of Public Information of the United Nations (NGO/DPI) and Kyung Hee University. This conference produced two draft documents: (a) a final declaration entitled *The Seoul Millennium Declaration of NGOs: Achieving a Vision for the 21st Century*; and (b) a draft plan of action, based on the 11 thematic areas of the conference, entitled *Agenda for Peace, Security and Development in the 21st Century*. This declaration called upon the United Nations in the ongoing process of reform to "build upon the progress made in recent years in deepening relationships with NGOs and provide every opportunity for NGO participation in its work." The final version of this declaration will be considered for formal adoption at the Millennium NGO Forum on 22-26 May 2000.

Lack of ownership in decisions taken by UN intergovernmental forums has been a real stumbling block in making progress in sustainable development. Some feel that there is a real inadequacy in the consensus building process which governs UN processes as a means to dynamic and decisive action. Perhaps engaging NGOs more in the decision making process of the UN multilateral institutions will give more impetus to carrying out UN programs and in building national constituencies in favor of the work of UN agencies.

### **3. Facilitating Dialogue and Working with NGOs in the Future**

What is the purpose of PAHO collaborating with NGOs? As stated at the 118th Session of the Executive Committee in June 1996 (CE118/14), "the concept of collaboration serving one purpose only, to produce results that are more likely to be achieved by working together than by working alone, is the basis of PAHO's initiative. The goal is health for all and by all."

Drawing upon PAHO's experience as well as the rich experience of others such as the World Bank in expanding collaboration with NGOs, we should focus on further outreach, followed by a period of enhanced policy dialogue, and finally full scale collaboration. This flows also from the recommendations of the 1996-1997 technical

discussions in PAHO which called for increased outreach activities by PAHO in sharing information with NGOs about its public health agenda and work; increased policy dialogue on NGO capacity building; best practices in NGO/government collaboration, and planning, as well as alternative means of delivering services; and finally, improved trilateral collaboration (PAHO/Government/NGOs) in undertaking health and development activities.

### **3.1 Outreach**

In order to improve collaboration with NGOs, PAHO could undertake an intensive period of outreach to NGOs active in the health sector in Latin America and the Caribbean. Ideally, this should be done along thematic lines such as the Healthy Children 2002 campaign which was launched last December 1999. A strategy could be developed to follow up on this launch by expanding our efforts to seek out NGOs with similar objectives who would be prepared to work within a public health approach such as the Integrated Management of Childhood Illness (IMCI). The target audience of this initiative could go beyond the 13 organizations who have official relations with PAHO to include some of the 180 international NGOs which have official relations with WHO and a vast number of local and national NGOs. Other more general themes to be considered for discussion could be health reform, inequity, or other pressing public health issues of concern to the LAC region. Another approach might be to involve NGOs in major events sponsored by PAHO, such as the launching of PAHO's quadrennial publication *Health in the Americas* and the celebration of PAHO's centennial. The PWRs could organize the launches locally in collaboration with the Ministry of Health.

### **3.2 Policy Dialogue**

Once the stakeholders in a program are identified, a policy dialogue could be initiated with the NGO community to identify which organizations would be prepared to contribute to discussion of the issues pertaining to implementation in Latin America and the Caribbean. This could be accomplished by a series of jointly sponsored workshops and seminars with interested NGOs. The aim of these seminars would be to identify the public health issues concerned, establish priorities, and come to a conclusion as to who would do what, and when. Which NGOs would be prepared to work in a trilateral relationship?

Another approach would be to engage NGOs more in PAHO's agenda by establishing a consultative council of NGOs that could meet in parallel to meetings of the Executive Committee or Directing Council. An alternative to this would be to encourage the Ministries of Health to include national NGOs as part of the national delegation to sessions to discuss topics of interest. The disadvantage of this alternate approach would

be that it would encourage the participation of government sponsored NGOs (or GONGOs), and it would discourage participation by more independent NGOs and international NGOs that work in the health sector of the LAC region.

### **3.3 *Operational Collaboration***

Once a consensus is achieved following a phase of outreach and policy dialogue, PAHO could move on to identify NGOs that would be prepared to undertake active collaboration with PAHO and the Ministries of Health. Best cases in NGO/PAHO collaboration could be used to sensitize PWRs and member states as to the need to work with NGOs, and how to do so successfully.

#### *3.3.1 Program and Service Delivery*

The provision of health services would probably be the biggest area of potential trilateral collaboration between NGOs, PAHO, and the ministries of health. The comparative advantages of NGOs are worth noting. NGOs tend to be less hampered by bureaucratic red tape and diplomatic considerations. They are decentralized, bottom-up organizational structures that help their programs reflect people's needs, and their independence allows them to be more innovative in their approach. As many of them rely on the trust of private donors, NGOs have a strong incentive to use their resources more efficiently. NGOs can also serve as vehicles for public-private partnerships that enable each sector to complement the strengths of the others.

In light of the comparative advantages of NGOs, PAHO could make more of an effort to involve NGOs in project design as well as service delivery. This approach would be particularly effective in programs that require a grass roots approach to a public health problem. Many NGOs as well as local Red Cross societies would like to work with the Ministry of Health in providing better and more equal access to health services. PAHO could serve as a link in enabling NGOs to integrate their health and social welfare programs more effectively with those of the Ministry of Health.

#### *3.3.2 Advocacy*

As evidenced by recent experience with the Banning Land Mines Campaign and the establishment of an International Criminal Court of Justice, NGOs have shown the capacity to mobilize and promote a global agenda, just as effectively as they can oppose something (the example of the WTO conference in Seattle). A great deal of international advocacy by the NGOs was organized around the major UN conferences (Cairo, Copenhagen, Beijing) which took place in the nineties. But after the World Food Summit in Rome in 1996, it appears that there will be very few such global events in the future.

The UN has shifted to special sessions of the General Assembly or other UN venues where NGOs have experienced major access difficulties.

UNICEF has demonstrated how NGOs can be mobilized effectively to advocate for action on major global issues such as the impact of armed conflicts on children, the "Child Friendly City Initiative", and against sexual exploitation of children. The World Congress Against Commercial Sexual Exploitation of Children, held in Stockholm in 1996, was co-sponsored and organized on an equal footing by the Government of Sweden, UNICEF, and an NGO called End Child Prostitution in Asian Tourism.

PAHO could play a key role as catalyst for mobilizing NGO action on such key public health issues such as women's access to quality health care, violence, or environmental risk factors in the workplace, to name a few. Also they could play a role in mobilizing support for the 3rd Summit of the Americas to be a health summit.

#### **4. Proposed Actions for Consideration**

It has become clear that NGOs are lobbying for more and better access to the UN decision making process, and in many cases for full partnership with the UN. At the same time, governments are committing less resources to multilateral bodies of the UN (aside from the IMF, World Bank, and WTO), and channeling more development aid through NGOs. Many UN agencies and the World Bank Group have found ways to work more effectively with NGOs, and to involve them in their projects in an effort to make their decision making more democratic, accountable, and transparent with the aim of making the results more sustainable.

PAHO could seek to work more effectively with NGOs by expanding its outreach activities to NGOs, improving the quality of dialogue with NGOs, and integrating NGOs into its initiatives and projects. PAHO could work to involve NGOs in identifying the problems in providing better health for all in the LAC region, exploring options for collaborating with NGOs in coping with the problems and setting the ground rules, and finally collaborating operationally with NGOs.

At the same time, PAHO may consider innovative ways to involve NGOs as another critical stakeholder in the policy and program decisions of its Governing Bodies. This could be accomplished by establishing a consultative NGO Council within PAHO or encouraging ministries to involve local and national NGOs in their national delegations. NGOs could also be invited to attend major conferences which address specific public health themes in the LAC region. If NGOs are involved in the decision making process then they are much more likely to be engaged in tackling the public health problems of the LAC region and in understanding better the constraints that governments confront.

## 5. Key Issues for Deliberation

The past decade has witnessed a phenomenal growth of people's movements. PAHO has undertaken a great deal of time and effort in the past decade to encourage and foster better collaboration between governments and NGOs. PAHO has been at the forefront of UN collaboration with NGOs in the field.

In the PAHO report, *Achieving Effective Collaboration Between Governments & NGOs for Health and Health Sector Reform* (March 1998), a lesson learned was that "Transparent agendas and accountability by all parties..." was a key condition for effective collaboration between governments and NGOs. This was also one of the lessons learned following the events surrounding the WTO meeting in Seattle.

In light of the emerging need to involve more components of civil society in multilateral policy development and decision making, the Subcommittee on Planning and Programming is being asked to re-examine the current state of relations between PAHO and NGOs. The issues for consideration are as follows:

- What should be the nature of the future relationship between PAHO and NGOs?
- Should PAHO continue to emphasize trilateral arrangements or should it focus predominantly on PAHO/NGO interaction?
- Is there a role for more intense participation of NGOs in PAHO's Governing Bodies and how might this be structured?
- How might PAHO facilitate inter-country NGO collaboration on health issues?
- Should multilateral organizations like PAHO devote resources specifically to cultivating its relationship with NGOs, and incorporating them in its policy development and operations as way to advance health objectives?

Annex

## NGOs IN OFFICIAL RELATIONS WITH PAHO

- Confederación Latinoamericana de Bioquímica Clínica  
a/c Federación Bioquímica de la Provincia de Buenos Aires  
Calle 6 No. 1344  
La Plata CP 1900, Argentina
- Federación Latinoamericana de Hospitales  
Tucumán 1668, 1er piso  
(1050) Buenos Aires, Argentina
- Federación Latinoamericana de la  
Industria Farmacéutica (FIFARMA)  
L.N. Alem 619, Piso 5  
(1001) Buenos Aires, Argentina
- Asociación Latinoamericana y del Caribe de  
Educación de Salud Pública (ALAESp) at  
Escola Nacional de Saúde Pública  
Fundação Oswaldo Cruz, Ministerio de Saúde  
Rua Leopoldo Bulhões 1480, Manguinhos  
21041-210 Rio de Janeiro, RJ, Brasil
- Associação Interamericana  
de Engenharia Sanitária e Ambiental (AIDIS)  
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05429-010 São Paulo, SP, Brasil
- Federación Panamericana de Profesionales de Enfermería  
(FEPPEN)  
SGA Norte Avenida L-2 Quadra 603  
Conjunto B  
CEP 70830 Brasília DF, Brasil

- Unión Latinoamericana contra las Enfermedades de Transmisión Sexual (ULACETS)  
Av. Soledade 234  
90470-340 Porto Alegre, Brasil
  
- Organización Internacional de Asociaciones de Consumidores (IOCU)  
Las Hortensias 2371  
Providencia, Santiago, Chile
  
- Inter-American College of Radiology  
University of Miami School of Medicine  
Division of Diagnostic Radiology  
P.O. Box 016960 (R-109)  
Miami, Florida 33101  
United States of America
  
- National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)  
1501 16th St., N.W.  
Washington, D.C. 20036  
United States of America
  
- United States Pharmacopeial Convention, Inc.  
12601 Twinbrook Parkway  
Rockville, MD 20852  
United States of America
  
- Federación Panamericana de Asociaciones de Facultades (Escuelas) de Medicina (FEPAFEM)  
Apartado Postal 60411  
Caracas 1060-A, Venezuela