

## **I. 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. Thus, an adequate proportion of the Center's regular financial resources has been 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. It is worth underscoring that the linkage among health, agriculture, and the environment will be the main theme of the next Inter-American Meeting, at the Ministerial Level, on Health and Agriculture, which will be held in Santiago (Chile), on 26-27 July 2012. PANAFTOSA is coordinating the organization and preparation of this meeting.

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

7. 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, subsequently, the BIREME Advisory Committee was formed.

8. The 51st Directing Council elected two new members, Bolivia and Suriname, to the BIREME Advisory Committee, with the finalization of the 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***

9. 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, 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 UNIFESP campus: the negotiation and signing of this document will begin 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 in the coming years 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. As signing of the new Headquarters Agreement is still pending, in 2011 it was necessary to extend the BIREME Maintenance and Development Agreement once more. A budget was approved based on a detailed work plan for that year, through Additional Term No. 18<sup>1</sup> to the BIREME Maintenance and Development Agreement, for an approximate amount of US\$ 2,300,000, on the basis of the new BIREME institutional framework.
  - (d) Establishment of the Scientific Committee in 2011 in coordination with the BIREME Advisory Committee. The process for submission of nominations to elect members of the Scientific Committee has begun, in accordance with the approved Terms of Reference. These Terms were annexed to a letter that asks the countries to send their proposals by the end of May 2012 in order to fulfill the plan to establish the Scientific Committee in the first half of 2012.
10. The second meeting of the BIREME Advisory Committee was held on 25 October 2011 in the BIREME offices in São Paulo (Brazil). The members reaffirmed

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<sup>1</sup> Additional Term No. 18 to Agreement No. 007/2004 (Grant 063004), entered into by the Government of the Federative Republic of Brazil, through its Ministries of Health and Education; the Secretariat of Health of the State of São Paulo; and PAHO/WHO, seeks the maintenance and development of BIREME, through the assignment of financial resources and goals by the Ministry of Health, in accordance with the provisions in the second paragraph of clause 14 of Agreement No. 007/2004.

their support for the Center's institutional development, which encompasses implementation of the new institutional framework, the establishment and signing of the Headquarters Agreement, and financing of its work plans, in addition to the formation of the Scientific Committee in the first half of 2012 and organization of the 9th Regional Congress on Health Sciences Information (CRICS), to be held in Washington, D.C. in the second half of 2012.

11. Preparation of the biennial work plan (2012-2013) in the form of a sub-entity of the Area of Knowledge Management and Communication (KMC) of PAHO. The 2012-2013 biennial work plan with PAHO was prepared in an integrated manner with KMC and communication has continued to enhance and consolidate it.

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

12. 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 whose 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***

13. 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.

### **Subregional Centers (CAREC and CFNI)**

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

14. 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.

15. 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.

16. 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)***

17. The transition of 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. Furthermore, the surveillance functions of CFNI and CAREC are being evaluated to merge them, when possible, to achieve greater effectiveness. This process will conclude in December 2012.

18. 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.

19. CFNI continues to provide technical support to the member countries while at the same time it continues to work with CARICOM on the various issues and processes necessary for an efficient and orderly transition to CARPHA.

### **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>