



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

156th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2015

Provisional Agenda Item 3.3

CE156/6
1 April 2015
Original: English

NGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO

Report of the Subcommittee on Program, Budget, and Administration

Introduction

1. To address official relations between the Pan American Health Organization (PAHO) and nongovernmental organizations (NGOs), Resolution CESS.R1, Revision of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations, of the Special Session of the Executive Committee, held on 11 January 2007, established that one of the functions of the Subcommittee on Program, Budget, and Administration (SPBA) 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 of NGOs for Admittance into Official Relations with PAHO

2. This year, the Director received applications from the following two NGOs: the Framework Convention Alliance (FCA) and the Latin American Society for Nephrology and Hypertension (SLANH).

Review of the NGOs in Official Relations with PAHO

3. Section 5 of the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations states: “The Subcommittee on Program, Budget, and Administration will normally review collaboration with each NGO with which PAHO has official working relations every four years and, based on the results of the biennial work plans and activities undertaken during the period under review and on the proposed work plan for the next four-year period, shall make a recommendation to the Executive Committee on the desirability of maintaining these relations.”

4. The Director submitted a report to the Ninth Session of the Subcommittee on Program, Budget, and Administration on two inter-American nongovernmental organizations whose relations with PAHO were due for the four-year review. The NGOs under review included: the InterAmerican Heart Foundation (IAHF) and the Sabin Vaccine Institute (Sabin).

5. The information submitted by the NGOs in support of their applications for admittance or for continuing their official relations was made available to the Subcommittee in a background document. The Ninth Session of the Subcommittee, composed of the Delegates of Argentina, Canada, Cuba, Ecuador, Jamaica, Saint Lucia, and the United States of America, considered the background papers prepared by the Bureau. These background papers contained a profile of the NGOs in official relations with PAHO and a report on their collaborative activities with PAHO. The papers also included the proposals and work plan of the NGOs requesting admission into official relations with PAHO, with a recommendation by the PAHO technical focal point.

6. The Subcommittee recommends that the Executive Committee admit the Framework Convention Alliance (FCA) and Latin American Society for Nephrology and Hypertension (SLANH) into official relations with PAHO for a period of four years, through 2019. Regarding SLANH, the Subcommittee recommended that the Bureau should provide the Executive Committee with additional information and an adjusted four-year collaborative work plan in order to be considered for approval. The Bureau will provide such additional information to the Members of the Executive Committee in a closed envelope upon their registration.

7. Concerning those two NGOs mentioned in paragraph 4, the Subcommittee recommends that official relations with IAHF and Sabin be maintained through 2019.

8. The Executive Committee, in June 2009, requested that the Director also provide brief progress reports on nongovernmental organizations in official relations with PAHO. Annex A includes a report on the status of ongoing relations between PAHO and those NGOs not being reviewed at this time.

Action by the Executive Committee

9. After reviewing the information provided, the Committee is invited to consider adopting the proposed resolution recommended by the Ninth Session of the Subcommittee on Program, Budget, and Administration presented in Annex B.

Annexes

Annex A

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

American College of Healthcare Executives (ACHE)

1. Much of the work carried out during 2014 as part of the joint collaborative work plan with PAHO and ACHE were activities related to the Global Healthcare Management Competency Directory.
 2. The International Healthcare Competencies Meeting convened at PAHO Headquarters in Washington, D.C., on 15-17 January 2014, with the purpose of reviewing the core competencies needed for the professionalism of healthcare management worldwide; establishing a call for action and role of the consortium; and the resulting documents needed to move forward with this work. Twenty-two individuals representing 15 different organizations participated in this meeting.
 3. Representatives from the consortium met during the meeting of the American College of Healthcare Executives Congress on Healthcare Management on 25 March 2014 in Chicago. They agreed on the need to develop a call to action document to be used as a worldwide call to professionalize the healthcare management field using the directory as a catalyst.
 4. The directory has been consolidated from 300 statements down to 87, based on the outcome of the January 2014 meeting, making sure that the statements reflect the core competencies needed by healthcare managers globally, regardless of country or setting.
 5. A “Core Global Competencies for Health Managers Call to Action” has been developed. The document outlines the work of the Global Competencies for Healthcare Management Consortium that is recognized within the International Hospital Federation as a Special Interest Group. The Call to Action calls on governments within the international health community to advocate for the worldwide utilization of the core competencies framework in the training, employment, and evaluation for healthcare managers/leaders.
 6. Discussions on how to market the directory will take place at the International Hospital Federation World Congress in October 2015 in Chicago, Illinois.
 7. During the November-December 2014 period, additional feedback regarding the competency directory and the call to action were collected in preparation for the January 2015 meeting of the consortium. A near final directory and call to action are ready for the
-

group's feedback, while further discussion will focus on marketing and piloting the directory.

American Public Health Association (APHA)

8. During 2014, the American Public Health association (APHA) worked collaboratively with PAHO around several activities and projects. Both organizations continued their quarterly meetings through PAHO's Deputy Director and APHA's Executive Director. The purpose of the quarterly meetings has been to share information, ideas, and opportunities for future collaboration. Most importantly, APHA wanted to acknowledge PAHO's former Deputy Director for his leadership, support, and the many achievements that have come out of this fruitful partnership over the past several years. APHA looks forward to continuing the relationship and working with the new Deputy Director.

9. As in previous years, both organizations have worked cooperatively to disseminate information and participate at each organization's annual events including but not limited to, National Public Health Week, World Health Day, and Wellness Week. At the recent APHA 142nd Annual Meeting in New Orleans, PAHO organized a scientific session that addressed challenges and opportunities for collaboration to advance environmental health in the Americas. Additionally, PAHO screened two films during the international health film festival event held at the conference. The films focused on access to healthcare in Mexico and El Salvador's case for new diagnostic technologies and strategy for finding tuberculosis in prisons. In addition, APHA participated for the first time in PAHO's 154th Executive Committee Meeting, held in June 2014.

10. After a successful pilot year for the translation project, APHA and PAHO signed a formal subsidiary agreement for the translation, publication, and dissemination of select *American Journal of Public Health (AJPH)* articles into Spanish. The first *AJPH* supplemental issue of articles in Spanish included an editorial by the Editor-in-Chief highlighting the partnership between both organizations as well as a joint editorial focusing on critical partnerships to expand access to Spanish-speaking communities.¹ Additionally, PAHO and APHA have started to plan for the translation of the new 20th edition of the Control of Communicable Diseases Manual into Spanish. There is potential interest to translate the manual into Portuguese for Brazil and certain countries in Africa.

11. APHA and PAHO recently co-organized the webinar, "Facts over Fear: Ebola Preparedness for the Americas" that was well-received with approximately 140 participants and offered in English and Spanish. Free continuing education credits are offered by APHA.

12. Although a memorandum of understanding was previously signed in August 2013 to coordinate inter-organizational cooperation on border health activities between PAHO, APHA, and the *Sociedad Mexicana de Salud Pública* [Mexican Public Health Society];

¹ Co-authored by Dr. Jon Andrus, Dr. Georges C. Benjamin, and Dr. Jeffrey Wilson.

all three organizations are in continuing discussions to modify the agreement based on current resources and priorities.

American Society of Microbiology (ASM)

13. In the context of the American Society of Microbiology's (ASM) current work plan (2014-2016), a number of activities are being planned and developed. The program is aimed at strengthening the microbiology laboratory capacity in Latin America and the Caribbean.

14. During 2014, a number of regional and global public health outbreaks stressed the importance of developing laboratory capacity for virology. The introduction and dissemination of the Chikungunya virus in the Americas pointed out the disparities among countries for the diagnosis of arboviruses. Almost simultaneously, the declaration of the Ebola outbreak in West Africa as a public health emergency of international concern in August 2014 by the WHO Director-General, and the consequent recommendations of the International Health Regulations (IHR) Emergency Committee for all States to be prepared to detect, investigate, and manage Ebola cases, indicated the need of assured access to a qualified diagnostic laboratory for Ebola virus disease (EVD).

15. In 2014, ASM developed the following programs that will facilitate implementation of the ASM-PAHO work plan 2014-2016:

- a) Expansion of the ASM Virtual Speaker Program including several virtual lecture topics available in Spanish. Through the Virtual Speaker Program, ASM and PAHO can connect the universities in PAHO's Member States with renowned experts from the American Academy of Microbiology.
- b) Enhanced scientific writing and publishing workshop that can be implemented in PAHO's Member States.
- c) Establishment of ASM BioResource Centers in Guyana and Haiti equipped with access to ASM scientific resources and audiovisual equipment for virtual lectures, professional development workshops, and networking events.
- d) Enhanced network of ASM Ambassadors to facilitate in-country activities with new appointments in Chile, Colombia, Guyana and Uruguay.

American Speech-Language Hearing Association (ASHA)

16. PAHO has been in official relations with the American Speech-Language Hearing Association (ASHA) since 2014, but collaboration started in 2012 when a joint work plan of activities was developed in 2012 that proposed to focus in three countries: Honduras, El Salvador, and Guyana. Since then, ASHA and PAHO representatives have traveled jointly to these countries for personal introductions and assessments of the current state of the professions with the country institutions.

- a) Honduras: Secured university authorities' approval for development of a phonoaudiology program. The ASHA ad hoc committee was instrumental in facilitating the development of a curriculum, including state-of-the-art training content to enable appropriate service delivery by trained clinicians. The new phonoaudiology program is expected to commence in April 2015 after final administrative approval.
 - b) El Salvador: Provided technical support to the *Instituto Salvadoreño de Rehabilitación Integral* [Salvadorean Integral Rehabilitation Institute]. The ASHA ad hoc committee assisted the Institute in developing a plan of action. The ad hoc committee is conducting conference calls to test the Institute's technological capability in preparation for the implementation of online programs in 2015.
 - c) Guyana: Provided technical assistance, via ASHA's ad hoc committee, to the Guyana Ministry of Health, including: reviewing the existing speech-language pathology curriculum and making recommendations to the University of Guyana; drafting a new speech-language pathology/audiology curriculum; and inviting the only Guyanese speech-language pathologist to highlight the status of the professions in Guyana at ASHA's 2014 Convention in Orlando, Florida.
17. Promotion of ASHA/PAHO Collaboration Programs:
- a) Publication of the article entitled "Strengthening the relationship between the American Speech-Language-Hearing Association (ASHA) and the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (PAHO/WHO)" on the *SIG 17* issue of *Perspectives on Global Issues in Communication Sciences and Related Disorders* of the ASHA *Special Interest Groups Perspectives* publication.²
 - b) Presentation titled "An international perspective on the care and treatment of people with disabilities: ASHA-PAHO collaboration" at the ASHA Annual Convention, held in Orlando, Florida, on November 2014.
 - c) ASHA is participating in the Regional Forum on Ear and Hearing Care, coordinated by the PAHO regional advisor on eye, ear and hearing care, and making contributions to the development of the regional strategic framework for ear and hearing care in the Americas 2014-2016.

Consumers International, Regional Office for Latin America and the Caribbean (CI-ROLAC)

18. Consumers International, Regional Office for Latin America and the Caribbean (CI-ROLAC) entered into "official relations" with PAHO only recently, in 2014, even though it has had a long-standing working relationship with PAHO, which began in 2009 when CI-ROLAC was invited to participate in the multi-stakeholder forum for the

² Available from <http://sig17perspectives.pubs.asha.org/Article.aspx?articleid=1935575>

prevention and control of chronic diseases in the Americas and later that same year in the Regional Expert Group for Cardiovascular Disease Prevention through Population-wide Dietary Salt Reduction.

19. One of CI-ROLAC's priority areas is to promote consumers' access to nutritious and safe food. As part of this work, CI-ROLAC presented a call for a global convention to protect and promote healthy diets during the World Health Assembly held in 2014, as well as in the 53rd PAHO Directing Council,³ held in September 2014.

20. In the context of ongoing activities and participation in the Technical Advisory Group on Salt Reduction, CI-ROLAC provided the Spanish-speaking audience with social media communications related to World Salt Awareness Week 2014 and created the website *Acción Latino-Americana de Sal y Salud* [Latin American Action on Salt and Health], www.alass.net (with Facebook and Twitter accounts). This website also provided support with salt reduction messages and other Spanish-language media communications during World Hypertension Day held later that year.

21. CI-ROLAC actively participated in the 3rd SaltSmart Consortium Meeting and is leading a group that is preparing a proposal for resource mobilization by using the mobile phone application for collecting data on food labels. Based on information obtained from PAHO, CI-ROLAC supported civil society actions in Chile, Mexico and Peru in favor of regulation to curb the marketing and sale of non-healthy food. CI-ROLAC has gathered information about legislative activities in Latin America with respect to salt reduction as well as initiatives on the reduction of noncommunicable diseases (NCDs) for internal use, as well as to share with their member organizations in the Region.

22. Plans for 2015 include participation in the preparation of a project proposal for nutrition label monitoring (part of the 3rd SaltSmart Meeting agreements); migration of the *Acción Latino-Americana de Sal y Salud* (ALASS) website to a new software platform; adding sections (map with legislative activities) updating information on the website; supporting communication with respect to dietary salt reduction around World Salt Awareness Week 2015; as well as other relevant events.

Healthy Caribbean Coalition (HCC)

23. This brief progress report provides a snapshot of key accomplishments of the Healthy Caribbean Coalition (HCC) in 2014, its sixth year of operation and third year in official relations' with PAHO.

24. HCC and PAHO jointly released a Situational Analysis of Cervical Cancer in the Caribbean early in 2014. The report is a joint HCC publication with PAHO (the first of its kind) and reflects the major contribution of the Caribbean cancer societies in the collection of country data.

³ CI-ROLAC was represented by the Inter-American Heart Foundation.

25. Supported by Medtronic Philanthropy and The NCD Alliance, HCC produced a regional NCD status report from the civil society perspective: “Responses to NCDs in the Caribbean Community.” The report was launched in March 2014 at the 2nd International Conference on Non-Communicable Diseases of Children and Adolescents of the NCD Child coalition. The aim of the report was to understand and assess the regional and national response to NCDs; highlight best practices, and identify areas for further action. It provided an evidence-based platform, from which civil society can monitor progress as well as complement regional and national NCD policies and programs. As part of this project, a Health Systems Strengthening (HSS) meeting was held in Dominica in October to build HSS awareness in the Region and to map out a civil society organization/HSS statement of commitment. The HCC has also supported the strengthening of faith-based organizations, led noncommunicable diseases’ activities through NCD commissions, collaborated in the establishment of a Trinidad and Tobago Coalition for Tobacco Control, advocated the development of a regional alcohol policy at the highest level, and initiated a regional social media NCD awareness campaign called “Faces of NCDs.”

26. The Australian High Commission’s Direct Aid Program funded the highly successful multi-country Caribbean Civil Society Cervical Cancer Prevention Initiative (C4PI) which resulted in the education and screening of almost 2,000 women; the development and dissemination of more than 9,000 printed materials (i.e., brochures and pamphlets); training outreach workers; creating a radio jingle, filming a survivor documentary and a project documentary; developing a position statement on the human papilloma virus (HPV), and providing vouchers for treatment for uninsured women.

27. In 2014 HCC signed a memorandum of understanding with the Caribbean Institute on Alcoholism and other Drug Problems (CARIAD) in support of strengthening the Caribbean Alcohol Policy Action Network. As a result two webinars have been conducted this year around alcohol policy in the Caribbean.

28. HCC attended the 2014 U.N. NCD Review and held a cervical cancer side event to share the work carried out in this area and to showcase regional examples of multisectoral NCD actions. Other meetings attended by HCC include:

- the United Nations Department of Public Information (UN DPI)/NGO meeting by cosponsoring a Caring & Living as Neighbors (CLAN) workshop on empowering young people to enjoy healthy lives;
- the 69th United Nations General Assembly;
- the PAHO 3rd Meeting of the SaltSmart Consortium;
- the 2nd International Conference on Nutrition;
- the 2014 World Cancer Congress.

29. In October 2014, HCC launched Youth4NCDs, an online platform for creating and nurturing an NCD youth advocate culture to empower young people who have been touched by an NCD. HCC continues to provide ongoing support to its members in the areas of communication, capacity building, mHealth/eHealth and advocacy across all NCD disease categories and risk factors.

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

30. The Inter-American Association of Sanitary and Environmental Engineering (AIDIS) provided advisory services and support to organize the PAHO Regional Symposium on “Water and Sanitation: Increasing quality access and reducing inequities”, held prior to the XXXIV AIDIS Congress (30 October-1 November 2014) in Monterrey, Mexico. The keynote presentation of the XXXIV AIDIS Congress, “Water and Sanitation: Increasing quality access and reducing inequities,” was given by PAHO.

31. AIDIS is in the process of gathering documents and preparing the terms of reference to present a new request for support to the Inter-American Development Bank (IDB) and PAHO in order to give continuity to the “Program for updating regional evaluation and municipal solid waste management services in Latin America and the Caribbean,” a three-year program that ended in October 2011. The continuity project consists of a new regional evaluation of municipal solid waste management services in Latin America and the Caribbean.

32. In order to follow up on the provisions of the document “Regional Coalition for Water and Sanitation to Eliminate Cholera in the Island of Hispaniola,” signed by PAHO, AIDIS, the U.S. Centers for Disease Control and Prevention (CDC), and UNICEF on 4 June 2012, actions are being taken to carry out a pre-assessment of the situation in Haiti, followed by preparation of the reconstruction work plan for Haiti. The preliminary budget to implement this stage of the plan has already been presented to PAHO.

33. At present, Haiti has no national technical standards for the quality of water for human consumption. It is essential to prepare such standards in order to manage waterborne diseases and it is therefore necessary to collect all existing official documentation on the matter, while at the same time adapting the WHO Drinking-water Quality Guidelines (4th edition). To do so, PAHO/WHO follows the methodology for implementing WHO standards in developing countries. Responsibility for this will fall to AIDIS, accompanied by the PAHO advisor in Haiti and the Technical Committee on Pilot Testing, made up of the Ministry of Health of Haiti, the National Water and Sanitation Directorate (DINEPA), UNICEF, PEPA (NGO coordinating water and sanitation in Haiti), and CDC. This entity is responsible for validating all documents to be produced.

34. AIDIS participated both in the 154th session of the PAHO Executive Committee in Washington, D.C., in June 2014, and in the 53rd Directing Council of PAHO, held in Washington, D.C., from 29 September to 3 October 2014. AIDIS made a statement

during the plenary session, expressing its support for PAHO in its program of activities for the coming years.

Inter-American College of Radiology (CIR)

35. The InterAmerican College of Radiology (CIR) congress, which is an academic space and a place for integration, was held on 15-17 August 2014 in Cartagena, Colombia, with great success. Seven-hundred radiologists from most countries in the Region of the Americas shared experiences in the radiology field.

36. The CIR, through its program *Escuela Latinoamericana de Radiología* (ELAR), offered nine scholarships for three-month training in different subspecialties at renowned academic centers in Argentina, Canada, Chile, Colombia, Mexico, and Spain. In 2014, nine young radiologists benefited from this program. In 2014, CIR, through its *Programa de Profesor Visitante* [Visiting Professor Program], provided eight instructors to six educational activities held in Argentina, El Salvador, Dominican Republic, Nicaragua, Uruguay and Venezuela.

37. CIR continued its educational programs through Virtual Radiology, an Internet-based initiative that offers courses and lectures; a visiting professor program under which CIR supports national associations and societies by sending highly skilled professors to its courses and conferences; the *Revista Virtual de Radiología*, a Spanish language version of *Radiology Journal Online*, which compiles abstracts from a large number of Latin American journals; and participated in conferences of the Radiological Society of North America and the *Société Française de Radiologie* [French Society of Radiology] (SFR), at which CIR organized well-attended courses in Spanish.

38. *NOTiCIR*, the College'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 States and other valuable information for radiologists.⁴

InterAmerican Society of Cardiology (SIAC)

39. During 2014, the InterAmerican Society of Cardiology (SIAC) continued its activities promoting the “25 by 25” goal which seeks to reduce 25% of NCD mortality by 2025—both in regional and global forums. SIAC also expressed cardiologists' commitment to the global and regional goals agreed to by the World Health Assembly.

40. SIAC has become a good partner of PAHO and of the public health community, and it has played a key role in introducing the public health concepts and strategies relevant to cardiovascular health in specialized cardiology forums.

⁴ Available from: www.webcir.org/noticir.php

- a) SIAC participated in the regular meetings of the Governing Bodies of PAHO.
- b) SIAC promoted cardiovascular health priorities in the World Congress of Cardiology and in numerous national and subregional congresses (Argentina, Colombia, Costa Rica, Cuba, Ecuador, and Uruguay).
- c) SIAC promoted the joint Global Standardized Hypertension Treatment Project in global, regional, and national events, and participated in various technical consultations.
- d) SIAC participated in the regional consultation for the plan of action on child obesity.
- e) SIAC provided PAHO with a list of experts in various areas of mutual interest in order to work with PAHO.

International Diabetes Federation (IDF)

41. The brief progress report provides a snapshot of the key accomplishments of the work plan of the International Diabetes Foundation (IDF) of the Central and South American regions, and PAHO.

- a) Development of the Diaman (*diabetes management*) project, a “smartphone” application for outpatient monitoring of persons with diabetes. This project includes a passport for persons with diabetes. The application has already been developed and field testing is now underway to collect evidence on its impact.
- b) Preparation of National Guidelines on Diabetes of the Ministry of Health of Costa Rica. Project for the evaluation of first-level care for people with diabetes in Costa Rica.
- c) Participation in several events, including: training workshops; IDF Summit on diabetes education, in Singapore, where successful experiences from around the world were shared and where Chile’s certified center represented the Region of the Americas; conference on diabetes updates and inauguration of a diabetic foot care center in Guatemala; participation in the Brazil Forum; Latin American Diabetes Group (GLAD) symposium in Nicaragua; course on the epidemiology of diabetes; Central American Congress of Endocrinology, held in Costa Rica; and celebration of World Diabetes Day by the Region’s 37 associations.

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

42. By implementing different initiatives (human resources education, communication, and advocacy campaigns, among others), LACWHN contributed to the implementation of the PAHO Gender Equality Policy, with the following results.

43. Greater capacity for women to have an impact on national processes. During this period, LACWHN provided its affiliate organizations with information and training to

participate effectively in different national-level forums for deliberation. Examples of the most noteworthy processes were those carried out by women in: the Dominican Republic (criminal code reform to prevent the absolute penalization of abortion, including therapeutic abortion); in Chile (approval of draft legislation on the legalization of therapeutic abortion, proposed by the Government); in Uruguay (advances in the implementation of the law legalizing abortion); in Honduras (presentation of the law on sexual rights and reproductive rights); and in Ecuador (defense of the Comprehensive National Strategy on Family Planning and Prevention of Adolescent Pregnancy [ENIPLA]); among others.

44. Participation of women's organizations in regional deliberation processes. There was a clear increase in the quantity and quality of participation of women's organizations in international forums, especially in the International Conference on Population and Development. Achievements included increased dialogue with governments and participation in official delegations; and greater ability to map and design strategies to follow up on the positions of the different countries, to build political agreement, and to systematize and disseminate experiences. This work took place within the framework of coordination of women's networks in Latin America and the Caribbean, supported and led by a Secretariat made up of six networks in Latin America and the Caribbean, including LACWHN.

45. Communications and publications. LACWHN has made significant efforts this year to strengthen communication with and among affiliate organizations, through information technology and communication, in particular using social networks.

46. Publications include a document (in folding format) summarizing sexual rights and reproductive rights on the post-2015 global development agenda.

Asociación Latinoamericana de Industrias Farmacéuticas [Latin American Association of Pharmaceutical Industries] (ALIFAR)

47. In 2014, the Latin American Association of Pharmaceutical Industries (ALIFAR) continued its close collaboration with PAHO, with noteworthy activities involving access to medicines in the Region of the Americas and the participation of the pharmaceutical industry.

48. The participation of the national pharmaceutical industry in the preparation and implementation of regulatory guidelines is recognized as a substantial contribution to the ongoing improvement of good practices, ensuring quality safe and effective, quality medicines for the population of the Member States. In this regard, ALIFAR plays an important role in the development of the regulatory guidelines of the Pan American Network for Drug Regulatory Harmonization (PANDRH). In 2014, ALIFAR participated by developing concrete proposals as a member of the ad hoc group for new governance of the network and presented its position on biosimilar products in various national, regional, and global seminars and forums.

49. National production represents a very large percentage of pharmaceutical markets in Latin America, both in terms of units and value. ALIFAR contributes decisively to ensuring that the production and quality control processes of national industries follow international recommendations aimed at updating good practices and regulations that promote competition based on product quality and accessible prices for the population, in particular the supply of quality-assured generic products.

50. ALIFAR has been monitoring healthcare and intellectual property regulations dictated by the authorities of the Latin American countries with which it is associated.

51. ALIFAR's member associations have followed up the progress of projects to regulate biosimilar medicines in the respective countries.

52. Participation in international activities includes the 21st session of the Standing Committee on the Law of Patents (SCP) and the Committee on Development and Intellectual Property (CDIP) of the World Intellectual Property Organization (WIPO). ALIFAR also was present in the 154th session of the Executive Committee of PAHO, held 16-20 June 2014.

Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

53. In accordance with the recommendations of the Resolution of the 154th session of the Executive Committee (CE154.R8 [2014]), the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) has been working with the Advisor in Public Health Laboratory Services, stationed at the PAHO/WHO Representative Office in Peru. The advances made in 2014 are listed below.

54. Establishment of the editing committee and design of the modular structure for the reviewed and updated content of the third edition of the Quality Management and Good Laboratory Practices course (to end in March 2015).

55. Development of a 350-hour distance learning course based on materials from the Quality Management and Good Laboratory Practices course (third edition). An administrative system was established to manage registrations. The course is scheduled to begin in May 2015.

56. Review of "Guidelines for the Preparation of Manuals on Accreditation of Clinical Laboratories for Latin America." A checklist for the clinical laboratory quality system was prepared, based on the requirements of ISO standard 15189-2012 and organized according to the content of the 11 modules of the Quality Management and Good Laboratory Practices course. A document organizing the requirements of the different levels of the quality management system was prepared, following the guidelines established in the *Caribbean Guidance on the Stepwise Improvement Process for Strengthening Laboratory Quality Management Systems towards Accreditation*.

57. Review and editing of “Latin American Guidelines for the Implementation of a Code of Ethics in Public Health Laboratories.” The content of the guidelines was reviewed and is found in the checklist and in the aforementioned set of requirements for each level.

58. Survey of national systems. In view of the limited responses to the surveys sent to COLABIOCLI member countries, two sessions were held with academic units responsible for vocational training in Latin America and the Caribbean, resulting in a commitment to return the survey with the requested data soon. These academic units have also agreed to reach a consensus on the curriculum for training professionals who work in public health laboratories.

59. Reactivation of COLABIOCLI’s Program for External Quality Assessment (PEEC). Meetings have been held with directors of the national entities of Bolivia, Colombia, Ecuador, and Venezuela, resulting in collaboration for the development and updating of the PEEC.

Latin American Federation of Hospitals (FLH)

60. In 2014 the Latin American Federation of Hospitals (FLH) participated in a series of activities with the main purpose of developing the concept of “health as a State policy.” Objectives include continuing efforts to strengthen Latin American institutions and promoting the general objectives of PAHO and FLH, with particular emphasis on the development of comprehensive management in health institutions and its promotion at all levels; equity in health care, prioritizing primary care; access to health care and universal health coverage; attention to the social determinants of health and to health networks; and the participation of human resources, patients, and the general community.

Latin American Federation of Pharmaceutical Industry (FIFARMA)

61. During 2014, the Latin American Federation of Pharmaceutical Industry (FIFARMA) participated in: the Meeting of the Steering Committee of the Pan American Network for Drug Regulatory Harmonization (PANDRH), held in Washington, D.C. in April 2014, where topics concerning the Network’s governance were addressed; the approved Strategic Plan for 2014-2020; PANDRH working groups; the ad hoc group on the regulatory curriculum; the proposal for a priority-setting mechanism; and the Regional Platform on Access and Innovation for Health Technologies (PRAIS) as a component of governance.

62. In 2014, FIFARMA staff members have participated in the following PANDRH working groups: biotechnology products, good clinical practice, pharmacovigilance, vaccines, and good laboratory practices.

63. FIFARMA also took part in the meeting of the PANDRH Group to Combat Counterfeit Medicines, held in Quito (Ecuador), on 23-24 July.

64. In addition, FIFARMA participated in sessions prior to the International Conference of Drug Regulatory Authorities (ICDRA), as well as the workshop on “Harmonized Tools and Approaches for the Marketing Authorization of Vaccines in the Americas,” held in Panama from 12 to 14 November 2014.

65. FIFARMA participated in the 154th session of the Executive Committee of PAHO, in Washington, D.C., from 16 to 20 June 2014, and in the 53rd Directing Council of PAHO, from 29 September to 3 October 2014, in Washington, D.C.

March of Dimes

66. March of Dimes had an active and productive partnership with PAHO in 2014. Notably, the project on newborn screening (NBS) in Latin America and the Caribbean is progressing well. March of Dimes conducted a literature review of existing country-level programs and is surveying country focal points to identify coverage and gaps in national NBS programs. The survey is almost completed.

67. The partnership to generate much needed estimates of the economic costs of preterm birth in the Region is also proceeding well. A first-stage analysis of costs in selected hospitals was completed and the methodology used is being evaluated to determine if and how it can be improved for scale-up in the Region.

68. The collaboration of preconception/interconception health in Latin America and the Caribbean is underway with active planning for a conference led by PAHO with input and participation by the March of Dimes which is planned for the first quarter of 2015.

69. Planning for the 7th International Conference on Birth Defects and Disabilities in the Developing World to be held in Tanzania in September 2015 is also actively underway and discussions are being held with PAHO about the nature and scope of their participation.

70. Other smaller collaborative activities not listed on the Collaborative Plan for 2014-2019 are proceeding.

71. A joint webinar of the neonatal health in the Region scheduled for 17 November was postponed. When the webinar is rescheduled, March of Dimes has prepared a 40-minute presentation on the toll of preterm birth and opportunities to strengthen prevention and care in the Region.

The National Alliance for Hispanic Health (NAHH)

72. The National Alliance for Hispanic Health (NAHH) is the nation’s foremost source of information on Hispanic health and a science-based and community-driven advocate for health. The Alliance represents all Hispanic groups, does not accept funds from tobacco or alcohol companies, and is dedicated to community-based solutions.

73. As part of the NGO-Collaboration initiative between the Alliance and PAHO for the period 2014-2019, several key activities were carried out to date.

74. NAHH is working with the PAHO advisors of the chronic diseases program and the healthy eating program in the planning of the second joint leadership meeting of the *Buena Salud* Americas Initiative. The Alliance established this initiative with the purpose of joining efforts with PAHO for the prevention and control of noncommunicable diseases (NCDs) with the common goal of achieving health for all in the Region.

75. NAHH is planning to convene the second joint leadership meeting to promote and support multi-sectorial collaboration for the prevention and control of NCDs. The focus of the 2015 leadership meeting is to help build the capacity of community-based organizations and civil society groups in the Region to engage in advocacy to promote policies and systems that affect public health policy and promote community engagement. Building capacity for advocacy can help community-based organizations and civil society to become key stakeholders in the formulation of public health policies and action plans addressing the health needs of their communities.

76. NAHH continues to participate in PAHO's Partner's Forum for Action on Non-Communicable Diseases' activities. NAHH participated in the local consultation in preparation of the 2014 U.N. General Assembly's comprehensive review and assessment of the progress achieved in the prevention and control of noncommunicable diseases, which took place in Washington, D.C.

77. NAHH continues to attend the Executive Committee and Directing Council meetings of PAHO held annually in Washington, D.C., and has participated in the planning of World Health Day observance activities at the local level.

Panamerican Federation of Associations of Medical Schools (PAFAMS)

78. PAFAMS's key activities focus on the implementation of accreditation standards in the medical schools of Central America and South America, including Mexico and the Spanish-speaking Caribbean, in order to improve the quality of medical education.

79. PAFAMS is in the early stages of implementing the Regional/International Accreditation Initiative for undergraduate-level medical education. The issue of accreditation and corresponding standards reflects a pressing need in the Region, dating back to the first steps taken with PAHO in the 1980s. One of PAFAMS's strategic lines is to strengthen ongoing professional development activities, focused primarily on the Primary Health Care program.

80. PAFAMS participated in the conference in Manaus (Brazil), organized in collaboration with PAHO, on the need to transform medical education within the framework of the challenges of universal health coverage. Discussions focused on options for implementing primary health care.

81. Also this year, as a result of the strategic partnership with MEDSCAPE, PAFAMS endorsed two courses in Spanish for health professionals in Latin America. PAFAMS is developing the “Center for Leadership and Advanced Action in Health and Education” project and is working with a number of institutions to improve the quality of health services through education.

Pan American Federation of Nursing Professionals (FEPPEN)

82. With regard to the progress of the plan of action, the Pan American Federation of Nursing Professionals (FEPPEN) provides significant support and information to its associates with respect to nursing services and the initiatives related to human resources development by 2020. Work continues to define the developing needs and problems in nursing, characterize the situation of the profession’s human resources in the Region, and participate wisely in human resources policies in the health sector.

83. FEPPEN stimulates progress and strengthening of the nursing profession in the Region. On 24-25 April, in Havana (Cuba), by organizing and hosting in Havana, Cuba, the 2nd Forum of the International Council of Nurses on Human Resources in Latin America and the Caribbean, on 24-25 April, in coordination with the International Council of Nurses (ICN)) and the Cuban Society of Nursing (SOCUENF), with the participation of 17 of the 19 member countries. And on 22-23 April, also in Havana, the Meeting of the General Council of FEPPEN was held with the active participation of its members, establishing the guidelines for the work of the standing committees on education and professional practice.

84. As a member of the Neonatal Partnership for Latin America and the Caribbean, FEPPEN attended and actively participated in the Annual Technical Meeting on Priority Interventions for Neonatal Health in Latin America and the Caribbean, and in the Annual Meeting of the Communities of Practice in Neonatal Health, from 23 to 25 September in Bogota, Colombia.

85. FEPPEN is working to offer the Regional Training Course for Nurses on Preventing and Combating Ebola Virus Disease, in January 2015.

United States Pharmacopeial Convention (USP)

86. This report summarizes the progress of major activities that the United States Pharmacopeial Convention (USP) has undertaken as a nongovernmental organization in official relations with PAHO in 2014.

87. A training workshop on residual solvents and gas chromatography/headspace was conducted in support of the objectives of the External Quality Control Program (EQCP) as well as those of the Pan American Network for Drug Regulatory Harmonization (PANDRH) Working Group on Good Laboratory Practices (GLP-WG). This workshop

was organized by PAHO and USP, with support from the networks of Official Medicines Control Laboratories (OMCLs) of Mexico and Peru

88. During the period under revision, PAHO and USP concluded Step X (February 2014) and launched Step XI (September 2014) of the performance evaluation phase of the EQCP, a collaborative program initiated in 2001. In the current Step, 28 Official Medicine Control Laboratories from Latin America and the Caribbean were invited to participate in the analysis of ethambutol hydrochloride tablets (a WHO essential anti-tuberculosis medicine) according to relevant United States Pharmacopeia and National Formulary (USP-NF) standards. At the time of this report, the participating OMCLs are finalizing testing, and final evaluation results are expected to be released from USP through PAHO early in 2015.

89. PAHO and USP also collaborated in offering technical assistance with pharmacopeial standards.

90. In the context of the Promoting the Quality of Medicines (PQM) program—a collaborative agreement between USAID and USP—a regional workshop was organized in Lima, Peru (11-13 November 2014), in the context of the Amazon Malaria Initiative (AMI), to discuss the development of a sustainable framework for south-south collaborations to strengthen quality assurance of medicines in the countries, utilizing regional professional and technical resources, from public and private organizations, as well as governmental and academic institutions. Also within the context of AMI, during 2014, PQM collaborated with PAHO's country offices in the following activities: Review of countries' AMI work plans, delivery of medicines, samples and/or Reference Standards to OMCLs in Brazil, Colombia and Ecuador, and coordination and participation in meetings with the Brazilian National Malaria Control Program for the development of a medicines quality monitoring program in malaria endemic States.

World Association for Sexual Health (WAS)

91. In keeping with the current WAS-PAHO quadrennial work plan, WAS carried out a number of activities in partnership with PAHO during 2014.

92. During 2014, modules from the training manual for primary health staff, *Ampliándonos hacia lo Diverso* ("expanding toward diversity") developed by AIDS Support and Technical Assistance Resources, Sector I, Task Order 1 (AIDSTAR-One) in collaboration with PAHO during 2013, were tested with different groups in both languages. This manual has proven to be very useful and has been adopted for training primary health providers in an approach that centers on sexual health and focuses on diversity.

93. WAS continued to disseminate and to train health personnel in the use of the Spanish version of the Blueprint for the Provision of Comprehensive Care for Trans Persons and their Communities in Latin America and the Caribbean.

94. Promotion of Sexual Health and development of Public Policies: This is one of the major lines of collaboration as sexual health needs to be included in public policies to improve the general health of populations in the Region.

- a) WAS held the Sexual Rights as Human Rights Consultation during February 2014 in New York City. The objective of the consultation was to develop and implement an advocacy strategy for the inclusion of sexual rights as human rights in the international arena. This Consultation was the first step towards a new WAS Sexual Rights Declaration and Technical Document to expand and advance the 1999 Declaration of Sexual Rights.⁵
- b) WAS participated as moderator in the Panel: “Perspective of other International Organizations and Programs on addressing the causes of disparities in health care access for LGBT persons and other related forms of discrimination and inequalities: Discussions with experts from the Organization of American States (OAS), the World Bank, UNAIDS and UNDP,” and chaired one of the four subgroups at the PAHO Regional Meeting on the Health of Lesbian, Gay, Bisexual and Trans (LGBT) Persons and Human Rights. Several representatives of PAHO’s Member States were present at the meeting in order to move forward on the implementation of PAHO’s Directing Council resolutions CD52.R6 (2013) and CD50.R8 (2010).

95. WAS participated with PAHO in several training activities throughout the year, either as facilitators or by providing material for presentations. One of the major collaborations was the International Seminar on Sexuality: Recognizing Diversity, held in Bogota, Colombia. The two keynote presentations were done by PAHO and WAS.

World Resources Institute (WRI) Center for Sustainable Transport (EMBARQ)

96. EMBARQ and PAHO have been collaborating and performing several activities in the area of public health and safety in 2014, particularly in South America.

97. Research and work with cities in Latin America to assess health impact of public transport and urban design in selected cities:

- a) EMBARQ has published the report Traffic Safety on Bus Priority Systems, providing evidence-based design guidelines for safer bus systems.
- b) EMBARQ has obtained geocoded and analyzed traffic crash data from Latin American cities to create models to evaluate accident causes and solutions.
- c) EMBARQ has been working to address traffic speed issues in Brazil with PAHO collaboration.

⁵ Available from: www.worldsexology.org/declaration-of-sexual-rights-sep03-2014

98. Capacity building and research in Latin America and the Caribbean around health, transport, cities, and other relevant items:

- a) In 2014, EMBARQ and its centers in three Latin American countries have worked to build capacity and increase the connection of health, transport and urban design.
- b) EMBARQ's held its 11th annual Transforming Transportation Conference at the World Bank, with over 700 attendees. In addition, EMBARQ held its International Conference on Sustainable Transport in Mexico. Both events are the leading regional platforms for sustainable cities' research and practice in the Region.
- c) EMBARQ organized a training workshop to provide road safety audit certification and experience to experts in Brazil and Mexico to build regional capacity.
- d) EMBARQ launched the "Network of Cities" capacity-building webinars in 2014, focusing on sharing knowledge and experience between Mexican and Latin American cities. Each presentation reached an audience of over 1,000 participants across nine countries and 50 cities.

99. Public health assessment of transport projects: EMBARQ carried out public health baseline studies for cities in Brazil and Mexico in coordination with PAHO. These studies and reports provided local governments with valuable baseline data, allowing them to measure the performance of transportation systems and policies

100. EMBARQ has been working on the Fit Cities program in Brazilian cities, improving health through increased physical activity. In 2014, EMBARQ developed and published a Manual for Projects and Programs to Encourage the Use of Bicycles in Communities in Brazil. The Handbook presents development programs and promotes the local economy, educates bicycle users, and provides monitoring and supervision to ensure that changes in the use of bicycles are sustainable.

**SCHEDULE OF SPBA REVIEWS OF NONGOVERNMENTAL
ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO**

(as of 1 January 2015)

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
American College of Healthcare Executives (ACHE)// <i>[Colegio Estadounidense de Ejecutivos de Atención de Salud]</i>	2014	–	4	2018
American Public Health Association (APHA)// <i>[Asociación Estadounidense de Salud Pública]</i>	2013	–	4	2017
American Society for Microbiology (ASM)// <i>[Sociedad Estadounidense de Microbiología]</i>	2001	2013	4	2017
American Speech-Language-Hearing Association (ASHA)// <i>Asociación Americana del Habla-Lenguaje y Audición</i>	2014	–	4	2018
Consumers International, Regional Office for Latin America and the Caribbean (CI-ROLAC) ⁶ // <i>Consumers International, Oficina Regional para América Latina y el Caribe</i>	2014	–	4	2018
EMBARQ - World Resources Institute Center for Sustainable Transport// <i>EMBARQ - Centro del Instituto de Recursos Mundiales para el Transporte Sustentable</i>	2010	2014	4	2018
Healthy Caribbean Coalition (HCC)// <i>[Coalición Caribe Saludable]</i>	2012	–	4	2016
Inter-American Association of Sanitary and Environmental Engineering// <i>Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)</i>	1995	2013	4	2017

⁶ CI-ROLAC entered into official relations with PAHO from 1996 to 2008 when the relationship was discontinued. CI-ROLAC was admitted again in 2014.

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
Inter-American College of Radiology// <i>Colegio Interamericano de Radiología</i> (CIR)	1988	2012	4	2016
Interamerican Society of Cardiology// <i>Sociedad Interamericana de Cardiología</i> (SIAC)	2012	–	4	2016
Latin American Association of Pharmaceutical Industries// <i>Asociación Latinoamericana de Industrias Farmacéuticas</i> (ALIFAR)	2000	2012	4	2016
Latin American Confederation of Clinical Biochemistry// <i>Confederación Latinoamericana de Bioquímica Clínica</i> (COLABIOCLI)	1988	2014	4	2018
Latin American Federation of Hospitals// <i>Federación Latinoamericana de Hospitales</i> (FLH)	1979	2012	4	2016
Latin American Union against Sexually Transmitted Diseases// <i>Unión Latioamericana contra las Enfermedades de Transmisión Sexual</i> (ULACETS)	1986	2004	–	Discontinued
National Alliance for Hispanic Health (NAHH)// <i>Alianza Nacional para la Salud de los Hispánicos</i>	1996	2014	4	2018
Panamerican Federation of Associations of Medical Schools (PAFAMS)// <i>Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina</i> (FEPAFEM)	1965	2012	4	2016
Pan American Federation of Nursing Professionals// <i>Federación Panamericana de Profesionales de Enfermería</i> (FEPPEN)	1988	2012	4	2016

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
InterAmerican Heart Foundation (IAHF)// <i>Fundación InterAmericana del Corazón (FIC)</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 (RSMLAC)</i>	2004	2012	4	2016
International Diabetes Federation (IDF)// <i>Federación Internacional de la Diabetes (FID)</i>	1996	2013	4	2017
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	2013	4	2017
March of Dimes	2001	2013	4	2017
Sabin Vaccine Institute (Sabin)// <i>[Instituto de Vacunas Sabin (Instituto Sabin)]</i>	2011	2011	4	2015
United States Pharmacopeial Convention (USP)// <i>Convención de la Farmacopea de Estados Unidos</i>	1997	2013	4	2017
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	2013	4	2017

Name	Date Admitted	Last Reviewed	Term (Years)	Scheduled to be Reviewed
Medical Confederation of Latin America and the Caribbean// <i>Confederación Médica Latinoamericana y del Caribe</i> (CONFEMEL)	2005	2007	–	Discontinued



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

156th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 22-26 June 2015

CE156/6
Annex B
Original: English

PROPOSED RESOLUTION

NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH THE PAN AMERICAN HEALTH ORGANIZATION

THE 156th SESSION OF THE EXECUTIVE COMMITTEE,

Having considered the report of the Subcommittee on Program, Budget, and Administration on *Nongovernmental Organizations in Official Relations with PAHO* (Document CE156/6);

Mindful of the provisions of the *Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations*,

RESOLVES:

1. To renew official relations between PAHO and the following nongovernmental organizations for a period of four years:
 - a) the InterAmerican Heart Foundation (IAHF), and
 - b) the Sabin Vaccine Institute (Sabin).
 2. To admit the following nongovernmental organizations into official relations with PAHO for a period of four years:
 - a) the Framework Convention Alliance (FCA),
 - b) the Sociedad Latinoamericana de Nefrología e Hipertensión [*Latin American Society for Nephrology and Hypertension*] (SLANH, for its acronym in Spanish), [conditioned to the presentation of additional information].
-

3. To take note of the progress report on the status of relations between PAHO and nongovernmental organizations.
4. To request the Director to:
 - a) advise the respective nongovernmental organizations of the decisions taken by the Executive Committee;
 - b) continue developing dynamic working relations with inter-American nongovernmental organizations of interest to the Organization in areas that fall within the program priorities that the Governing Bodies have adopted for PAHO;
 - c) continue fostering relationships between Member States and nongovernmental organizations working in the field of health.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. Agenda item: 3.3 – Nongovernmental Organizations in Official Relations with PAHO

2. **Linkage to Program and Budget 2014-2015:** This resolution proposes continuing official relations with two nongovernmental organizations (NGOs) whose collaborative relationship was reviewed. It furthermore proposes establishing official relations with two new nongovernmental organizations. All its collaborative work plans should be linked to one of the categories or program areas of the Strategic Plan of PAHO.

Framework Convention Alliance (FCA):

- a) **Categories:** 2, Noncommunicable Diseases and Risk Factors
Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.
- b) **Program areas and outcomes:**
Program Area 2.1: Noncommunicable Diseases and Risk Factors
Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors.
Indicators 2.1.2a and 2.1.2b: Prevalence of current tobacco use.

Latin American Society for Nephrology and Hypertension (SLANH):

- a) **Categories:** 2, Noncommunicable Diseases and Risk Factors
Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.
- b) **Program areas and outcomes:**
Program Area 2.1 Noncommunicable Diseases and Risk Factors
Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors.
Indicator 2.1.9: Prevalence of renal disease.

InterAmerican Heart Foundation (IAHF):**a) Categories:** 2, Noncommunicable Diseases and Risk Factors

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

b) Program areas and outcomes:

Program Area: 2.1 Noncommunicable Diseases and Risk Factors

Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors.

Indicators: 2.1.2, 2.1.4, 2.1.6, 2.1.7

Sabin Vaccine Institute (Sabin):**a) Categories:** 1, Communicable Diseases

Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.

b) Program areas and outcomes:

Program Area: 1.3 Malaria and Other Vector-borne Diseases (including Dengue and Chagas),

Outcome Indicator: 1.3.3

Program Area: 1.4 Neglected, Tropical, and Zoonotic Diseases

Outcome Indicator 1.4.7

Program Area: 1.5 Vaccine-Preventable Diseases (including Maintenance of Polio Eradication)

Outcome indicators 1.5.1, 1.5.2, 1.5.3

3. Financial implications:

FCA, SLANH, IAHF, Sabin

- a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):** None
- b) Estimated cost for the 2016-2017 biennium (including staff and activities):** None
- c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities?** N/A

4. Administrative implications:

FCA

- a) Indicate the levels of the Organization at which the work will be undertaken:** Department of Noncommunicable Diseases and Mental Health at the Regional Office and PAHO/WHO Representative Offices
- b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** None
- c) Time frames (indicate broad time frames for the implementation and evaluation):** Four years

SLANH

- a) **Indicate the levels of the Organization at which the work will be undertaken:**
Noncommunicable Diseases and Risk Factors
- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** None
- c) **Time frames (indicate broad time frames for the implementation and evaluation):** Four years

IAHF

- a) **Indicate the levels of the Organization at which the work will be undertaken:**
Noncommunicable Diseases and Risk Factors
- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** None
- c) **Time frames (indicate broad time frames for the implementation and evaluation):** Four years

Sabin

- a) **Indicate the levels of the Organization at which the work will be undertaken:**
Department of Communicable Diseases
Department of Family Gender and Life Course, Comprehensive Family Immunization (FGL/IM)
PAHO/WHO Representative Offices
- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** None
- c) **Time frames (indicate broad time frames for the implementation and evaluation):** Four years

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 3.3 – Nongovernmental Organizations in Official Relations with PAHO

2. Responsible unit: External Relations, Partnerships and Resource Mobilization (ERP)

3. Preparing officer: Mr. Alberto Kleiman, Director, ERP, with the following technical focal points:

- Framework Convention Alliance (FCA): Dr. Adriana Blanco, PAHO Regional Advisor on Tobacco Control
- Latin American Society for Nephrology and Hypertension (SLANH): Dr. Pedro Orduñez, PAHO Advisor on Chronic Diseases
- Inter-American Heart Foundation (IAHF): Dr. Pedro Orduñez, PAHO Advisor on Chronic Diseases
- Sabin Vaccine Institute (Sabin): Dr. Cuauhtémoc Ruiz Matus, PAHO Unit Chief, Comprehensive Family Immunization

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

- **Framework Convention Alliance (FCA):**
Area of Action D: Diminishing Health Inequalities among Countries and Inequities within Them: (paragraph. 54).
Area of Action E: Reducing the Risk and Burden of Disease: (paragraph 59).
- **Latin American Society for Nephrology and Hypertension (SLANH):**
Area of Action E: Reducing the Risk and Burden of Disease: (paragraph 58).
- **InterAmerican Heart Foundation (IAHF):**
Area of Action E: Reducing the Risk and Burden of Disease: (paragraph 58).
- **Sabin Vaccine Institute (Sabin):**
Area of Action B: Tackling Health Determinants: (paragraphs 40, 42, and 43)
Area of Action C: Increasing Social Protection and Access to Quality Health Services (paragraphs 44, 48, 49, and 50).

5. Link between Agenda item and the amended PAHO Strategic Plan 2014-2019:

- **Framework Convention Alliance (FCA):**
Category 2, Noncommunicable Diseases and Risk Factors
Programmatic Area 2.1 Noncommunicable Diseases and Risk Factors
Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors.
Indicators 2.1.2a and 2.1.2b: Prevalance of current tobacco use.

- **Latin American Society for Nephrology and Hypertension (SLANH)**
 Category 2, Noncommunicable Diseases and Risk Factors
 Programmatic Area 2.1 Noncommunicable Diseases and Risk Factors
 Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors.
 Indicators 2.1.9: Prevalence of renal disease.
- **InterAmerican Heart Foundation (IAHF)**
 Category 2, Noncommunicable Diseases and Risk Factors
 Programmatic Area 2.1 Noncommunicable Diseases and Risk Factors
 Outcome 2.1: Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors.
 Indicators: 2.1.2, 2.1.4, 2.1.6, 2.1.7
- **Sabin Vaccine Institute**
 Category 1, Communicable Diseases
 Program Area: 1.3 Malaria and Other Vector-borne Diseases (including Dengue and Chagas),
 Outcome Indicator: 1.3.3
 Program Area: 1.4 Neglected, Tropical, and Zoonotic Diseases, Outcome Indicator 1.4.7
 Program Area: 1.5 Vaccine-Preventable Diseases (including Maintenance of Polio Eradication),
 Outcome indicators 1.5.1, 1.5.2, and 1.5.3

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

- Center for Tobacco Control, Research and Education. University of California
- Instituto Nacional de Cáncer (INCA)
- Office on Smoking and Health - Centers for Disease Control and Prevention (CDC)
- Department of Epidemiology, Institute for Global Tobacco Control (IGTC) - Johns Hopkins Bloomberg School of Public Health
- Health Policy Center University of Illinois at Chicago
- Instituto Nacional de Enfermedades Virales Humanas "Dr Julio Maiztegui" (INEVH)
- CDC in Puerto Rico
- Institute of Tropical Medicine "Pedro Kouri"
- Caribbean Public Health Agency (CARPHA), Trinidad and Tobago
- Instituto Evandro Chagas (IEC), Brazil
- Johns Hopkins Bloomberg School of Public Health (JHSPH) (WHO Collaborating Centre for Vaccine Epidemiology and Evaluation)
- University of Texas Medical Branch (WHO Collaborating Centre for Vaccine Research, Evaluation and Training on Emerging Infectious Diseases)

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

Framework Convention Alliance (FCA):

The FCA was a key contributor from the civil society perspective during the FCTC negotiations between 1999 and 2003. The FCTC was adopted by the WHA in 2003 and following that, the FCA and PAHO closely collaborated in raising awareness at country level about the evidence supporting the FCTC mandates. This collaboration led to a rapid ratification of the Treaty by Member States. In 2005, following the 40th ratification by a country, the FCTC entered into force. The FCTC is one of the most widely embraced treaties in UN history. At the moment, 179 countries and the European Union are Parties to the FCTC. In the Americas, 30 out of 35 PAHO Member States are Parties to the FCTC.

Once the FCTC entered into force in 2005, FCA members and PAHO have closely collaborated in strengthening regional and national capacity for the implementation of the FCTC mandates. This strong collaboration has led to impressive developments in the Americas. Since 2005, 17 countries have approved laws establishing smoking bans in all public and workplaces including bars and restaurants, 15 countries joined Brazil and Canada in establishing mandatory warnings including images in tobacco products and 6 countries have banned all forms of tobacco advertising, promotion and sponsorship.

PAHO and the FCA have closely collaborated in raising awareness about tobacco as a key contributing factor of NCDs, especially among governmental sectors other than health. In that sense, PAHO and FCA joined forces in 2014 to present the supporting evidence for increasing tobacco taxes in Chile and Peru as an intervention to achieve both health and public finance positive outcomes.

Latin American Society for Nephrology and Hypertension (SLANH):

A scientific society that brings together all societies of nephrology (and individuals practicing this specialty) in Latin America and all nephrologists of Latin American origin residing abroad.

The following are the main objectives of SLANH:

- Help to disseminate knowledge in the field of nephrology and hypertension through congresses, meetings, and publications, among others.
- Promote the creation of study groups for collaboration among nephrology centers.
- Promote and focus the training of Latin American nephrologists and carry out activities for continuing medical education.
- Promote and focus the training of Latin American paramedical staff in activities related to nephrology and hypertension.
- Establish relations with the International Society of Nephrology and other foreign scientific societies.

InterAmerican Heart Foundation (IAHF):

The IAHF has collaborated with PAHO on the prevention and control of cardiovascular diseases and stroke, with emphasis on the risk factors and contributing conditions. Highlights of these collaborative activities include support for Salt Awareness Week annually, mapping study to identify

civil society organizations working on hypertension and salt reduction in the Region, and monitor the salt content of processed foods to permit monitoring of voluntary agreements between the Government and food companies.

Sabin Vaccine Institute (Sabin):

Honduras received seed funds from Sabin to develop educational materials and to incorporate the Water and Sanitation component in three departments in Honduras. These educational materials complemented the National Deworming Campaign undertaken in August 2013 which benefited 1,051,659 school children while the acquisition of four hypochlorinators which were installed in Choluteca province, benefited 100,461 people in that area showing a success story about inter-sectorial approach in the progress towards the control of soil-transmitted helminths in the Americas Region.

PAHO FGL/IM received funding from SABIN to conduct studies to demonstrate the impact of pneumococcal conjugate vaccine (PCV) vaccination in children pneumococcal morbidity and mortality in Chile, Colombia and Peru, where the PCV vaccine was introduced in 2009 (Peru) and 2011 (Chile, Colombia). Studies conducted in the USA and England demonstrated significant reductions in hospital admissions and pneumonia hospitalizations in children after PCV vaccine introduction, as well as reductions in disease among individuals not vaccinated, demonstrating the potential for this vaccine to prevent disease indirectly. However studies demonstrating the impact of PCV vaccination in pneumococcal morbidity and mortality reduction in middle-income countries with high disease burden are scarce. The studies that were conducted in Chile, Colombia and Peru showed significant vaccine impact consistently reducing acute otitis media (AOM) outpatient visits and mortality due to pneumonia both in children under one year, and from one to two years of age. This demonstration of the impact of the vaccine, through its routine use in the national immunization programs, provides essential information to evaluate the potential benefit of pneumococcal conjugate mass vaccination in order to help guide national health policies.

8. Financial implications of this Agenda item:

The collaborative work plans of most of these NGOs in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NGOs' budgets; there are no financial implications beyond the approved Biennial Work Plan in excess of \$10,000.

- - -