



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO

Review of PAHO's Collaboration with Inter-American and National Nongovernmental Organizations in Official Relations

Introduction

1. With regard to the official relations of the Pan American Health Organization (PAHO) with nongovernmental organizations (NGOs), the Special Session of the Executive Committee on 11 January 2007 established through Resolution CESS.R1 (*Revision of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations*) that one of the functions of the Subcommittee on Program, Budget, and Administration is to “review applications received and submit a recommendation for action by the Executive Committee. It will also periodically review collaboration with NGOs and make recommendations to the Executive Committee concerning renewal of such collaboration.”

Applications Received from Nongovernmental Organizations

2. Following the procedure set forth in section 4.3 of the Principles Governing Relations Between the Pan American Health Organization and Nongovernmental Organizations (the Principles), the Subcommittee will review the application of one NGO, the American Public Health Association (APHA), which submitted its formal request to be admitted into official relations with PAHO before the deadline of 31 December 2012.

American Public Health Association (APHA)

3. The American Public Health Association (APHA) was founded in 1872, with its headquarters located in Washington, D.C. The main activities of the organization include advocacy, conferences, education, and programs on public health policy and practice. APHA is a leading professional association that promotes and protects the health of all people. The Association represents a broad array of health professionals, organizations, and others who care about their own health and the health of their communities. APHA builds a collective voice for public health, working to ensure access to health care, protect funding for core public health services, and eliminate health disparities, among a myriad of issues.

4. APHA promotes the scientific and professional foundation of public health practices and policy, advocates the conditions for a healthy global society, emphasizes prevention, and enhances the ability of members to promote and protect environmental and community health. Overall, the Association aims to protect all Americans, their families, and their communities from preventable, serious health threats. It strives to ensure that community-based health promotion and disease prevention activities and preventive health services are universally accessible in the United States.

5. APHA has been collaborating with PAHO for over two years. Several highlights can be noted:

- (a) APHA and PAHO signed a Memorandum of Understanding on 17 September 2012.
- (b) The Deputy Director of PAHO meets with the Executive Director of the APHA on a quarterly basis to coordinate collaborative activities.
- (c) PAHO participates in APHA annual meetings on a regular basis, sending high-level representation (Director in 2009, Deputy Director in 2011).
- (d) There is ongoing work to establish a public health agency on the U.S.-Mexico border through collaboration among APHA, PAHO, and the Mexican Public Health Association.

6. The proposed work plan presented by APHA has been reviewed and discussed with the Deputy Director's office. The Pan American Sanitary Bureau (PASB) has agreed that this work plan will give significant support to PAHO's Strategic Plan 2008-2012.¹ This work plan has three main parts:

¹ The Strategic Plan 2013-2017 is being drafted, as per the midterm evaluation of the Health Agenda for the Americas, and will be reviewed by PAHO's Governing Bodies in 2013.

- (a) *Events.* PAHO and APHA will collaborate on the following events organized by the respective organizations:
 - PAHO/WHO: World Health Day, Wellness Week, and other events.
 - APHA: National Public Health Week, APHA Annual Meeting.
- (b) *Communications.* PAHO and APHA will collaborate on the following:
 - Spanish translation of selected public health articles from the *American Journal of Public Health*.
 - Dissemination of information on programs and internships in both organizations.
- (c) *Projects.* PAHO/PHA will collaborate on the following projects:
 - Border Health Initiative: An alliance convening civil society organizations and stakeholders on both sides of the U.S.-Mexico Border to collectively address public health issues and challenges in the border region.
 - Ecoclubs: The development of an “Ecoclub” for the Washington, D.C. metropolitan region.

Renewal of Collaboration with Nongovernmental Organizations

7. The Subcommittee will also review collaboration with seven nongovernmental organizations: the American Society for Microbiology (ASM), the Inter-American Association of Sanitary and Environmental Engineering (AIDIS), the International Diabetes Federation (IDF), the Latin American Federation of the Pharmaceutical Industry (FIFARMA), the March of Dimes, the U.S. Pharmacopeial Convention (USP), and the World Association for Sexual Health (WAS, formerly World Association for Sexology).

8. PAHO has been in official relations with FIFARMA since 1979, with AIDIS since 1995, with IDF since 1996, with USP since 1997, and with ASM, the March of Dimes, and WAS since 2001.

American Society for Microbiology (ASM)

9. ASM is the world’s largest scientific society of individuals interested in the microbiological sciences. The mission of the Society is to advance the microbiological sciences as a vehicle for understanding life processes and to apply and communicate this knowledge for the improvement of health and environmental and economic well-being worldwide. To achieve these goals, ASM will:

- (a) Support programs of education, training, and public information.
- (b) Publish journals and books and convene meetings, workshops, and colloquia.
- (c) Promote the contributions and promise of the microbiological sciences.

- (d) Recognize achievement and distinction among its practitioners.
 - (e) Set standards of ethical and professional behavior.
10. Over the past four years, ASM and PAHO have carried out the following activities:
- (a) Infectious diseases epidemiology and surveillance fellowships and professorships. This activity provides training and laboratory experience in the area of antimicrobial resistance to scientists in Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, Peru, and, as of 2010, Cuba and Haiti. The fellowship offers grants to young scientists from the designated countries who have obtained their master's, PhD, or other equivalent academic degree, and who preferably have five years of laboratory experience in the area of antimicrobial resistance, to visit a host scientist in the United States to perform a research project. The professorship provides funding support to ASM members from the United States who are scientifically recognized in their areas to teach a highly interactive short course in the area of antimicrobial resistance at an institution of higher education in the designated countries.
 - (b) Provision of expertise for workshops and meetings. ASM and PAHO collaborated to develop a one-day workshop on scientific writing and publishing. The aim is to assist in development of the skills needed to write and submit scientific manuscripts, with the ultimate goal of improving the dissemination of research from resource-constrained countries. The workshop was piloted at the Annual Meeting of the Antimicrobial Resistance and Surveillance Unit of PAHO in Costa Rica.
 - (c) At PAHO's request, ASM identified one of its members, David Bruckner of the UCLA Medical Center, to serve as a microbiology expert in a laboratory network assessment visit to Trinidad and Tobago, December 7-10, 2010.
 - (d) ASM also coordinated Bruckner's participation in the PAHO infection prevention and control monitoring visit to the Bahamas, June 4-8, 2012.
 - (e) ASM participated in the technical advisory group (TAG) meeting on antimicrobial resistance, sponsored by PAHO and the US Agency for International Development, September 16-17, 2010, in Washington, D.C. Contributions to the technical discussions are reflected in the TAG report.
11. Over the next four years, ASM and PAHO have planned the following collaborative activities:
- (a) ASM will build on pilot efforts with PAHO to implement a series of workshops on best practices in scientific writing and publishing, using a blended virtual/on-site format. The workshops will combine recorded training modules with dynamic on-site activities that can be implemented by ASM International Ambassadors and

- other designated ASM/PAHO representatives. In 2012, ASM provided similar training to over 600 researchers.
- (b) ASM will leverage the expertise of its membership to provide virtual speakers at scientific meetings and workshops throughout the Region. Through the virtual format, ASM can provide high-level experts to any meeting, regardless of meeting size or location. Virtual participation can be prerecorded when broadband constraints prohibit live-streamed content. This is a cost-effective way to leverage ASM's deep membership expertise to increase the value of scientific meetings.
 - (c) ASM will identify experts in specific microbiology areas to join PAHO/WHO country monitoring missions, especially those to English-speaking Caribbean countries.

Inter-American Association of Sanitary and Environmental Engineering (AIDIS)

12. The Inter-American Association of Sanitary and Environmental Engineering, known by its Spanish acronym AIDIS, is a nonprofit technical and scientific organization. It brings together the main professional and student organizations in the Americas that are dedicated to environmental preservation, health, and sanitation. AIDIS was established on 14 April 1948, seven days after the World Health Organization (WHO) was founded. Since then, it has collaborated extensively with WHO and has been represented at the assemblies and executive committee meetings of both WHO and PAHO.

13. The main purpose and functions of AIDIS are to:

- (a) Raise awareness of environmental, health, and basic sanitation issues and propose alternatives and solutions.
- (b) Maintain close contact with the government of each country in the Region to try to implement concrete action plans that over time succeed in reducing, insofar as possible, lags in health, environmental protection, and sanitation.
- (c) Hold continuing professional development events on subjects related to the Association's work, forging enduring strategic partnerships with universities and educational organizations.
- (d) Maintain close ties with supporting institutions, making it possible to obtain resources to strengthen the activities of the national chapters.

14. Over the past four years the fruitful collaboration between PAHO and AIDIS has continued at the national, regional, and global levels. The most relevant joint activities included:

- (a) Development of the *Manual sobre vulnerabilidades de sistemas de agua y saneamiento ante desastres naturales* [manual on the vulnerabilities of water and sanitation systems to natural disasters], which was completed on 6 September 2010.
 - (b) Organization of the PAHO/SDE regional symposium “Water, City, and Health: Toward a New Culture of Water,” held in Punta Cana, Dominican Republic, on 5-6 November 2010.
 - (c) Creation and implementation of an organizational development project with AIDIS and its national chapters. A final report on this project was delivered on 15 December 2008.
 - (d) Facilitation of the process of organizing the preconference symposium “Sanitation in Latin America and the Caribbean,” held in Santiago, Chile. The final report was delivered on 4 December 2008.
 - (e) Organization of a symposium prior to the 33rd AIDIS conference, “Water and Sanitation: An Essential Human Right,” held 1-2 June 2012 in Salvador, Bahía, Brazil.
15. AIDIS and PAHO propose a collaborative work plan for 2013-2017 that will focus on the following lines of work:
- (a) Support for human resources training for the Inter-American Association of Sanitary and Environmental Engineering. To ensure that AIDIS can continue conducting cooperation projects with PAHO, the human resources capabilities at the Abel Wolman headquarters in São Paulo must be strengthened.
 - (b) Preliminary evaluation of the water and sanitation situation in Haiti.
 - (c) Establishment of a water and sanitation coalition for the elimination of cholera on the island of Hispaniola.
 - (d) Organization of the sixth high-level technical meeting: Prevention of Environmental Disasters and Urban Floods.

International Diabetes Federation (IDF)

16. IDF works to achieve the early diagnosis, prevention, treatment, and cure of diabetes.

17. Over the past 18 years, PAHO and IDF have collaborated to improve the health of people with diabetes. The main projects implemented in collaboration with IDF and its partners in Latin America and the Caribbean have aimed to improve diabetes education among people with diabetes and health professionals and to improve the quality of diabetes care. Through this collaboration, PAHO and IDF programs enjoy greater reach. The collaboration serves as a bridge uniting public health professionals in the Americas with people affected by diabetes.

18. The following work was completed as a part of the work plan implemented in collaboration with PAHO/WHO over the past four years:

- (a) World Diabetes Day: call to action and awareness-raising about the impact of diabetes in each country; publication of informational materials and World Diabetes Day poster.
- (b) Diabetic foot training workshop held with the Diabetes Association board of trustees: development of protocol for managing diabetic foot in primary care; development of educational materials. The protocol is being edited.
- (c) Diabetes Education Course/Chronic Diseases Project: free, self-administered online course also made available on CD, with 5,000 CDs distributed throughout Latin America. The course was evaluated in Cuba, Chile, Costa Rica, and Mexico, with satisfactory results in all four countries.
- (d) Online course for people with Type 2 diabetes: course available free of charge on the Internet. A random study conducted among patients in Chile showed that the online course is as effective as in-person patient education in achieving improvement in glycohemoglobin. The improvement in A1c levels was significant.
- (e) Chronic Care Passport: implementation of a card for people with diabetes, accompanied by educational material for health workers and patients. Improvement of the clinical parameters such as A1c, foot, and eye care. The card was distributed in 17 Latin American and Caribbean countries and evaluated in eight English-speaking countries of the Caribbean.
- (f) Lay Diabetes Educator of Jamaica/Chronic Diseases Project: lay diabetes education program of the Diabetes Association of Jamaica. It was successfully evaluated in several centers in Kingston, with satisfactory results.

19. IDF and PAHO propose a collaborative work plan for the next four years, 2013-2017, that will focus on the following lines of work:

- (a) Educating people with diabetes: online course for people with Type 2 diabetes. Maintenance of the online course and translation into English, Portuguese, and French, facilitating access to anyone in the Americas. Evaluation of the pilot courses in several countries and languages. Collaborators include the diabetes associations of the countries and the boards of the South and Central America Region and the North America and Caribbean Region of IDF.
- (b) Diabetes education for health professionals: online course for health professionals in diabetes education, aimed at improved care for people with diabetes. Maintenance of the online course and translation into English, Portuguese, and French. Evaluation of the pilot courses in several countries and languages.

Collaborators include the diabetes associations of the countries and the board of IDF South and Central America Region.

- (c) Foot care and education in diabetic foot care: training workshops in foot care for health professionals, aimed at reducing the number of leg amputations in people with diabetes. Greater program reach and improved technical collaboration with the Member States.
- (d) Implementation of the Chronic Care Passport: work with the diabetes association center in Tegucigalpa, Honduras, to improve diabetes control and reduce A1c levels in participating patients.

Latin American Federation of the Pharmaceutical Industry (FIFARMA)

20. The main objectives of FIFARMA are to:

- (a) Represent and promote the Latin American pharmaceutical industry and establish ties with pharmaceutical industries in the rest of the world.
- (b) Promote the strengthening of the pharmaceutical industry and health-related services in Latin America.
- (c) Collaborate with other organizations, agencies, and regional or national public or private entities to defend and strengthen the pharmaceutical industry, improve health-related services, and study and solve the problems affecting this industry.

21. Over the past four years, 2008-2012, FIFARMA and PAHO have collaborated on the following activities:

- (a) Participation in the Executive Board of the Pan American Network for Drug Regulatory Harmonization (PANDRH): definition of priority work topics; Pan American Assembly.
- (b) Pan American Pharmaceutical Regulation Conferences: participation in and sponsorship of the conference; preparation of technical documents containing recommendations for the regional regulatory authorities.
- (c) PANDRH Working Groups: participation in the various working groups and development of technical documents for presentation at the Pan American Sanitary Conference.
- (d) Partners' Forum for Action on Chronic Diseases: promotion of healthy lifestyles and preventive health care. Member of the Working Group on Healthy Workplaces. In 2010, FIFARMA jointly organized with CAEMe (Cámara Argentina de Especialidades Medicinales) a competition for journalists to reward the best works on noncommunicable diseases. The PAHO/WHO Representative in Argentina, the President of the Medical Association of Argentina, and the health journalist Guillermo Lobo were members of the jury. Community

education on healthy eating habits was promoted through the League of Housewives by sponsoring a “Healthy Eating Day” held in Buenos Aires in December 2012. Contacts were made with the Association of Hotels, Restaurants, Confectioneries, and Cafes and with Argentina’s Hotel and Gastronomy Business Federation to raise awareness of the importance of reducing salt consumption.

22. For the next four years, 2013-2016, FIFARMA and PAHO have agreed on the following lines of collaborative action:

- (a) Participation in the PANDRH Working Groups, including helping PAHO staff to organize this network’s conferences. Improvement of regional harmonization to develop a regional agenda for hospitals with integrated health services networks.
- (b) Promotion of healthy eating habits, lifestyles, and work: coordination of activities.

March of Dimes

23. March of Dimes is a tax-exempt, 501(c)(3), not-for-profit organization, founded in 1938 by President Franklin D. Roosevelt as the National Foundation for Infantile Paralysis. Originally focused on the fight against poliomyelitis, the foundation’s present mission is to improve the health of babies by preventing birth defects, premature births, and infant mortality. March of Dimes funded the research of Jonas Salk to develop a vaccine against polio and organized the polio vaccine field trial of 1954. With the advent of the Salk polio vaccine, licensed in 1955, and the Sabin polio vaccine, also developed with March of Dimes funds and licensed in 1962, the foundation achieved its original mission of eradicating polio from the United States. In 1958, the foundation refocused its mission by launching an adventurous program directed at birth defects, funding medical research and establishing birth defects treatment and evaluation centers throughout the United States. As March of Dimes programs against birth defects developed after the 1960s, its mission expanded through the burgeoning fields of genetics and perinatology, evolving into its present mission today, strongly characterized by its campaign against premature births launched in 2003.

24. Over the past four years, March of Dimes and PAHO have carried out the following activities:

- (a) Partnership for fortification of foods with folic acid and other micronutrients in Central America. Central American countries are currently fortifying foods with folic acid and other micronutrients at levels that vary without scientific basis and lack adequate quality control. With primary funding from the Inter-American Development Bank, March of Dimes Global Programs, and other partners—PAHO, the U.S. Centers for Disease Control and Prevention (CDC), Institute of Nutrition of Central America and Panama (INCAP), and ministries of health—uniform norms and standards have been established for food fortification across

- the Central American countries of Guatemala, El Salvador, Honduras, Nicaragua, Belize, and Panama. This regional approach is unique and offers a model for promoting standardized fortification in other regions of the world. Representatives from the partner organizations form the technical group charged with establishing uniform standards and quality control for wheat and corn flours, sugar, and salt, and overseeing implementation of the program. Micronutrients include folic acid, B-complex vitamins, vitamin A, iron, iodine, and zinc.
- (b) Global Alliance for the Eradication of Congenital Rubella Syndrome (CRS): March of Dimes, in collaboration with PAHO, WHO/Euro, UNICEF, and the American Red Cross Alliance for the Eradication of Congenital Rubella Syndrome. March of Dimes is supporting purchase of the rubella vaccine through UNICEF for uses alone and as a conjugate vaccine in measles eradication programs in selected WHO regions, including Latin America and Eastern Europe. The project was initiated in 2001 and is ongoing.
25. March of Dimes collaborations with PAHO, although recently limited to two projects because of fiscal realities at the foundation due to the global recession, have been strong, collegial, and beneficial to the missions of both organizations. March of Dimes has found PAHO to be an especially robust, scientifically based, and effective regional office of WHO. March of Dimes has worked closely with WHO Headquarters on several recent key initiatives, including development of a global preconception health agenda (2010); publication of the 2009 March of Dimes/WHO “White Paper on Preterm Birth: The Global and Regional Toll”; and publication in 2012 with WHO, the Partnership for Maternal, Newborn, & Child Health (PMNCH), and Save the Children of “Born Too Soon: The Global Action Report on Preterm Birth.” Nonetheless, with the improving economic climate, March of Dimes looks forward to reestablishing a strong programmatic collaboration with PAHO. March of Dimes has begun discussions with Dr. Pablo Durán of PAHO’s Latin American Center for Perinatology/Women and Reproductive Health (CLAP/SMR) toward this end.
26. March of Dimes and PAHO have planned the following activities over the next four-year period:
- (a) Strengthening prevention of birth defects and treatment of affected newborns. This project will generate a regional map showing which countries currently have newborn screening programs, the conditions screened for, and the economic costs of screening (as well as the costs of not screening, in terms of medical costs and long-term costs in lost productivity for affected infants). A paper summarizing these findings and presenting the regional map will be prepared for publication in a peer-reviewed journal.
- (b) Strengthening prevention of prematurity and associated costs of treatment and impairment of affected newborns. This project will calculate the major drivers of

prematurity (e.g., rates of non-medically indicated cesarean sections and inductions before 39 weeks' gestation) and the economic costs of prematurity (treatment, impairment, disability life years lost) in the Region. It will draw on the country estimates of preterm birth rates and associated mortality in Latin America published in the 2010 March of Dimes-WHO-PMNCH-Save the Children report "Born Too Soon," and on other data sources. Findings of the analysis will be published in a peer-reviewed journal, and the methods used may provide an analytic economic model that could be replicated in other WHO regions.

U.S. Pharmacopeial Convention (USP)

27. The U.S. Pharmacopeial Convention (USP) is a scientific not-for-profit organization that sets standards for the identity, strength, quality, and purity of medicines, food ingredients, and dietary supplements. USP's mission is to improve the health of people around the world through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. USP's drug standards are enforceable in the United States by the Food and Drug Administration, and are used and relied upon in more than 130 countries.

28. USP standards are developed and revised by more than 800 volunteer experts, including international participants, who work with USP staff under strict conflict-of-interest rules. Since its founding in 1820, USP has helped ensure the quality of the U.S. drug supply. Building on that legacy, USP today works with scientists, practitioners, and regulators of many nations to help protect public health. USP's mission is to improve the health of people around the world through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. USP's activities are directed by three governing bodies composed of more than 850 volunteers; its day-to-day operations are managed by an executive team and staff of more than 750 employees.

29. Since 1997, USP has worked closely with PAHO in a number of activities to ensure access to quality and safe medicines. Over the past four years, 2008-2012, PAHO and USP have carried out the following activities:

- (a) External Quality Control Program (EQCP): In 2001, PAHO, Official Medicines Control Laboratories (OMCLs) from Latin America and the Caribbean, and USP joined in this collaborative program. Currently, 26 OMCLs from 23 countries participate in the EQCP. Among other objectives, the program seeks to strengthen laboratory performance and harmonize procedures and methodologies of drug analyses used in the OMCLs in order to support delivery of reliable analytical measurements for regulatory decision-making and interlaboratory collaborations. EQCP was conceived in three phases. After an initial diagnostic phase, OMCLs are allowed into the performance evaluation phase of the program, where the performance of participating laboratories is evaluated through the analysis of

medicines according to compendial standards. A third phase focuses on training of human resources in areas relevant to the objectives of the program.

- (b) Pan American Network for Drug Regulatory Harmonization (PANDRH): USP has participated as a nongovernmental organization in the Pan American Network for Drug Regulatory Harmonization since the inception of the network and has been a strong supporter of its mission. USP has contributed to the activities of three PANDRH technical working groups: Pharmacopeia, Bioequivalence, and Good Laboratory Practices. At present, USP is actively involved in the Good Laboratory Practices Working Group (GLP-WG), having been a member of the group since its creation in 2005. The main purpose of the GLP-WG is to strengthen the performance of OMCLs in the Region of the Americas through the implementation of good laboratory practices in order to guarantee the quality of analytical results and facilitate their acceptance among countries.
- (c) USP Spanish Translation Expert Panel: Starting with USP29-NF24 in 2005, USP has published seven consecutive editions of its *United States Pharmacopeia and National Formulary* (USP-NF) in Spanish to better serve users in Spanish-speaking countries. Translation of USP standards into Spanish has been monitored and guided by an expert panel of volunteer experts from several Latin American and Caribbean countries. The USP Spanish Translation Expert Panel is chaired by Dr. Enrique Fefer and includes a representative from PAHO, Dr. José Parisi. Since 2004, the panel members from governmental, academic, and industrial circles in the Region have provided guidance to ensure that the compendia feature a universal Spanish scientific and technical terminology. Face-to-face expert committee meetings are held at least once a year at USP headquarters in Rockville, MD, with regular teleconferences and communications between meetings.
- (d) Complimentary provision of USP-NF: USP has been providing annual complimentary copies of the Spanish edition of USP-NF to national regulatory authorities, OMCLs, and related bodies in the Region to support their regulatory activities. Copies of the USP-NF in English have also been provided to non-Spanish speaking countries in the Region. PAHO assists USP in identifying appropriate recipients of this annual donation and their contact information.
- (e) Promoting the Quality of Medicines (PQM) Program: Since 1992, USP has worked cooperatively with the United States Agency for International Development (USAID) to help developing countries address critical issues related to poor-quality medicines and inappropriate use of medicines. From 2000 until 2009, this partnership operated under the Drug Quality and Information (DQI) program. In 2009, to better meet growing global needs, USAID awarded USP a new five-year cooperative agreement for an expanded PQM program. PQM serves as a primary mechanism to help ensure the quality, safety, and efficacy of medicines essential to USAID priority diseases, particularly malaria, HIV/AIDS, and tuberculosis.

- (f) Regional initiatives to combat antimicrobial resistance: In the Latin American and Caribbean Region, PQM has worked on the Amazon Malaria Initiative and the South American Infectious Disease Initiative. First under DQI and currently through PQM, PAHO and USP have collaborated in several areas in the context of these initiatives. In addition, the PAHO representative in Guatemala has been kept informed on other activities performed by PQM in that country through financing from USAID Maternal and Child Health/LAC Office and the USAID/Guatemala Mission.

30. The collaborative activities outlined above testify to the effective partnership between PAHO and USP, which has helped improve the health of people in the Americas. It is time now to build on previous accomplishments and plan further activities for the 2013-2016 cycle based on mutual cooperation and understanding of our respective missions. USP is pleased to request a fourth renewal of the official working relations with PAHO and looks forward to continuing and strengthening the collaborative work.

31. During the next four years, 2013-2016, the following activities, which have had a positive impact on the capabilities of the recipient institutions, can continue and be strengthened, given appropriate support and adequate financing:

- (a) Activity 1. Technical assistance to the Pan American network of OMCLs: External Quality Control Program. Build on previous EQCP efforts to:
- Offer new interlaboratory testing activities for OMCLs to improve their laboratory performance and harmonize their methodologies of drug analysis in order to facilitate acceptance among countries.
 - Strengthen the performance and technical skills of OMCL staff through training.
- (b) Activity 2. Harmonization: Pan American Network for Drug Regulatory Harmonization. Support PANDRH's efforts by:
- Advancing the mission and actively participating in meetings, activities, and deliverables of the Good Laboratory Practices Working Group.
 - Participating as a nongovernmental organization in PANDRH-related conferences and other initiatives, as requested and feasible.
- (c) Activity 3. Technical assistance with compendial standards: USP Spanish Translation Expert Panel.
- Support meetings and deliverables of the USP Spanish Translation Expert Panel, which monitors and guides the translation of USP standards into a universal Spanish language.
 - Facilitate access of Latin American and Caribbean regulatory bodies and OMCLs to complimentary copies of the current edition of USP-NF, in support

of their regulatory activities. This effort will be coordinated with the recently expanded USP Technical Assistance Program, aimed at providing developing countries with tools to increase their capacity to test the quality of medicines provided for their citizens.

- (d) Activity 4. Technical cooperation in promoting the quality of medicines in Latin American and Caribbean countries: strengthening OMCL capabilities. Provide technical assistance, in coordination and/or collaboration with PAHO, to Latin American and Caribbean OMCLs in order to:
- Strengthen their technical capabilities to implement analytical methodologies.
 - Improve their quality management systems to comply with internationally recognized standards, ensuring that these laboratories provide valid and trustworthy results.

World Association for Sexual Health (WAS)

32. The World Association for Sexual Health (WAS, formerly World Association for Sexology) promotes sexual health and sexual rights throughout the lifecycle and around the world by advancing sexology, science-based sexuality knowledge, research, comprehensive sexuality education, clinical care, and services. The purpose of WAS is to advance international cooperation in the field of sexology by coordinating activities designed to increase research and knowledge in sexology, including sexuality education, sexual health, and the alleviation of sexual suffering, and the recognition and fulfillment of sexual rights throughout the world.

33. Over the past four years, PAHO and WAS have carried out the following activities:

- (a) Development of a sexual health manual for commercial sex workers. A Spanish-language manual to use in workshops for commercial sex workers and health care providers was developed. This manual, as later tested in a subregional workshop, proved to be an excellent tool.
- (b) Participation in a regional ministerial meeting, “HIV and Development in Latin America and the Caribbean,” held in 2009 as part of the preparatory process for the United Nations Economic and Society Council Annual Ministerial Review. WAS representatives participated in this meeting as resource persons as a follow-up activity to the first ministerial meeting held in Mexico the previous year.
- (c) Ninth Multidisciplinary Diploma Course on HIV/AIDS: Diagnosis and Strategic Response, held at the National Public Health Institute in Cuernavaca, Mexico. WAS presented on PAHO’s behalf a session on individual, cultural, and social determinants of vulnerability to HIV in a diploma course on HIV/AIDS.

- (d) Workshop on adolescent pregnancy prevention for health providers in the state of Sonora, Mexico. WAS presented on PAHO's behalf a session on international evidence-based programs for adolescent pregnancy prevention.
- (e) Drafting, editing, and revision of a summary for the development of the document "Empowerment of Adolescent and Young Women: A Key Element in the Fulfillment of the MDGs."
- (f) Participation in and facilitation of the Regional Consultation on Trans Health. A meeting with experts, activists, and stakeholders was organized to examine and contribute to a previously commissioned Blueprint for addressing the comprehensive health care issues of transgendered populations. A revised version of the Blueprint was produced, with a series of recommendation for follow-up and finalization of this document.
- (g) Adaptation of the "Blueprint for the Provision of Comprehensive Care to Transgender and Transsexual Persons and Their Communities in Latin America and the Caribbean." A thorough review and revision of a translation of this document was undertaken in order to adapt the language for reaching health and transgender communities in Latin America. A final draft is ready to be used in subregional meetings with health providers, activists, and stakeholders.
- (h) Central American Consultation on Trans Health and Rights. As recommended in the Regional Consultation on Trans Health, a subregional consultation was organized to obtain consensus and promote ownership of the Blueprint. The translation and adaptation previously described was used, and a revised version with input and recommendations was obtained. WAS acted as facilitator of this meeting.
- (i) Mexican Consultation on Trans Health and Rights. As recommended in the Regional Consultation on Trans Health, a very brief consultation was organized within a local meeting programmed to begin the development of a national meeting that will take place in Mexico in 2013 to obtain consensus and promote ownership of the Blueprint. The translation and adaptation previously described was used. WAS acted as facilitator of this meeting.
- (j) WAS acted as one of the panelists in the satellite session "Addressing Sexual Health and Evidence-Based Sexual Health Education: Evolving Opportunities," at AIDS 2012: 19th International AIDS Conference. The satellite session was extremely successful and well attended despite being scheduled at an early hour.
- (k) Fifth Meeting of the Technical Advisory Committee (TAC) on HIV/STI. WAS was invited to be part of the TAC as a technical entity with specific sexual health expertise. This resulted in the definition of 2012–2013 priorities for the HIV/STI Regional Project.
- (l) South American Consultation on Trans Health and Rights. WAS participated as a technical resource, making presentations and facilitating a session during the

Consultation. A revised version of the Blueprint with input and recommendations was obtained.

34. The collaboration between WAS and PAHO has been very successful, with both entities benefiting from the relationship. Their joint expertise has resulted in improved programs and activities, ranging from high-level meetings with policy makers to grassroots workshops all over Latin America and the Caribbean. This collaboration has increased the impact of programs on sexual health, including prevention of HIV and other sexually transmitted infections, as well as adolescent comprehensive health all over the Region.

35. Over the next four-year period, PAHO and WAS have proposed the following 10 activities:

- (a) Finalization of a Spanish version of the *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*, by the World Professional Association for Transgender Health (WPATH).
- (b) Facilitators' manual for training of providers in care of key populations: review of existing materials, selection, compilation and drafting of manual (in collaboration with AIDSTAR-One, USAID's global HIV project).
- (c) Validation of training tools for health care providers on care for key populations: carry out and evaluate training activities (in collaboration with USAID).
- (d) PAHO participation in the WAS 21st World Congress for Sexual Health in Porto Alegre, Brazil, where a symposium and a satellite session will be organized.
- (e) Joint WAS/PAHO symposium on transgender health to be organized at the International Association for the Study of Sexuality, Culture and Society (IASSCS) ninth biennial meeting in Buenos Aires, Argentina, in August 2013.
- (f) Follow-up of the ministerial declaration "Preventing through Education: 1st Meeting of Ministers of Health and Education to Stop HIV and STIs in Latin America and the Caribbean." Dissemination of progress reports on implementation of the declaration. Workshops and direct technical assistance to health ministries.
- (g) PAHO participation in World Sexual Health Day (WSHD): Yearly participation in WSHD at headquarters and country level. This will build higher awareness among key groups and the population at large of the importance of sexual health.
- (h) PAHO participation in WAS 22nd World Congress for Sexual Health, in Singapore: A symposium and a satellite session will be organized, which will result in a wider dissemination of PAHO's activities in the field.
- (i) Development of strategies to use electronic platforms in training of health providers in comprehensive sexual health: develop and pilot-test training

activities using electronic platforms. An electronic platform for use by many countries will serve to enhance the training of health providers in comprehensive sexual health.

- (j) Development of a document revising the WAS Declaration of Sexual Rights: A new version of the Declaration of Sexual Rights will be distributed and will serve to enhance the links between health and rights.

Progress Report

36. By the deadline of 31 December 2012, one NGO had requested admittance into official relations with PAHO and had presented the required documentation. In addition, seven NGOs are scheduled to be reviewed. Each has presented a report on results achieved in the period under review, as well as a draft collaborative work plan for the next four years, as set out in section 5.1 of the Principles.

37. According to Resolution CE144.R3 (2009), the Director is required to “submit an annual report on relations between PAHO and the nongovernmental organizations in official relations that would allow for the evaluation of the contribution of this collaboration to the strategic objectives defined by the Organization in the Strategic Plan 2008-2012.” Annex A includes a progress report on the status of ongoing relations between PAHO and those NGOs not being reviewed at this time.

Proposals

38. A concise supplementary background document will be provided for the consideration of the Subcommittee, and this will be discussed in a closed session. The document will include the following information:

- (a) Basic information on each NGO to be admitted or renewed.
- (b) Report on the collaboration over the past four years with each NGO to be renewed.
- (c) Work program for the next four years.

Action by the Subcommittee on Program, Budget, and Administration

39. The Subcommittee is requested to review the documentation provided and instruct the Pan American Sanitary Bureau accordingly.

**PROGRESS REPORT ON THE STATUS OF ONGOING RELATIONS
BETWEEN PAHO AND THE NONGOVERNMENTAL ORGANIZATIONS
IN OFFICIAL RELATIONS WITH PAHO**

World Resources Institute Center for Sustainable Transport (EMBARQ)

1. EMBARQ has made important progress in the field of sustainable urban transport, sustainable urban development, and its relationship with public health. EMBARQ has supported projects in many countries of Latin America.
2. EMBARQ has supported the creation of the Latin American Association for Integrated Transport Systems and Bus Rapid Transit (SIBRT), which works to improve and expand mass transport systems in the Region. Working with over 17 agencies from different Latin American countries, EMBARQ has successfully engaged them in important discussions regarding road safety, financing, and operations improvements.
3. In Brazil, EMBARQ is supporting the cities of Rio de Janeiro, Belo Horizonte, and Porto Alegre in their efforts to improve traffic safety in their bus rapid transit (BRT) and bus corridor systems, as well as to improve operations. EMBARQ Brasil is also working in Rio de Janeiro to ensure that the favela redevelopment projects consider sustainable urban transport and in particular preserve the use of bicycles, with enhanced traffic safety. EMBARQ is preparing a special biking guide for the favelas. Finally, EMBARQ Brasil is completing a public health assessment report before the construction and operation of a BRT system in Belo Horizonte. The report will contain an analysis of the traffic safety, air quality, and physical activity conditions related to the BRT corridor. Once the BRT is implemented and operational, an ex-post evaluation will be carried out.
4. In Mexico, EMBARQ has supported over 10 cities in their efforts to achieve sustainable urban transport systems. EMBARQ México is also working on sustainable urban development with a view to improving the traffic safety and environmental conditions of new developments. Finally, EMBARQ México is completing a public health assessment report before the construction and operation of a BRT system in Mexico City. An ex-post evaluation has been planned.
5. In Peru, EMBARQ has focused on supporting two BRT systems: one in Lima, to improve operations, and one in Arequipa, to complete implementation. In 2011 EMBARQ continued its evaluation of the public health impact of the Integrated Transport System under construction in Arequipa. EMBARQ completed a report on prior conditions related to road fatalities and injuries, physical activity levels of residents, and exposure to air pollution. After implementation, an ex-post study will be completed to measure these same factors citywide, as well as in the new bus rapid transit corridor. A

public health assessment report for the future BRT in Arequipa was finalized and presented in a public ceremony. EMBARQ held an event with PAHO, the Peruvian Vice Minister of Health, and the Mayor of Arequipa in October 2011 to provide the key findings of this first report. It led to encouraging signs from officials in terms of working toward improving the city's public health through more sustainable transport and public spaces that reduce the role of vehicles and promote mass transport, biking, and walking. EMBARQ Andino has also worked to promote traffic safety and physical activity in Peru. EMBARQ helped the Ministry of Health get two initiatives approved for funding from the Ministry of Finance. The first will implement *ciclovías* (bike paths) in cities, and the second will identify "black spots" (places where traffic crash injuries or deaths have occurred).

Healthy Caribbean Coalition (HCC)

6. The Healthy Caribbean Coalition (HCC) was established in 2008 following the CARICOM Heads of Government Summit on Chronic Non-communicable Diseases. Its mission is to harness the power of civil society, in collaboration with government, private enterprise, academia, and international partners, in the development and implementation of plans for the prevention and management of chronic diseases among Caribbean people. Its vision is to contribute to the reduction of death and disability from chronic noncommunicable diseases (NCDs) among people in the Caribbean. The HCC was admitted into official relations with PAHO/WHO at the 150th Session of the Executive Committee of PAHO/WHO.

7. The HCC has strengthened civil society's capacity to respond to NCDs in the Caribbean in keeping with stated goals in the PAHO Biennial Work Plan, 2012–2013.

8. In 2012, the HCC, together with PAHO/WHO, the World Bank, the Jamaica National Health Fund, and LIVESTRONG, hosted "Rallying for Action on NCDs," an NCD prevention and strategic planning workshop for civil society organizations. Held in Kingston on May 27–29, the workshop was attended by about 104 delegates. A technical report on the workshop is available at <http://www.healthycaribbean.org>.

9. The HCC has produced a "Civil Society Strategic Plan of Action for Prevention & Control of NCDs for Countries of the Caribbean Community, 2012–2016." This plan highlights the four strategic areas of the HCC for the next four years, namely advocacy, capacity building, enhancing communication, and promotion of mHealth (health supported by mobile communication devices). The plan is aligned with the program of collaborative activities for the period 2012–2016 that has been agreed between PAHO/WHO and HCC.

10. The HCC has recently completed a cervical cancer advocacy plan for Caribbean civil society and is planning to host a cervical cancer advocacy workshop for Caribbean cancer societies and foundations.

11. The HCC is established as a not-for-profit company registered in Barbados, with an elected board of directors. It has a Secretariat in Barbados and employs a full-time manager. The President of HCC is a member of the Advisory Committee of the PAHO/WHO-led Pan American Forum for Action on NCDs, and a member of the forum's Multi-stakeholder Consortium for Dietary Salt Reduction.

Interamerican Society of Cardiology (IASC)

12. The Interamerican Society of Cardiology (IASC) was admitted into official relations with PAHO in 2012. PAHO and the IASC have been collaborating in various activities to promote the prevention and control of cardiovascular diseases. Among the highlights:

- (a) IASC has been working to build support for the political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and has participated in national and regional consultations to set targets and indicators.
- (b) IASC has been very active in the consultation process on the revised Strategy on NCDs for the Region of the Americas, which was approved by the Pan American Sanitary Conference in September 2012.
- (c) IASC was very active in the foundational meeting of the Pan American Forum for Action on NCDs, as well in the biannual CARMEN network meeting held in Brasilia in May 2012.
- (d) IASC was one of the leading organizations in World Heart Day 2012 activities in the Americas.
- (e) IASC is a member of the Hypertension Planning and Review Group, the steering committee of the Global Standardized Hypertension Treatment Initiative, which CDC is leading in close collaboration with PAHO.

Interamerican College of Radiology (CIR)

13. In October 2012, the Interamerican Radiology Congress took place in El Salvador. It was attended by delegates from most of the countries in the Americas, in addition to Spain and Portugal. During the conference, the new board of directors took office, with Dr. Gloria Soto Giordani of Chile as President, Dr. Dante Casale of Mexico as President-elect, Dr. Eduardo Fraile as Secretary, and Dr. Carlos Tarzián as Treasurer.

14. The CIR continued its education programs through Virtual Radiology, which offers courses and conferences via the Internet; the visiting professor program, through which CIR supports the national associations and societies by sending highly skilled professors to their courses and conferences; the *Revista Virtual de Radiología* [Radiology Journal Online], which compiles abstracts from a large number of Latin American journals; and the presence of the association at conferences of the Radiological Society of North America and the French Society of Radiology, at which CIR has organized well-attended courses in Spanish.

15. NOTiCIR, the CIR's electronic bulletin, is distributed to an extensive database of radiologists in the Americas each month. It provides information on scholarships for courses and conferences in all the member countries and valuable information for radiologists (see www.webcir.org).

InterAmerican Heart Foundation (IAHF)

16. IAHF has collaborated with PAHO in a number of areas related to prevention and control of cardiovascular diseases and stroke, along with their risk factors and conditions. Among these collaborative activities:

- (a) IAHF has supported and collaborated with PAHO in creating and developing the Pan American Forum for Action on NCDs.
- (b) In Brasilia in May 2012, IAHF, jointly with the Healthy Caribbean Coalition, organized an NGO forum prior to the CARMEN meeting. IAHF also provided support to several multisectoral meetings, in particular the one on tobacco control.
- (c) IAHF supported Salt Awareness Week in March 2012, an event organized in the Region of the Americas by PAHO/WHO.
- (d) IAHF obtained funding and is currently implementing a study to map civil society organizations working on hypertension and salt reduction in the Region. This project is being done in collaboration with the American Heart Association. It is in line with PAHO's salt reduction initiative, which includes efforts to strengthen civil society.
- (e) IAHF obtained funding and is currently implementing a study of the salt content of processed foods in Argentina to permit monitoring of voluntary agreements between the Ministry of Health and food companies. PAHO is not directly involved in this project, but it is in line with a need identified by PAHO.
- (f) As part of the Global Bridges program run by IAHF in Latin America and the Caribbean and funded by the Mayo Clinic, IAHF worked on options for the treatment of nicotine dependence in the Region. IAHF is offering training to health professionals in numerous countries of the Americas. This initiative has been discussed with PAHO and supports its aims.

- (g) IAHF continued expansion of the Healthy Latin America Coalition (HLAC) and support for actions to implement the political declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and participation in consultations to set targets and indicators.
- (h) IAHF provided consultation on the revised Strategy on NCDs for the Region of the Americas, which was approved by the Pan American Sanitary Conference in September 2012.
- (i) IAHF promoted increased tobacco taxes in Mexico, Guatemala, Honduras, and El Salvador. These programs are funded by the Bloomberg Initiative and the International Development Research Centre. They are in line with PAHO priorities although PAHO does not directly participate in them.
- (j) IAHF obtained a National Institutes of Health Fogarty grant to study the economics of tobacco from farm to retail in Argentina over the next three years. This research program is in line with PAHO priorities for tobacco control although PAHO was not directly involved in the design or implementation.
- (k) IAHF conducted a Women and Heart Disease campaign in Mexico in 2011 and 2012 to increase awareness of women's risk for heart diseases and stroke. While it fits within PAHO priorities, it is not linked to a specific PAHO program.

Latin American Association of Pharmaceutical Industries (ALIFAR)

17. ALIFAR has participated in regular PAHO proceedings, such as the 150th and 151st sessions of its Executive Committee and the 28th Pan American Sanitary Conference. Follow-up was conducted on the activities of the PANDRH work groups and Steering Committee, as well as on the health and intellectual property regulations passed by the responsible authorities in the Latin American countries associated ALIFAR, with particular attention paid to registry standards and approval of biotechnological medicines.

18. With regard to the international organizations headquartered in Geneva, ALIFAR participated in the meetings of the World Intellectual Property Organization (WIPO) Standing Committee on the Law of Patents (21-25 May 2012) and Committee on Development and Intellectual Property (12-16 November 2012).

Latin American Federation of Hospitals (FLH)

19. In October 2012 in Paraná, Entre Ríos Province, Argentina, FLH organized the "The Social Determinants," XVIII International Conference on Health, Crisis and Reform, which enjoyed strong attendance.

20. The XIX International Conference on Health, Crisis and Reform will take place in September 2013 in Buenos Aires with the theme "Integrated Networks of Health

Services.” To ensure its success, a series of events and workshops have been planned for various Argentine provinces.

Pan American Federation of Associations of Medical Schools (PAFAMS)

21. To enhance the quality of medical education, work was done in 2012 on foundational documents for the creation of a Pan American Accreditation Initiative through PAFAMS. Several work meetings and sessions to disseminate information on this initiative were held during events in places such as:

- (a) Puerto Vallarta, Mexico. Various organizations whose work relates to medical education participated along with PAFAMS, including the Mexican Association of Medical Faculties and Schools (AMFEM), Association of American Medical Colleges (AAMC), Educational Commission for Foreign Medical Graduates (ECFMG), and National Board of Medical Examiners (NBME).
- (b) Lyon, France. In addition to PAFAMS, a number of prominent organizations attended and shared their knowledge: Association for Medical Education in Europe (AMEE), Educational Commission for Foreign Medical Graduates (ECFMG), National Board of Medical Examiners (NBME), Spanish Society of Medical Education (SEDEM), Mexican Association of Medical Faculties and Schools (AMFEM), Chilean Association of Medical Schools (ASOFAMECH), Brazilian Association of Medical Education (ABEM), and Association of Schools of Medicine of the Argentine Republic (AFACIMERA).
- (c) São Paulo, Brazil. The presence of the following organizations, in addition to PAFAMS, enriched the conversation: Foundation for Advancement of International Medical Education and Research (FAIMER), Chilean Association of Medical Schools (ASOFAMECH), Brazilian Association of Medical Education (ABEM), Association of Schools of Medicine of the Argentine Republic (AFACIMERA), National Board of Medical Examiners (NBME), Association of Ecuadorian Schools of Medical Sciences and Health (AFEME), and Colombian Association of Medical Schools (ASCOFAME).
- (d) In San Francisco, the United States, the following organizations came together: American Medical Association (AMA), Liaison Committee on Medical Education (LCME), Association of American Medical Colleges (AAMC), and Educational Commission for Foreign Medical Graduates (ECFMG), as well as PAFAMS.

22. In the area of continuing professional development, representatives of PAFAMS participated in medical education meetings in Bogotá, Colombia, in March; Puerto Vallarta, Mexico, in June; Lyon, France, in August; São Paulo, Brazil, in October; and San Francisco, USA, in November.

23. On 13 October, 2012, a special session was held to celebrate the 50th anniversary of PAFAMS in São Paulo, Brazil, together with the Brazilian Association of Medical Education (ABEM), which was celebrating the same milestone.

24. In the area of clinical research, work is proceeding on a strategic partnership with the Inter-American Foundation for Clinical Research. A survey was completed in 2012 on clinical research needs in the universities of the Americas, and design began on a basic curriculum for training health workers in clinical research.

25. COPAEM 2013 is working with the Association of Ecuadorian Schools of Medical Sciences and Health (AFEME) to organize the XIX Pan American Conference on Medical Education, to be held 30-31 July and 1 August, 2013, in Quito, Ecuador. The main theme is “Professionalism, Accreditation, and Quality in Medical Education: Solutions to Primary Care.”

Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

26. Over the past four years, and particularly since January 2012, when the current COLABIOCLI Executive Committee was installed, the collaboration between PAHO and COLABIOCLI has produced significant results at the international, regional, and national levels.

27. In the most important joint activities, COLABIOCLI:

- (a) Continued the course “Quality Management and Good Laboratory Practice,” with remote dictation mode. The course consists of 11 modules. Participants included 195 students with tutors from nine countries, as well as two coordinators.
- (b) Conducted a survey on the content of curricula for training bioanalysts and other professionals such as laboratory technicians at universities in Latin America and the Caribbean. The aim is to clarify the current status of these curricula and recommend, where appropriate, the inclusion of concepts of quality, biosafety, and ethics in professional and undergraduate training. The survey was distributed to all COLABIOCLI member countries.
- (c) Organized a meeting between faculties of biochemistry in the city of Villa Carlos Paz, Córdoba, Argentina, in order to strengthen progress toward the objectives presented in the paragraphs (a) and (b).
- (d) Presented a biochemical workshop, “The Clinical Laboratory as Health Entity: Essentials of Negotiation,” at the invitation of the Association of Biochemists of Paraguay.
- (e) Participated in CONAPAC 2012: VIII National Congress of Clinical Pathology and in the First International Symposium on Practice and Quality Management in the Clinical Laboratory, both held in Havana, Cuba.

- (f) Participated at the invitation of the Chilean Society of Clinical Chemistry, in the XVII Chilean Congress of Clinical Chemistry as part of the symposium “Clinical Labs: Accreditation, Qualification and Competence of Assessors.” The panel “COLABIOCLI and Cooperation Activities in the Field of Clinical Laboratory Accreditation under the International Model” emphasized the need to strengthen accreditation programs that address national realities.
- (g) Participated in the International Conference on Quality Control in Clinical Laboratories and Effective Diagnostic Support at the invitation of the Guayas center of the Ecuadorian Society of Clinical Biochemistry. The intervention, which dealt with clinical laboratory legislation, was titled “Incorporating the Medical Laboratory Professional as Part of the Health Team.”
- (h) Participated as speakers at the XVII Ordinary National Congress organized by the School of Biochemistry and Pharmacy, the Bolivian Society of Clinical Biochemistry, College of Pharmacy and Biochemistry of Tarija, and the Bolivian Society of Clinical Biochemistry of Tarija.

28. Collaboration with PAHO has been important to all activities of COLABIOCLI, and agreements reached among our clinical laboratory professionals in the Region have had a positive impact.

Latin American and Caribbean Women’s Health Network (LACWHN)

29. Based on implementation of the different programs and products of the LACWHN (human resources education, communication, advocacy, international representation, advocacy campaigns), the following progress has been made:

- (a) Women’s capacity to intervene in national processes has been strengthened. In 2012, LACWHN provided information and training to its affiliates so that they could participate effectively in various national deliberations. Examples include efforts by women in the Dominican Republic to block a complete ban on abortion, including therapeutic abortions; in Curaçao, to apply the violence prevention law; in Colombia, to apply the law that decriminalizes therapeutic abortion in three cases; in Chile, to approve the Sexual and Reproductive Rights Law; in Uruguay, to approve the law legalizing abortion; and in Honduras, to introduce the law on sexual and reproductive rights. In addition, through the Itinerant University in Honduras, 50 women engaged in capacity building to strengthen their ability to advocate with decision makers to ensure gender equality in policies related to women’s lives and health (in accordance with PAHO’s policy on gender equality in health).
- (b) Women’s organizations participated in regional deliberation processes. An increased quantity and quality characterized the participation of women’s organizations in international forums, especially at the International Conference

on Population and Development. The advocacy by Latin American organizations, led by LACWHN, was reflected in increased dialogue with governments, participation in official delegations, the ability to map and design strategies to monitor the positions of the different countries, the building of political agreements to be introduced in these entities, and the documentation and dissemination of experiences. This work manifested itself in the coordination of networks of women of Latin America and the Caribbean that was supported and basically led by LACWHN.

National Alliance for Hispanic Health (NAHH)

30. The National Alliance for Hispanic Health is a leading source of information on Hispanic health in the United States and a science-based and community-driven advocate for health. Its community-based members serve over 15 million Hispanic consumers throughout United States. As an action, advocacy, and research forum for Hispanic health and well-being, the Alliance informs and mobilizes consumers, supports health and human service providers in the delivery of quality care, improves the science base for accurate decision-making by promoting better and more inclusive research, promotes appropriate use of technology, ensures accountability and advocates on behalf of Hispanics, and promotes philanthropy. The Alliance's constituents are its members, the consumers served by its members, and the greater society that benefits from the health and well-being of Hispanics. Founded in 1973, the organization represents all Hispanic groups in the United States, does not accept funds from tobacco or alcohol companies, and is dedicated to community-based solutions.

31. The following activities were carried out by the Alliance in collaboration with PAHO during the period 2010-2014.

- (a) In its capacity as an NGO in official relations with PAHO, the Alliance was invited to participate in the Pan American Forum for Action on NCDs. As a member of the Forum, the Alliance has been working closely with the Chronic Diseases Technical Project of the Health Surveillance and Disease Prevention and Control Area of PAHO in an effort to foster multisectoral partnerships for the prevention of chronic illnesses in the Americas. Within the context of the Forum, a series of meetings were held between the Alliance and PAHO to initiate implementation of a collaborative activity for the prevention and control of cardiovascular diseases among Hispanic communities in the United States and communities in the Americas. The Alliance and PAHO are planning a joint meeting for community-based leadership, both governmental and nongovernmental, and the private sector with a view to sharing experiences in the prevention and control of cardiovascular diseases among Hispanic communities in the U.S. and communities in the Americas. This joint meeting will provide an opportunity to improve communication and coordination among communities in

- different countries, identify best practices, share resources more effectively, encourage innovation and use of new technologies and social media platforms, and disseminate knowledge.
- (b) The Alliance collaborated with PAHO during the celebration of 2012 Wellness Week. The Alliance provided PAHO with bilingual health promotion and education materials to be distributed among Hispanic communities in the Washington, D.C. metropolitan area during the Fiesta DC event that was organized by the city government.
 - (c) The Alliance continues to send a representative to the Executive Committee and Directing Council meetings of PAHO held annually in Washington, D.C.

Pan American Federation of Nursing Professionals (FEPPEN)

32. In its collaboration with PAHO, FEPPEN provides important support and information regarding nursing services and nursing human resources initiatives for development. In 2012 FEPPEN assisted with the development, production, and dissemination of *Nursing Education: Towards 2020*, a regional guide that contributes to achievement of the Millennium Development Goals and to renewal of primary health care. The Federation is also collaborating in an update of the report from the perspective of nurses' associations and will help prepare the part of the report to be developed in 2013.

33. New lines of cooperation for the coming period include:

- (a) Nursing plans and policy analysis and development in Latin America.
- (b) Migration of nursing personnel linked with the analysis and implementation of the WHO Global Code of Practice on the International Recruitment of Health Personnel.
- (c) Social and labor conditions of nursing.
- (d) Training nursing personnel in primary health care renewal.

Sabin Vaccine Institute (SVI)

34. The Sabin Vaccine Institute (SVI) continues to support the development of the PAHO-Sabin work plan, focused on training and advocacy initiatives concerning immunization and the introduction of new vaccines in the Region of the Americas. The Sabin Vaccine Advocacy and Education program frequently partners with PAHO on various symposia, training courses, and other gatherings. In addition, the two organizations are currently working on a number of research studies and other activities across a variety of diseases:

- (a) PAHO and Sabin are working to improve pertussis surveillance in Latin America to guide prevention and control strategies and carrying out a meningococcal disease study in Latin America to compile regional disease burden information.
- (b) PAHO continues to coordinate and carry out human papillomavirus (HPV) surveillance with Sabin support. Sabin has recently begun a two-year project with PAHO to develop a dengue epidemiological surveillance framework that would generate the necessary information to define vaccination strategies and evaluate their impact.
- (c) Sabin has also partnered with PAHO to determine the impact and effectiveness of the 10-valent pneumococcal conjugate vaccine against invasive pneumococcal disease in children in Colombia, Peru, and Chile.
- (d) Together with CDC and the International Vaccine Access Center, SVI is currently compiling an analytical review of the epidemiological burden and economic impact of adult pneumococcal disease in Latin America.
- (e) Together with PAHO, Sabin sponsored the attendance of 14 Latin American delegates to the triannual Advisory Committee on Immunization Practices meeting, as well as supporting an ancillary meeting with CDC and PAHO counterparts to focus on country-specific obstacles to the operation of a committee in their countries.
- (f) PAHO participated in the second Vaccine Awareness Journalist Information session in São Paulo, Brazil, on 24-26 October 2012, with attendance by 22 journalists from nine countries in the Americas.
- (g) The II Vaccinology Course for Latin America was held from 26 to 29 November 2012 in Lima, Peru. This course provided training for over 40 participants from the Region of the Americas and included presentations by Cara Janusz and Lúcia Helena de Oliveira.
- (h) Sabin and PAHO hosted policy makers, managers of the Expanded Program on Immunization, and other important stakeholders in Buenos Aires, Argentina, in March 2012 to discuss the prevention of meningococcal disease in Latin America and the Caribbean. Over 180 participants from 21 countries attended the symposium.
- (i) Sabin also hosted the 10th International Rotavirus Symposium in Bangkok, Thailand, on 19-21 September 2012. PAHO staff member Lúcia de Oliveira spoke on the experience of the Latin American Region with the introduction of rotavirus vaccines.
- (j) Lastly, Sabin hosted Progress Toward Rubella Elimination and CRS Prevention in Europe on 8-10 February 2012 in Rome, Italy. Dr. Jon Andrus spoke about PAHO's experience with the eradication of rubella and congenital rubella syndrome (CRS) in the Latin America and Caribbean Region.

35. The Global Network for Neglected Tropical Diseases, one of Sabin's advocacy and resource mobilization programs, continued to work with PAHO in 2012 to support the development of advocacy and awareness of neglected infectious diseases in the Americas. Activities supported under this partnership included:

- (a) Progress on the development and launch of comprehensive national plans in Bolivia, Brazil, Colombia, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, and Suriname. New countries received technical assistance on revised guidelines (Ecuador, Nicaragua, Paraguay, and Peru). Four of these countries formed national networks on neglected tropical diseases (NTDs) in order to maintain NTDs on the agendas of their ministries of health and ensure progress on the plans. PAHO also hosted a training workshop for Brazil, Honduras, and Suriname on USAID's TIPAC tool, which was translated into Spanish.
- (b) Mapping and remapping activities are ongoing in eight countries, with new mapping results in four countries and protocols developed in two.
- (c) As part of disease elimination efforts in the Region, PAHO hosted a trachoma meeting with the four countries where the endemic disease is found. In addition, a workshop was held to raise the profile of deworming for preschool-age children; identify platforms to integrate deworming; discuss lessons learned from existing deworming programs, such as those in Honduras and Nicaragua, which have had a high success rate; and increase advocacy to promote deworming in preschool-age children.
- (d) As follow-up, PAHO is in the process of developing operational guidelines on integrating deworming into existing platforms. To complement these activities, the Global Network gave a presentation during the PAHO Annual Directing Council Meeting, in which it urged Member States to include deworming as a key intervention within the regional child health action plan proposed in order to scale up coverage and optimize efficiency and sustainability.
- (e) As part of joint regional advocacy activities, the Global Network, the Inter-American Development Bank, and PAHO hosted an event with over 100 international NTD experts, members of Latin American civil society, and private sector stakeholders to celebrate the work that has been done to address NTDs in Latin America and the Caribbean and build momentum for the path that lies ahead. This activity resulted in the engagement of Central American countries through the support of the Honduran and Guatemalan ambassadors to the United States. In addition, the Global Network undertook advocacy trips to both Brazil and Central America to review progress on national plans and foster national and subregional cooperation on NTDs through the Council of Central American Ministers of Health.

**SCHEDULE OF SPBA REVIEWS OF NONGOVERNMENTAL
ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO**
(As of 17 January 2013)

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
EMBARQ - World Resources Institute Center for Sustainable Transport// <i>EMBARQ - Centro del Instituto de Recursos Mundiales para el Transporte Sustentable</i>	2010	2010	4	2014
Healthy Caribbean Coalition (HCC)	2012	-	4	2016
Interamerican Society of Cardiology (IASC)// <i>Sociedad Interamericana de Cardiología (SIAC)</i>	2012	-	4	2016
International Organisation of Consumers Unions// <i>Organización Internacional de Asociaciones de Consumidores (CI-ROLAC)</i>	1996	2008	-	Discontinued
Latin American Confederation of Clinical Biochemistry// <i>Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)</i>	1988	2010	4	2014
Latin American Union against Sexually Transmitted Diseases// <i>Unión Latinoamericana contra las Enfermedades de Transmisión Sexual (ULACETS)</i>	1986	2004	-	Discontinued
National Alliance for Hispanic Health // <i>Alianza Nacional para la Salud de los Hispánicos</i>	1996	2010	4	2014
Interamerican College of Radiology// <i>Colegio Interamericano de Radiología (CIR)</i>	1988	2008	4	2016

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
Latin American Association of Pharmaceutical Industries// <i>Asociación Latinoamericana de Industrias Farmacéuticas</i> (ALIFAR)	2000	2008	4	2016
Latin American Federation of Hospitals// <i>Federación Latinoamericana de Hospitales</i> (FLH)	1979	2008	4	2016
Pan American Federation of Associations of Medical Schools (PAFAMS)// <i>Federación Panamericana de Asociaciones de Facultades (Escuelas) de Medicina</i> (FEPAFEM)	1965	2008	4	2016
Pan American Federation of Nursing Professionals// <i>Federación Panamericana de Profesionales de Enfermería</i> (FEPPEN)	1988	2008	4	2016
American Society for Microbiology// <i>Sociedad Americana para la Microbiología</i> (ASM)	2001	2009	4	2013
Inter-American Association of Sanitary and Environmental Engineering// <i>Asociación Interamericana de Ingeniería Sanitaria y Ambiental</i> (AIDIS)	1995	2009	4	2013
InterAmerican Heart Foundation (IAHF)// <i>Fundación InterAmericana del Corazón</i>	2002	2011	4	2015
Latin American and Caribbean Women's Health Network (LACWHN)// <i>Red de Salud de las Mujeres Latinoamericanas y del Caribe</i> (RSMLAC)	2004	2008	4	2016

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
International Diabetes Federation (IDF)// <i>Federación Internacional de la Diabetes (FID)</i>	1996	2009	4	2013
Latin American and Caribbean Association of Public Health Education// <i>Asociación Latinoamericana y del Caribe de Educación en Salud Pública (ALAESp)</i>	1985	2009	-	Discontinued
Latin American Federation of the Pharmaceutical Industry// <i>Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)</i>	1979	2009	4	2013
March of Dimes	2001	2009	4	2013
Sabin Vaccine Institute	2011	2011	4	2015
United States Pharmacopeial Convention// <i>Farmacopea de los Estados Unidos (USP)</i>	1997	2009	4	2013
World Association for Sexual Health (WAS formerly the World Association for Sexology)// <i>Asociación Mundial de Salud Sexual (antes llamada "Asociación Mundial de Sexología")</i>	2001	2009	4	2013
Medical Confederation of Latin America and the Caribbean// <i>Confederación Médica Latinoamericana y del Caribe (CONFEMEL)</i>	2005	2007	-	Discontinued