

H. STATUS OF THE PAN AMERICAN CENTERS

Introduction

1. This document was prepared in response to the mandate of the Governing Bodies of the Pan American Health Organization (PAHO) to conduct periodic evaluations and reviews of the Pan American Centers.

Background

2. The Pan American Centers have been an important modality of PAHO technical cooperation for almost 60 years. In that period, PAHO has created or administered 13 centers, eliminated six, and transferred the administration of one of them to its own governing bodies. This document presents up-to-date information on the Pan American Foot-and-Mouth Disease Center (PANAFTOSA), the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Latin American Center for Perinatology and Human Development/Women's and Reproductive Health (CLAP/SMR), and the Subregional Centers—the Caribbean Epidemiology Center (CAREC) and the Caribbean Food and Nutrition Institute (CFNI).

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

3. In view of the convergence of human health and animal health, there is an ever-growing need for PAHO to exercise leadership in the sphere of zoonoses, food safety, and food security.

Recent Progress

4. In the framework of the PANAFTOSA institutional development project, a Trust Fund was created to facilitate financial contributions from public and private sectors interested in the eradication of foot-and-mouth disease. The Fund received its initial funding from the National Animal Health Coordinating Association (ACONASA) of Paraguay, while other donors are studying the feasibility of using it. Financial contributions also continue to be received through other international mechanisms. Thus, a significant proportion of the Center's regular financial resources has been successfully channeled to technical cooperation in the areas of zoonosis and food safety. The financial resources mobilized for foot-and-mouth disease are supporting technical cooperation related to the regional coordination of the Action Plan 2011-2020 of the Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA), which was adopted in a special meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA) in December 2010 (1).

5. In December 2011, the first stage concluded of the transfer of the PANAFTOSA reference laboratory to the facilities of the National Agricultural Laboratory of the Ministry of Agriculture, Livestock, and Supply of Brazil, located in Pedro Leopoldo in the State of Minas Gerais. At present, remodeling of the laboratory is being completed, which will have a biosafety level of 4, according to the standards of the World Organization for Animal Health (OIE).

6. In December 2011, PAHO, through PANAFTOSA, and the Secretariat of Health Surveillance of the Ministry of Health of Brazil signed a technical cooperation agreement to contribute to strengthening the National Health Surveillance System and the management capacity of the Unified Health System of Brazil to reduce the burden of zoonoses, vector-borne diseases, and water- and food-borne diseases on the human population. The agreement also includes actions regarding knowledge management and South-South cooperation, and builds on the 60 years of prolonged and valuable collaboration with the Ministry of Agriculture, Livestock, and Supply of Brazil, highlighting the important role of PANAFTOSA as a center for intersectoral technical cooperation between animal health and public health.

7. It is worth underscoring that the linkage among health, agriculture, and the environment was the main theme of the 16th Inter-American Meeting at Ministerial Level on Health and Agriculture (RIMSA 16): *Agriculture, Health, and Environment: joining efforts for the well-being of the Americas*, which was held in Santiago (Chile), 26-27 July 2012, coordinated by PANAFTOSA. Preceding RIMSA 16, there also took place three technical events: the 12th Meeting of the Hemispheric Committee for the Eradication of Foot-and-Mouth Disease (COHEFA 12), the Sixth Meeting of the Pan-American Commission on Food Safety (COPAIA 6), and the Inter-Agency Forum: “Toward integrated epidemiologic surveillance.” RIMSA 16 and these three technical events benefitted from the technical and financial contribution of the Government of Chile, through the Ministries of Health and Agriculture. The final report of RIMSA 16, which produced the Consensus of Santiago, will be presented to the Governing Bodies in 2013. The final reports of the technical events preceding RIMSA 16, as well as the Santiago Consensus, are available on the web pages of PANAFTOSA.¹

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

8. BIREME is a PAHO specialized center that was established in 1967 to channel the technical cooperation provided by the Organization to the Region with regard to scientific and technical information on health. On 1 January 2010, the new Statute of BIREME became effective and, on 31 August of the same year, the BIREME Advisory Committee was formed.

¹ <http://ww2.panaftosa.org.br/rimsa16/>

9. The 51st Directing Council elected two new members, Bolivia and Suriname, to the BIREME Advisory Committee, with the finalization of the two-year terms of Jamaica and Mexico. The 28th Pan American Sanitary Conference will select three new Member States to the BIREME Advisory Committee for a three-year term, to replace Argentina, Chile, and Dominican Republic, whose terms will end in 2012.

Recent Progress

10. The second meeting of the BIREME Advisory Committee took place on 25 October 2011, at the offices of BIREME in São Paulo (Brazil). The committee members reaffirmed their support for the institutional development of the Center, which includes the implementation of a new institutional framework, preparation and signing of a new Headquarters Agreement, and financing for its work plans, in addition to setting up the Scientific Committee in 2012 and organization of the IX Regional Congress on Health Sciences Information, to be held in Washington, D.C. on 22-24 October 2012.

11. In the context of the lines of action for implementing BIREME's new institutional framework, the following aspects should be pointed out:

- (a) BIREME Headquarters Agreement: PAHO/WHO and the Ministry of Health of Brazil prepared a headquarters agreement, which has been in the pipeline for approval since 6 August 2010. Following the change in government in Brazil, contacts with the Executive Secretariat of the Ministry of Health have been maintained. The Executive Secretariat of the Ministry of Health of Brazil invited the Director of BIREME to a meeting in late February 2012 to consider the status of the adoption of BIREME's new institutional framework. The discussion was broadened at a meeting on 21 March 2012 with the participation of: the Executive Secretariat; two other Ministry of Health Secretaries; representatives from FIOCRUZ (Oswaldo Cruz Foundation), UNIFESP (Federal University of São Paulo), ABRASCO (Brazilian Association of Collective Health), the Health Secretariat of São Paulo State (SES SP), the PAHO/WHO Representative Office in Brazil; the Manager of the Area of Knowledge Management and Communication of PAHO, and the Director of BIREME.
- (b) Agreement for BIREME facilities and operation on the São Paulo campus of the UNIFESP: the terms of this agreement are being negotiated with UNIFESP, and it will be signed once the Headquarters Agreement with the Government of Brazil, cited in the previous paragraph, has been signed.
- (c) Determination of the financing mechanism for BIREME based on the PAHO and Government of Brazil contributions stipulated in Article 6 of the Statute: Regular

contributions will be determined by mutual consent to support the biennial work plans approved in accordance with the Statute's provisions. In the first meeting of the BIREME Advisory Committee in 2012, held on 1 June, the Ministry of Health of Brazil approved a contribution of 3.8 million Reales (approximately 1.8 million U.S. dollars) to finance the BIREME work plan for the year 2012. This amount will be transferred to PAHO through Additional Term No. 20 of the BIREME Maintenance and Development Agreement, which is in the process of being signed as of the publication date of this document.

- (d) Establishment of the Scientific Committee in coordination with the BIREME Advisory Committee. The process for submission of nominations to elect members of the Scientific Committee took place in the first half of 2012. Proposals were received from thirteen Member States, which will be presented to the BIREME Advisory Committee in the second half of year for nomination, in accordance with the approved Terms of Reference for the Committee.

12. The BIREME biennial work plan (2012-2013) in the form of a sub-entity of the Area of Knowledge Management and Communication (KMC) of PAHO was prepared in an integrated manner with KMC, with which coordination continues for its enhancement and consolidation.

Latin American Center for Perinatology and Human Development/Women's and Reproductive Health (CLAP/SMR)

13. The Latin American Center for Perinatology (CLAP) was created in 1970, through an agreement between the Government of the Eastern Republic of Uruguay, the University of the Republic of Uruguay, and PAHO, which is renewed periodically and for which the most recent extension expires on 28 February 2016. The general objective of CLAP is to promote, strengthen, and boost the capacities of the countries of the Region of the Americas with regard to health care for women, mothers, and newborns.

Recent Progress

14. The search continues to find a site for the offices of CLAP and of the PAHO/WHO Representative Office in Uruguay. In late 2011, five sites were visited that did not meet the necessary requirements. In the first half of 2012, the search has been resumed with visits to five private properties and to a governmental property belonging to the School of Veterinary Medicine. The latter was set aside because it will not be available within two years and the other properties did not meet the necessary physical and economic requirements.

Subregional Centers (CAREC and CFNI)

Caribbean Epidemiology Center (CAREC)

15. The transition of CAREC to the Caribbean Public Health Agency (CARPHA) has been scheduled for the end of 2012. CAREC has focused its work on maintaining its current services, expanding them as appropriate, and preparing for the transition. As part of the strengthening of its current capacity, in September 2011 it filled the post of laboratory director, and in the final quarter of 2011 it completed an analysis and reorganization of its human resources.

16. CAREC has received considerable support from Headquarters for all activities related to the transition. In preparation for this process, a working group was formed that is in charge of implementing a plan with respect to the products and the technical, administrative, and laboratory services that will be transferred to CARPHA. Subcommittees have been set up to support the transition in the areas of information, finances, and human resources.

17. CAREC has collaborated actively with the Executive Committee of CARPHA in approving its organizational structure, policies, procedures, and processes, including Personnel Regulations. It has also approved contracting officials for key posts such as the first CARPHA Director, the Director for Institutional Services, and the Director for Surveillance and Research.

18. The 37th Council of CAREC met on 23-24 July 2012. It took note of progress in the establishment of CARPHA, including the creation of a Working Capital Fund, negotiations with the Ministry of Health of Trinidad and Tobago for the provision of buildings and a laboratory for CARPHA, and updating of the list of countries which have signed the CARPHA Agreement. In addition, the Council stressed the need to standardize and integrate compiled national-level information and for legislation to be issued to support public health surveillance.

19. Additional missions to CAREC have been programmed, which will be carried out during the rest of 2012. In accordance with the transition plan, it is expected that it will be carried out in an efficient and orderly manner to keep interruptions from occurring in the services that CAREC provides to its Member States.

Caribbean Food and Nutrition Institute (CFNI)

20. The CFNI continues to maintain technical support to the member countries while, at the same time, it works with CARICOM on the various issues and processes necessary for an efficient and orderly transition to CARPHA.

21. The transition from CFNI to CARPHA has been programmed for the end of 2012. In preparation for the transition, the personnel from the CFNI subsidiary office in Trinidad and Tobago were relocated to CAREC headquarters, and agreements reached on retirement of some personnel.

22. Furthermore, the surveillance functions of CFNI and CAREC are being evaluated to merge them, when possible, to achieve greater effectiveness. Along these lines, the regional, subregional, and CFNI mandates and commitments have been reviewed, and those cooperation functions have been identified that could be transferred to other actors in the region recognized for technical excellence as well as those that will continue to be handled by the country offices, collaborating centers, and the Regional Office.

23. Meanwhile, plans have gone ahead to relocate the PAHO/WHO Representative Office in Jamaica to the CFNI building and it is expected that the process will conclude during the second half of 2012.

References

1. Pan American Health Organization—Pan American Foot-and-Mouth Disease Center. Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA) – Action Plan 2011-2020. PANAFTOSA; Rio de Janeiro (Brazil): PAHO; 2011 [consulted 9 March 2012]. Available at:
<http://bvs1.panaftosa.org.br/local/File/textoc/PHEFA-PlanAccion-2011-2020ing.pdf>