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. According to 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 two NGOs—the Healthy Caribbean Coalition (HCC) and the Inter-American Society of Cardiology (SIAC)—that have made formal requests to be admitted into official relations with PAHO as per the new deadline of 31 December 2011.
Healthy Caribbean Coalition (HCC)

3. HCC was established in 2008 for the sole purpose of responding to the challenges posed by noncommunicable diseases (NCDs). The coalition has had a significant informal working relationship with PAHO ever since. PAHO has contributed significantly to building a Caribbean civil society network and an alliance of health NGOs and other civil society organizations aimed at responding to the challenges of NCDs. The effort has been championed by Sir George Alleyne, Pan American Sanitary Bureau (PASB) Director Emeritus. No organization such as HCC previously existed. Due to the collaborative efforts of PAHO, HCC is now positioned to help strengthen the capacity of civil society organizations to better contribute to the “whole of society” approach to NCDs.

4. The proposed work plan presented by HCC has been reviewed and discussed with the relevant technical area. PASB has agreed that it will give significant support to the third objective of PAHO’s Strategic Plan 2008-2012. This work plan mainly focuses on strengthening the capacity of health NGOs, developing mobile health technology (mHealth), enhancing communications regarding NCDs, and developing initiatives to promote healthier lifestyles and prevent and improve treatment of NCDs in the Caribbean. The work plan also incorporates activities to strengthen the capacity of member organizations of HCC, which will result in PAHO having more informed and motivated civil society organizations with which to partner in the multi-sectoral Pan American Forum for Action on Chronic Diseases that PAHO is planning.

5. HCC was originally established in Barbados in 2008 and has been working closely with PAHO since the “Healthy Caribbean 2008—A Wellness Revolution” Conference, which involved 149 delegates and faculty representatives from 16 countries and 19 civil society organizations. HCC has been involved in several collaborative projects with PAHO since then, and it is anticipated that this will continue as the Caribbean seeks to mount a “whole of society approach” to NCDs as called for in the policy declaration that resulted from the United Nations High Level Meeting (UNHLM) on Non-Communicable Diseases.

6. Over the next four years, PAHO and HCC plan to introduce mobile health technology (mHealth) in the Caribbean to enhance cervical cancer prevention, improve diabetes care, and promote anti-smoking campaigns in a series of demonstration projects for possible wider application. An electronic platform will be provided on Facebook and/or websites that allows for showcasing publications and presentations by people from

---

1 To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.
the Caribbean on matters related to NCDs. The activities to achieve the expected results will include:

(a) hosting an HCC strategic planning meeting for Caribbean civil society organizations that work with NCDs;
(b) implementing mobile phone, social and new media projects around NCD advocacy, quitting smoking, control of diabetes, and prevention of cervical cancer; and
(c) significantly upgrading the website and social media so as to make these more interactive. Specific activity will also be centered on enhanced funding and staff recruitment so as to facilitate and contribute to the expected results.

**Inter-American Society of Cardiology (SIAC)**

7. SIAC shares the principles developed by PAHO for the prevention, diagnosis, and treatment of cardiovascular diseases in the Americas, recognizing that this is a serious public health problem that could be addressed through relatively simple actions. SIAC, which represents cardiologists from North America, Central America, and South America, is committed to working actively and tirelessly to achieve the objectives defined by PAHO’s strategic objectives, which SIAC shares.

8. SIAC was founded in 1944 with the following objectives:

(a) bring together the cardiology societies of all countries of the Americas for the progress of cardiology, and promote research, teaching, and the association of clinicians and researchers specialized in this field;
(b) promote optimal cardiovascular health in the population of the Americas through education and continuing professional development of membership;
(c) encourage research and cardiovascular education in the Americas; and
(d) represent cardiologists of the Region before the World Heart Federation, the American Heart Association, and the American College of Cardiology.

9. PAHO and SIAC have been collaborating informally over the past two years on activities to promote the prevention and control of cardiovascular diseases. Highlights of these collaborative activities include:

(a) a joint consultation process on cardiovascular health in the Americas 2010-2011, including meetings on acute coronary syndrome, stroke, assessing cardiovascular
risk (including arterial hypertension and diabetes), health services response, and prevention on the ground;

(b) consultation with PAHO and 50 South American NGOs on priorities for the prevention and control of NCDs during the founding of the Healthy Latin American Coalition (CLAS) on 3-4 March 2011, in Buenos Aires, Argentina; and

(c) working together during the 13th Inter-American Congress of Cardiology in Cartagena, Colombia and during the General Assembly of the Inter-American Society of Cardiology in Cartagena, Colombia from 10-12 March 2011.

10. SIAC’s proposed work plan has been reviewed and discussed with the relevant technical area. PASB has agreed that it will give significant support to the third objective of PAHO’s Strategic Plan 2008-2012. The lines of collaboration of the work plan will focus on preventing and controlling NCDs and on establishing priorities for promoting cardiovascular health in the Americas. Joint activities will include:

(a) implementation of the United Nations policy declaration on prevention and control of NCDs and participation in national and regional consultations to set targets and indicators;

(b) participation in organizing World Heart Day activities in the Americas;

(c) documentation of priorities for the prevention and management of acute coronary syndrome work in conjunction with PAHO;

(d) participation in the bi-annual meeting of the CARMEN network and in the activities of the Healthy Latin America Coalition and the Pan American Forum for Action on Chronic Diseases; and

(e) collaboration with PAHO in organizing the 14th Inter-American Congress of Cardiology from 3-6 October 2013.

Renewal of Collaboration with Nongovernmental Organizations

11. The Subcommittee will also review collaboration with the Inter-American College of Radiology (ICR), the Latin American Association of Pharmaceutical Industries (ALIFAR), the Latin American Federation of Hospitals (FLH), the Pan American Federation of Associations of Medical Schools (FEPAFEM), the Pan American Federation of Nursing Professionals (FEPPEN), and the Latin American and Caribbean Women’s Health Network (RSMLAC).

12. ICR, ALIFAR, and FEPPEN have been in official relations with PAHO since 1988; FLH since 1979; FEPAFEM since 1965; and RSMLAC since 2004.
Inter-American College of Radiology (ICR)

13. ICR is a nonprofit organization and a federation of the national societies of radiology of the Americas, Spain, and Portugal. Founded in Buenos Aires, Argentina in 1943, ICR was established for the purpose of promoting and developing the specialty of radiology. ICR’s members include radiologists and related specialists who work for the benefit of the health of patients through the academic, scientific, and professional excellence of its associates.

14. The main objectives of ICR are to promote the affiliation of national radiology groups in countries where they do not already exist and to promote the affiliation of all national groups and the scientific and technological changes between them. ICR aims to promote, support and stimulate the development and improvement of radiology in all of its aspects, thereby contributing to the integral improvement of health.

15. ICR also seeks the following objectives:

(a) establishment of criteria for curricula, promotion of the development of postgraduate programs and encouragement of accreditation and/or certification of the specialty in each Member State, and by the competent authority;

(b) promotion and defense of the interests of national groups and their members, based on ethical principles;

(c) promotion of the development of ICR’s publications and those in each of the national groups, using any methodology that contributes to the exchange and transfer of knowledge and information; and

(d) conduct of inter-American conferences and sponsorship of national, regional, and international congresses and other activities.

16. During last four years the fruitful collaboration between PAHO and ICR continued at the national, regional, and global levels. The most relevant joint activities included: a virtual course on onco-radiology for radiologists from Central America and the Dominican Republic; an assessment of radiology services in Trinidad and Tobago and Guyana; organization of the XXV Inter-American Congress of Radiology, held in Chile; ICR’s participation in the Regional Congress of the International Radiation Protection Association, held in Colombia; ICR’s contribution to the development of a regional guide on the appropriate prescription of diagnostic imaging examinations; and ICR’s participation in the meetings of the WHO Global Initiative on Radiation Safety in Health Care Settings and its contribution to the implementation of that initiative’s work plan. ICR also participated in the Consultation on the Role of WHO in Diagnostic Imaging and contributed
to the review and co-sponsorship of the PAHO Guidelines for the Management and Use of Multipurpose Radiology.

17. ICR and PAHO propose a collaborative work plan for 2012-2016, that will focus on the following lines of work:

(a) cooperation in the revision of bibliographic material and manuals to rationalize the use of studies and improve overall quality; and

(b) cooperation in radiological protection to determine the optimal dose of radiation to assure patient safety.

**Latin American Association of Pharmaceutical Industries (ALIFAR)**

18. The main objectives of ALIFAR are to promote cooperation and reciprocal knowledge between entrepreneurs in the various countries of Latin America, support and strengthen businesses in each of the member countries, and promote and defend the common interests of those countries at the subregional, regional, and international levels. The actions of ALIFAR are articulated through three basic guidelines:

(a) sharing information;

(b) promoting cooperation with national, regional, and international bodies; and

(c) providing advice, technical assistance, and mutual cooperation.

19. ALIFAR has made a commitment as an NGO in official relations with PAHO to work in all areas of pharmaceutical regulation, including the quality, safety, and efficacy of medicinal products that are manufactured in the Latin American countries. The aim is to make progress in a context of respect for health of each of these areas, with the ultimate goal of improving the population’s health and access to essential medicines.

20. During the period of the 2008-2011 plan, ALIFAR was involved on an ongoing basis with PAHO’s institutional meetings, as well as with the activities and meetings of the Pan American Network for Drug Regulatory Harmonization (PANDRH) through its different bodies (i.e., Conference Steering Committee and working groups). ALIFAR has been participating in PANDRH since the first conference on harmonization in 1997. PANDRH, which constitutes a continental forum on drug regulatory harmonization, was officially established in November 1999. It was officially recognized by the 42nd PAHO Directing Council in September 2000.

21. ALIFAR has also provided courses for professionals from Latin American pharmaceutical companies and training on relevant technical issues, mainly in areas of
quality assurance. Professionals and technicians of national medicine laboratories have participated in training courses conducted in the framework of the activities developed by PANDRH working groups.

22. During 2008-2011, ALIFAR and its affiliated national institutions participated in PANDRH’s 5th Conference in Buenos Aires, Argentina from 17-19 November 2008, and PANDRH’s 6th Conference in Brasilia, Brazil from 6-8 July 2011. ALIFAR has also participated in the PANDRH steering committee and work group meetings covering good clinical practices, biotechnological products, vaccines, registration of medicinal products, and combating the counterfeiting of medicinal products. ALIFAR also carried out regular meetings with partner subregional national associations for the purpose of analyzing the characteristics and impact of free trade agreements signed by the respective countries, in particular as regards the marketing of medicinal products and access to them by the population. Workshops on patent assessments were also carried out with the participation of professionals and technical partners.

23. ALIFAR and PAHO propose a collaborative work plan for the next four years, 2012-2016, that will focus on the following lines of work:

(a) facilitating the participation of ALIFAR’s affiliated national institutions in the activities of the PANDRH network;
(b) organizing workshops and training for technicians and professionals from the pharmaceutical laboratories; and
(c) producing, or contributing to progress reports being developed by PAHO/WHO with regard to the implementation of the Global Strategy, Plan of Action on Public Health, Innovation, and Intellectual Property.

*Latin American Federation of Hospitals (FLH)*

24. The main objectives of FLH are to:

(a) bring together national associations of hospitals in Latin America and the Caribbean, promote their establishment in countries that lack them, and help them by all possible means to efficiently fulfill their mission;
(b) serve as an advisory body as needed in the field of hospital medical care to the associations of hospitals and affiliates, ministries of health, and other health sector institutions;
(c) promote the formation and training of hospital and health care personal and cooperate with similar efforts undertaken by national associations;
(d) promote the dissemination of knowledge in the administration of health programs;
(e) undertake or encourage research oriented toward better understanding and solving
the problems of health care and hospital administration; and
(f) foster cooperation and solidarity among different professional and administrative
groups by linking hospitals.

25. Over the past four years, 2008-2011, FLH and PAHO have collaborated on health
sector reform by organizing congresses and training courses.

26. For the next four years, 2012-2015, FLH and PAHO have agreed on the following
lines of collaborative action:

(a) develop a regional agenda for hospitals with integrated networks of health
services;
(b) conduct multi-center studies on hospital management with regards to human
resources (quality and competencies);
(c) train health teams in the organization and management of health services; and
(d) publish a quarterly review for the Chamber of Commerce of Argentina that will
disseminate concepts of hospital administration and training.

27. The implementation of this collaborative work would entail eight activities,
including the dissemination of the findings of a group of experts on the social
determinants of health through the 18th International Congress on “Health, Crisis, and
Reform: Social Determinants Meeting of Experts from Latin and Ibero-America.”

Pan-American Federation of Associations for Medical Education (FEPAFEM)

28. The Pan-American Federation of Associations for Medical Education
(FEPAFEM/PAFAMS) is an international, private NGO and nonprofit organization. It is
made up of 13 National Associations of Medical Schools and nine individually affiliated
medical schools. It has more than 500 medical schools in the Americas. FEPAFEM/PAFAMS is an academic organization that brings together the National
Association of Medical Schools in the hemisphere. There are 686 medical schools in the
Americas (177 in North America, 177 in Central America and the Caribbean, and 332 in
South America) representing approximately 31% of the world’s population. Of that total,
536 medical schools are affiliated with FEPAFEM.

29. The basic objective of FEPAFEM has been to strengthen the quality of medical
education in South America, focused on three pillars—undergraduate, postgraduate, and
continuing medical education—and as a result improve the quality of health services. FEPAFEM’s mission is to promote the quality of medical education and health through academic activities, and to support research and outreach to populations that it serves.

30. In accordance with its mission, FEPAFEM since its inception in 1962 in Viña del Mar, Chile has encouraged programs to improve the quality of medical education in member countries. These efforts include initiatives related to accreditation, initially based on local credentials and then on the regional and/or international level in coordination with the World Federation for Medical Education, all using the Medical Education Standards (FEPAFEM-PAHO, 1982) and Global Minimum Essential Requirements developed jointly with the Institute for International Medical Education. Working closely with other national and international entities, FEPAFEM/PAFAMS has facilitated the continuous exchange of experience and research focused on improving the quality of medical education. A key component of this ongoing exchange has been the celebration of 18 Pan American Conferences on Medical Education and an emphasis on continuing medical education focused on meeting the social needs and demands of unprotected communities.

31. The strategies for achieving the objectives of FEPAFEM include partnerships with institutions with which it shares values and interests; promoting institutional accreditation; sharing experiences in vocational assessment and certification and recertification of professionals, especially physicians working in primary care; and using educational tools and standards for accreditation, continuing professional development, and remote and interactive learning. FEPAFEM/PAFAMS is currently in a reorganization process that involves all its members and is focused on its mission, which is to promote the quality of medical education and health through academic activities and research extension to the populations it serves, and on its vision of being the leader in medical education in the Americas through the promotion of a training system and a culture of quality for health professionals oriented toward benefiting the population. FEPAFEM is also redirecting its programs and strategic lines of action in accordance with the social and economic realities during these times of change.

32. During 2008-2011, FEPAFEM/PAFAMS organized various events related to medical education in both the Americas and the rest of the world. It also worked at other meetings directly related to its ideals, as well as with members and representatives of associations and affiliated schools, of which the following are highlighted:

(a) Advanced Leadership Initiative at Harvard University, Cambridge, Massachusetts;
(b) Global Commission initial meeting, Harvard School of Public Health, Harvard Medical School, Boston, Massachusetts;
(c) Educational Commission for Foreign Medical Graduates/Foundation for Advancement of International Medical Education and Research;
(d) World Federation for Medical Education;
(e) Pan American Health Organization;
(f) European Association of Medical Education;
(g) China Medical Board/Institute for International Medical Education;
(h) Professional Certification Board of Medicine in Argentina;
(i) Health Observatory/Fundación Mexicana para la Salud/Instituto Carso, Mexico; and
(j) Institute for Health Care Improvement, Cambridge, Massachusetts.

33. Currently, the core business of FEPAFEM/PAFAMS is oriented toward the implementation of accreditation standards in medical schools in Central and South America—including Mexico and the Caribbean—that will improve the quality of medical education. Two initiatives are now in the process of implementation: (a) the Regional Accreditation Initiative/International Accreditation Initiative (IAI), undergraduate medical education; and (b) the Latin American Council of Continuing Medical Education (LACCME), focusing on continuing professional development.

34. FEPAFEM proposes the following collaborative work plan for 2012-2016:

(a) quality of medical education: (i) implement IAI to certify those programs that guarantee high academic quality, and create mechanisms to promote the continuous pursuit of excellence; (ii) through LACCME, certify continuing medical education programs in the Region through qualified professionals;

(b) strengthening teachers: offer formal spaces for education and training in priority areas for primary health care;

(c) clinical research: promote the Pan Clinical Research and Development Diploma in Clinical Research in conjunction with the Inter-American Foundation for Clinical Research; and

(d) Pan American conferences: develop the Pan American Medical Education Conference (*Conferencia Panamericana de Educación Médica*) to constitute the most important scientific event of its kind in the Region and serve as a framework for medical education.
Pan American Federation of Nursing Professionals (FEPPEN)

35. The primary objectives of FEPPEN are to:

(a) promote the scientific, political, economic, and social development of the profession and of women working in nursing in the Region;
(b) defend the right to health and social security in the countries of the Region; and
(c) analyze the characteristics of the profession and work practices and conditions in the countries of the Region in order to propose and carry out joint action programs to address identified problems and demands.

36. Over the past four years, 2008-2011, FEPPEN has collaborated with PAHO on such issues as the international migration of nurses, regulation of nursing in the Americas, international comparability of nursing qualifications and certification, nurses’ working conditions and environments, and policies and development plans for the nursing profession. Work was accomplished in four of the five collaborative lines of action, but not on international comparability of nursing qualifications and certification.

37. FEPPEN participated in an international study on the migration of nurses, which resulted in the PAHO publication entitled “Migration of Nurses in the Latin America - South America Area - August 2011” (part of a series entitled Human Resources for Health). The findings of the study were presented during a session of the 139th Annual Meeting of the American Public Health Association entitled, “The International Migration of Health Workers: An Urgent International Public Health Issue.” The session was held at the Washington, D.C. Convention Center on 31 October 2011.

38. FEPPEN conducted a regional study on nursing regulation. Its organizations have undertaken forums, seminars, and meetings with legislatures in support of the draft regulations. There are now currently 12 member organizations of FEPPEN with a national nursing law: Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Honduras, Panama, Paraguay, Peru, Puerto Rico and Venezuela.

39. As a follow-up to the approval of the 149th International Labour Organization Convention governing the working conditions of nurses, FEPPEN disseminated the convention findings at the meetings of its General Council, which took place in Nicaragua in April 2010 and in Ecuador in August 2011, as well as at the forum celebrating the 40th anniversary of FEPPEN in November 2010.

40. FEPPEN had limited results in defining new strategic directions in nursing and midwifery as defined by the 2009-2015 PAHO/WHO Strategy. FEPPEN was not able to conduct a proper analysis, as this information was not available in Spanish.
41. For the next four years, 2012-2015, FEPPEN and PAHO propose to continue collaborative lines of action in the analysis and development of nursing plans and policies, migration of nurses, and social and working conditions of nurses, as well as launch a new collaboration in training nurses in the renewal of primary health care.

**Latin American and Caribbean Women’s Health Network (RSMLAC)**

42. RSMLAC was founded in 1984, and its overall objectives are as follows:

(a) contribute to the development, empowerment, and growth of women’s leadership capacity and to the participation and advocacy of RSMLAC membership both within the organization and on the national, regional, and global stages;

(b) promote and influence implementation of the international agreements and legal instruments conducive to comprehensive health care and to nondiscrimination of women in public policies and legal frameworks in the region, and promote the inclusion of women’s health in the public agenda according to the life-cycle approach that takes into account sexual, racial, and ethnic diversity, disability, cultural and religious factors, and other factors;

(c) promote the construction of a culture for integral health, sexual, and reproductive rights; and

(d) raise the visibility of and strengthen RSMLAC as the reference point for policy and practice regarding the health of women in the Americas.

43. In the past four years, RSMLAC has undertaken the two collaborative lines of action with PAHO with the following anticipated outcomes:

(a) generated, analyzed, and promoted the use of statistics and information based on gender, equity, and health;

(b) elaborated a monograph on the analysis of incorporating gender policy in the proposal for health reform in Chile. The document is being widely disseminated as a working tool for the incorporation of gender equity in the country’s public policy;

(c) carried out a workshop with experts on the disaggregation of data and analysis of gender in health organized by the Observatory on Gender Equity in Health, School of Public Health, University of Chile and the PAHO/WHO representation in Chile;

(d) prepared the report on the status of health in Chile during 2009-2010 as an update of the indicators from the Observatory’s database on gender equity in health;
(e) published annual thematic magazine on women’s health (three issues per year) and monthly electronic bulletins; and maintained and updated the institutional website; and

(f) trained leaders of the movement and other civil society actors on how to develop a plan of action on public policies with gender equity, with the following results:

• established the “Itinerant University” to enable the transfer of knowledge and tools to participants so that within their organizations they can begin to generate their own agendas within their national or local context; and

• promoted the creation of alliances and strengthened organizations and social movements that share the concern about the consequences of structural adjustment policies implemented by governments that adversely impact the poorest sectors of the region.

44. Over the next four years, 2012-2016, RSMLAC proposes to continue the above-mentioned collaborative lines of action with PAHO, as well as support the Observatory on Gender and Health in Chile at the national level by providing inputs to research topics (to be determined) in order to analyze and search for the causes of inequities in health. RMSLAC expects to train leaders in advocacy and monitoring with the aim of incorporating gender equality in public policy through their local governments and national.

Progress Report

45. By the deadline of 31 December 2011, there were two NGOs that have requested admittance into official relations with PAHO and have presented the required documentation. In addition, there are six NGOs scheduled to be reviewed. Each one (with the exception of the Inter-American College of Radiology) 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.

46. 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

47. 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) the report on the collaboration over the past four years of each NGO to be renewed; and
(c) the work program for the next four years.

Action by the Subcommittee on Program, Budget, and Administration

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

Annexes
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. In 2011, EMBARQ undertook projects to study, promote, and deepen the connection between public health and sustainable urban transport in the Americas. First, it continued its evaluation of the public health impact of the System of Integrated Transport under construction in Arequipa, Peru. 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 city-wide, as well as on a new bus rapid transit corridor. 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.

2. Second, EMBARQ successfully concluded the fourth regional “Active Cities, Health Cities” contest, which rewards cities for exemplary work in four categories: public transport, road safety, physical activity, and public spaces. The contest was conducted through a social media platform and website that saw more than 100 submissions from Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela. Winners from Argentina, Brazil, Colombia and Mexico, were brought together for an awards ceremony that concluded the final plenary session of the 7th International Congress on Sustainable Transport in Mexico City in October.

3. Third, EMBARQ has been working with PAHO Headquarters on a traffic accident data collection system. Those actively collaborating on the project include the municipalities of Lima and Arequipa, the Ministry of Health, the Office of the Attorney General, and law enforcement officials. Lastly, EMBARQ has continued to work with PAHO on other matters regarding health and transport, including attending a two-day meeting of technical experts on motorcycle injuries in the Americas; meeting with key PAHO staff; and attending and speaking at events such as the launch of the “Decade of Action” on road safety in Mexico and Brazil in conjunction with PAHO officials. EMBARQ has completed these activities through its Latin American health and road safety programs and its centers: EMBARQ Andino based in Arequipa, Peru; EMBARQ Brasil, based in Porto Alegre; and EMBARQ Mexico in Mexico City.
Latin American Federation of Clinical Biochemistry (COLABIOCLI)

4. The mission of COLABIOCLI is the continuous improvement of ethical and scientific aspects of the clinical biochemistry profession. The main objective is to establish continuous quality assurance systems in all laboratories in Latin America, with the cooperation of PAHO/WHO, the national societies of clinical chemists, Ministries of Public Health, and university authorities in Latin America. It is the practice of COLABIOCLI to visit ministers of health, university authorities, and national health programs in order to strengthen laboratory professional staff and laboratory activities as part of a program suggested by COLABIOCLI or by local organizations. In response to the growing number of diseases that pose a threat to public health in the Region and to the need for accurate and reliable laboratory testing in every country, COLABIOCLI organized a distance-learning course on Quality Management Systems and Good Laboratory Practices as its main activity in 2010 and 2011. The course was coordinated by the Biochemistry Foundation of Argentina (*Fundación Bioquímica de Argentina*), with the certification of the Faculty of Chemical Science and Pharmacy (*Facultad de Ciencias Químicas y Farmacia*) of Guatemala’s University of San Carlos. Two hundred participants from 19 countries were trained in 2010 and 210 participants in 2011. The distance-learning course was developed in close collaboration with PAHO/WHO’s Public Health Laboratory Services and is based on the second version of PAHO’s Quality Managements and Good Laboratory Practices course (*Curso de Gestión de Calidad y Buenas Prácticas de Laboratorio*, 2009). Participants graduating from the course will spread that knowledge throughout the region, facilitating the review of national regulations for medical laboratories and their operational accomplishments in order to meet internationally recognized quality standards and improve patient care and surveillance.

National Alliance for Hispanic Health (NAHH)

5. The National Alliance for Hispanic Health participated in the start-up activities of the Pan American Forum against NCDs and in the preparatory process and consultation for the High-level Meeting on the Prevention and Control of Non-Communicable Diseases. NAHH continued its efforts to promote health in Hispanic communities across the United States, produced health promotion and educational materials for Hispanic health consumers and healthcare providers, and expanded its network of Hispanic health professionals and healthcare providers serving Hispanic communities. Since 2010, PAHO’s NCD web page has had a link to the NAHH web page. The collaboration through the network has the potential to grow in the future.
Latin American Federation of the Pharmaceutical Industry (FIFARMA)

6. The Latin American Federation of the Pharmaceutical Industry continues to support the Pan American Network for Drug Regulatory Harmonization (PANDRH), for which PAHO acts as Secretariat. PANDRH held its VI Pan American Drug Regulatory Harmonization Conference in Brasilia in July 2011. FIFARMA supports the network through active working groups established to foster dialogue and contribute to the development of guides on regulatory issues in the area of medicines and biologicals. PANDRH, with the support of FIFARMA, has published three technical guides that include standards for good pharmaceutical vigilance and laboratory practices as well as for vaccine registration requirements. FIFARMA provided technical and financial support to the successful organization of the above-mentioned conference in Brazil in July 2011. More than 300 participants from national regulatory agencies, academia, nongovernmental organizations, civil society, and the pharmaceutical industry attended the conference.

American Society for Microbiology (ASM)

7. The American Society for Microbiology and PAHO have been actively collaborating on initiatives as outlined in the 2009-2012 work plan. These efforts include the annual awarding of the ASM/PAHO Infectious Diseases Epidemiology and Surveillance Fellowship and Professorship Program in cooperation with the Laboratory Services and Communicable Diseases Units during 2009-2011. The implementation of the 2012 Fellowship and Professorship Program is pending the approval of annual funding from PAHO. ASM and PAHO have also been collaborating on lab strengthening efforts funded by CDC-PEPFAR in Guyana and Haiti since 2009 and 2008, respectively. In addition, ASM has provided experts to assist PAHO on initiatives in the Americas. ASM identified member David Bruckner of the UCLA Medical Center to serve as a microbiology expert for the PAHO assessment visit to Trinidad and Tobago in December 2010. Also that month, ASM member Larry McDaniel of the University of Mississippi Medical Center led a Scientific Writing and Publishing Workshop in conjunction with the Annual Meeting of the Antimicrobial Resistance and Surveillance Unit of PAHO in Costa Rica. ASM developed a proposal to expand this concept; this initiative, as well as a Grant Writing Workshop, is pending funding availability.

8. ASM was also an active participant in the PAHO-sponsored World Health Day in April 2011, the TB Laboratory Working Group of the Americas in San Salvador, El Salvador in December 2010, the PAHO-sponsored TB Partners Meeting in Port-au-Prince, Haiti in October 2010, and the PAHO/USAID-sponsored Technical Advisory Group Meeting on Antimicrobial Resistance in Washington, D.C. in September 2010. ASM looks forward to further cooperation with PAHO to implement these valuable joint
programs. To this end, ASM would like to further discuss with PAHO key regional meetings for possible ASM participation and PAHO contributors for the revised edition of the Antimicrobial Susceptibility Testing Manual.

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

9. PAHO’s collaborative activities with AIDIS included the preparation of a handbook on vulnerabilities in Central America and appropriate mitigation measures. PAHO also collaborated with AIDIS in the development of the 32nd AIDIS Congress, which had as its theme “water, cities, and health for a new water culture.” Plans for 2012 include work on the second phase of a manual on reduction of vulnerabilities in the water supply and sanitation systems in Central America (risk management manual) and the holding of a workshop for six Central American countries aimed at training trainers. A preliminary assessment of the water and sanitation situation in Haiti is also planned for 2012. AIDIS made an initial visit to Port-au-Prince and is preparing to return to collect data that will allow it to prepare interim reports on water and the disposal of solid waste and liquids. AIDIS and PAHO plan to jointly organize the 33rd AIDIS Congress to be held in June 2012 in Salvador, Bahia, Brazil, as well as a parallel event to the “Rio+20” conference in Rio de Janeiro in June 2012.

**International Diabetes Federation (IDF)**

10. The International Diabetes Federation has been in official relations with PAHO since 1996. During the past year, IDF’s collaboration with PAHO/WHO included advocacy, education, and the diabetes program. The advocacy work was developed in preparation for the United Nations High-level Meeting (UN HLM) on Noncommunicable Diseases in September 2011 and was used during the event itself. IDF played an important role producing documents prior to the meeting, highlighting the importance of the burden of chronic diseases and diabetes. During the UN HLM, IDF contributed by organizing highly important activities involving different players such as academia, government, and people affected by diabetes. At the regional level, IDF collaborated with PAHO in the implementation of projects focused on diabetes education and the improvement of the quality of diabetes care; the lay diabetes education project of the Diabetes Association of Jamaica; and the Internet-based education programs for patients and health professionals in Chile, Cuba, and Mexico. These all are good examples of the successful collaboration between IDF and PAHO. Furthermore, at the country level, PAHO collaborated strongly with associations enhancing the visibility of diabetes and chronic disease and improving diabetes care at the local level in many countries such as Anguilla, Antigua, Brazil, Chile, Colombia, Cuba, Grenada, Jamaica, Mexico, Nicaragua, Paraguay, Saint Lucia, and many others.
March of Dimes

11. March of Dimes has been involved in different activities in the region. It has participated in different meetings related to nutrition, birth defects, and perinatal health, including the Awareness Project, Latin America Task Force Meeting (Brasilia, August 2011), the 5th Regional Meeting of the Central American Micronutrient Food Fortification Initiative, the First Annual Meeting of the CORMAF Regional Commission on Micronutrients and Fortified Foods for Central America and the Dominican Republic, and a workshop to introduce the Regional Birth Defects Surveillance System in Guatemala in October 2011. The activities involved providing technical cooperation and expertise at the regional, subregional, and national levels. Potential activities to be developed jointly with PAHO during 2012 have also been discussed.

Sabin Vaccine Institute (SVI)

12. The Sabin Vaccine Institute continues to support the development of the PAHO-SVI work plan focused on training and advocacy initiatives concerning immunization and the introduction of new vaccines in the Region of the Americas. Ongoing PAHO-SVI activities include improving 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. PAHO continues to coordinate and carry out human papillomavirus surveillance in Jamaica with SVI support. PAHO representatives participated in SVI’s Colloquium on Sustainable Immunization Financing in Addis Ababa, Ethiopia on 28-29 March 2011. The PASB Deputy Director, moderated a session concerning the evolution of immunization financing in the Region of the Americas. In partnership with PAHO, SVI convened a Vaccine Awareness Journalist Information session in Lima, Peru on 14-15 April 2011, with the attendance of 30 journalists from 17 countries in the Americas. Together with PAHO, SVI held an ancillary meeting in conjunction with the meeting of the Advisory Committee on Practices, Participation and Training for Chairs of the Advisory Committee on Immunization Practices. Five delegates from four Latin American countries attended the meeting on 22-23 June 2011 in Atlanta, Georgia. A Vaccinology Training Course was held from 12-16 December 2011 in Lima, Peru. This course provided training for over 50 participants from the Americas. Furthermore, SVI continues to publish articles and scholarly papers in collaboration with PAHO.

13. The Global Network for Neglected Tropical Diseases, one of SVI’s advocacy and resource mobilization programs, works with PAHO to support the development of advocacy and awareness of neglected infectious diseases (NIDs) at the regional level. Activities supported under this partnership include disease mapping processes and promotion of the development of national plans of action for NIDs as a framework to
reach control and elimination goals in Latin America and the Caribbean. As part of this partnership, PAHO has advanced the development of integrated plans of action in priority countries; mapped and remapped at the national and municipality level; integrated NIDs with inter-programmatic and intersectoral activities; advocated to Ministries of Health and other ministries to address the social determinants of NIDs; raised awareness among donors about the regional burden of NIDs; and promoted social mobilization and community participation for NID program activities.

**United States Pharmacopeia (USP)**

14. In 2011, the United States Pharmacopeia continued to support implementation of its collaborative work with PAHO to advance a number of activities that promote access to quality and safe medicines for the benefit of patients and practitioners in the Americas. This included noteworthy work on the External Quality Control Program, the Pan American Network for Drug Regulatory Harmonization, USP standards-related support, and the Promoting the Quality of Medicines Program implemented by USP for the U.S. Agency for International Development. A more detailed one-page report was provided with a list of specific activities undertaken with PAHO according its collaborative work plan and the lines of work mentioned.

**World Association for Sexual Health (WAS—formerly the World Association for Sexology)**

15. PAHO and the World Association for Sexual Health collaborated throughout 2011 and carried out the following joint activities according to our work plan:

(a) A training workshop on Female Sexual Work and Prevention was held in San Salvador, El Salvador on 17-19 May 2011. The workshop was attended by more than 30 health providers and sexual workers who tested and used the manual that previously had been developed by WAS and PAHO and facilitated by two WAS professionals. The evaluation showed a high degree of satisfaction among participants in the workshop as well as a significant increase in the knowledge necessary for health providers to address the needs of sexual workers, and in the intention of sex workers to adopt health prevention behaviors. The participants recommended extending this workshop to other geographic regions.

(b) PAHO and WAS participated and were major players in the Consultation on Scientifically-based Sexuality Education held in Madrid, Spain on June 20-21, 2011 and in the subsequent review and finalizing of a Consensus Document to be used by all the Latin American region. This document was translated into English by PAHO and reviewed by WAS for its final version.
(c) WAS participated in the recent Technical Consultation for the Provision of Comprehensive Care to Transgender and Transsexual Persons and their Communities in Latin America and the Caribbean held in Washington D.C., 19-21 December. WAS participated by offering suggestions in an earlier review of the document. WAS also helped facilitate the consultation process and will take part in the ensuing review and finalization of the document and subsequent activities.
# Schedule of SPBA Reviews of Nongovernmental Organizations That Have Official Relations with PAHO

(As of 10 January 2012)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Admitted</th>
<th>Last Reviewed</th>
<th>Term</th>
<th>Scheduled to be Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMBARQ - The World Resources Institute Center for Sustainable Transport/EMBARQ - Centro del Instituto de Recursos Mundiales para el Transporte Sustentable</td>
<td>2010</td>
<td>2010</td>
<td>4</td>
<td>2014</td>
</tr>
<tr>
<td>International Organization of Consumers Unions/Organización Internacional de Asociaciones de Consumidores (CI-ROLAC)</td>
<td>1996</td>
<td>2008</td>
<td>-</td>
<td>Discontinued</td>
</tr>
<tr>
<td>Latin American Confederation of Clinical Biochemistry/Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)</td>
<td>1988</td>
<td>2010</td>
<td>4</td>
<td>2014</td>
</tr>
<tr>
<td>Latin American Union against Sexually Transmitted Diseases/Unión Latioamericana contra las Enfermedades de Transmisión Sexual (ULACETS)</td>
<td>1986</td>
<td>2004</td>
<td>-</td>
<td>Discontinued</td>
</tr>
<tr>
<td>National Alliance for Hispanic Health and Human Services/Alianza Nacional para la Salud de los Hispánicos</td>
<td>1996</td>
<td>2010</td>
<td>4</td>
<td>2014</td>
</tr>
<tr>
<td>Inter-American College of Radiology (ICR)/Colegio Interamericano de Radiología</td>
<td>1988</td>
<td>2008</td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>Latin American Association of Pharmaceutical Industries/Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR)</td>
<td>2000</td>
<td>2008</td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>Name</td>
<td>Date Admitted</td>
<td>Last Reviewed</td>
<td>Term</td>
<td>Scheduled to be Reviewed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Latin American Federation of Hospitals/Federación Latinoamericana de Hospitales (FLH)</td>
<td>1979</td>
<td>2008</td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>Pan American Federation of Associations of Medical Schools/Federación Panamericana de Asociaciones de Facultades (Escuelas) de Medicina (FEPAFEM)</td>
<td>1965</td>
<td>2008</td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>Pan American Federation of Nursing Professionals/Federación Panamericana de Profesionales de Enfermería (FEPPEN)</td>
<td>1988</td>
<td>2008</td>
<td>4</td>
<td>2012</td>
</tr>
<tr>
<td>American Society for Microbiology (ASM)/Sociedad Estadounidense de Microbiología (SAM)</td>
<td>2001</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>Inter-American Association of Sanitary and Environmental Engineering/Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)</td>
<td>1995</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>Inter-American Heart Foundation (IAHF)/Fundación Interamericana del Corazón</td>
<td>2002</td>
<td>2011</td>
<td>4</td>
<td>2015</td>
</tr>
<tr>
<td>International Diabetes Federation (IDF)/Federación Internacional de la Diabetes</td>
<td>1996</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>Name</td>
<td>Date Admitted</td>
<td>Last Reviewed</td>
<td>Term</td>
<td>Scheduled to be Reviewed</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Latin American and Caribbean Association of Public Health Education/Asociación Latinoamericana y del Caribe de Educación en Salud Pública (ALAESP)</td>
<td>1985</td>
<td>2009</td>
<td>-</td>
<td>Discontinued</td>
</tr>
<tr>
<td>Latin American Federation of the Pharmaceutical Industry/Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)</td>
<td>1979</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>March of Dimes</td>
<td>2001</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>Sabin Vaccine Institute</td>
<td>2011</td>
<td>2011</td>
<td>4</td>
<td>2015</td>
</tr>
<tr>
<td>United States Pharmacopeia (USP)/Farmacopea de los Estados Unidos</td>
<td>1997</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>World Association for Sexual Health (formerly the World Association for Sexology)/Asociación Mundial de Salud Sexual (antes llamada “Asociación Mundial de Sexología”)</td>
<td>2001</td>
<td>2009</td>
<td>4</td>
<td>2013</td>
</tr>
<tr>
<td>Medical Confederation of Latin America and the Caribbean/Confederación Médica Latinoamericana y del Caribe (COMFEMEL)</td>
<td>2005</td>
<td>2007</td>
<td>-</td>
<td>Discontinued</td>
</tr>
</tbody>
</table>