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G. STATUS OF THE PAN AMERICAN CENTERS

Introduction

1. This document was prepared in response to the mandate from the Governing Bodies of the Pan American Health Organization (PAHO) to conduct periodic evaluations and reviews of the Pan American Centers, and report on institutional matters or technical progress of strategic importance to the Organization.

Background

2. The Pan American centers have been an important modality of PAHO technical cooperation for almost 60 years. In this period, PAHO has created or administered 13 centers,¹ eliminated nine, and transferred the administration of one of them to its own Governing Bodies. This document presents up-to-date strategic information on the Pan American Foot-and-Mouth Disease Center (PANAFTOSA) and the Latin American and Caribbean Center on Health Sciences Information (BIREME).²

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

3. To address the convergence of human, animal, and environmental health, PAHO has exercised hemispheric leadership in the sphere of zoonosis, food safety, and food security, through the elimination of foot-and-mouth disease from the Region. PANAFTOSA is uniquely situated in this regard, given its extensive formal and informal network in the public and animal health sectors, which includes government entities, academia, the private and philanthropic sectors, non-profit organizations and international agencies. The Center helps assess the risks posed by animal diseases that

¹ CLATES, ECO, PASCAP, CEPANZO, INPPAZ, INCAP, CEPIS, Regional Program on Bioethics in Chile, CAREC, CFNI, CLAP, PANAFTOSA, and BIREME.

² On this occasion, it was not considered necessary to include information on the Latin American Center for Perinatology and Human Development/Women's and Reproductive Health (CLAP/WR) because no changes have been reported since the last report.

could constitute public health events of international importance, thereby contributing to the implementation of the International Health Regulations (2005).

4. The current political and strategic directives for the Organization's technical cooperation in veterinary public health were defined by the "Consensus of Santiago, Chile",³ a result of political and technical dialogue between health and agriculture/livestock ministries during the 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture (RIMSA 16). Furthermore, when announcing food safety as a theme for World Health Day 2015, the Director-General of the World Health Organization (WHO) emphasized the need for a coordinated, collaborative global effort with the United Nations Food and Agriculture Organization (FAO) and the World Organization for Animal Health (OIE) to ensure food safety in all stages of the food chain.

Recent Progress

5. PANAFTOSA's technical cooperation is being implemented, as part of the work of the Department of Communicable Diseases and Health Analysis (CHA), by a technical team based in Brazil (Rio de Janeiro and Minas Gerais), two veterinary public health advisors in the Andean and Caribbean subregions, and a senior advisor at the headquarters. Recently, there have been important achievements in the improvement of health with equity, through activities aimed at promoting food safety, food security, the elimination of priority zoonoses and the prevention of mortality and disability resulting from health emergencies. These achievements contribute to categories 1 and 5 of PAHO Strategic Plan 2014-2019.

6. With respect to food safety, the World Health Day 2015 campaign has led to greater participation from leaders and decision-makers, and has made PAHO the institution of reference on this issue. Work is ongoing to strengthen regional networks, and a growing number of institutions in the Region are contributing to regional intersectoral food safety networks for the prevention of foodborne diseases (e.g. the Inter-American Network of Food Analysis Laboratories [INFAL], the Global Foodborne Infections Network [GFN], and the PulseNet network of the Latin America and the Caribbean). There is active collaboration on the five strategic lines of the Global Action Plan on Antimicrobial Resistance, in particular: improving awareness and understanding of antimicrobial resistance, strengthening the scientific base through surveillance and research, and optimizing the use of antimicrobial medicines in animal health.

7. Regarding zoonosis, the Center is implementing a regional action plan to eliminate rabies transmitted by dogs⁴ by providing technical cooperation to the countries

³ Pan American Foot-and-Mouth Disease Center of the Pan American Health Organization. Consensus of Santiago, Chile [Internet]. 16th Inter-American Meeting at the Ministerial Level on Health and Agriculture, 2012 Jul 26-27; Santiago, Chile. Rio de Janeiro (Brazil): PAHO/PANAFTOSA; 2012 [consulted on 2014 Feb 14]. Available from:

[http://ww2.panaftosa.org.br/rimsa16/dmdocuments/RIMSA16\(INF5\)%20Consensus%20ingles.pdf](http://ww2.panaftosa.org.br/rimsa16/dmdocuments/RIMSA16(INF5)%20Consensus%20ingles.pdf)

⁴ Pan American Foot-and-Mouth Disease Center. Action plan to eliminate rabies transmitted by dogs

in the areas of laboratory diagnosis, post-exposure prophylaxis, program management, definition of surveillance indicators, promotion of global rabies elimination, and inclusion of the rabies vaccine for dogs in the PAHO Revolving Fund. In addition to technical cooperation on dog-transmitted rabies, PANAFTOSA provides technical cooperation to the countries for the prevention and control of rabies transmitted by bats.

8. With regard to other zoonoses, the Center collaborates with other PAHO units to strengthen capacities in leptospirosis, leishmaniasis, and yellow fever. The Center also carries out technical cooperation activities for the surveillance and control of echinococcosis or hydatidosis in five countries. In 2014, the Center began implementing technical cooperation activities for the prevention and control of neurocysticercosis, in collaboration with the WHO Department of Control of Neglected Tropical Diseases and with PAHO's Tropical, Neglected, and Vector-borne Diseases, and Mental Health units.

9. With regard to foot-and-mouth disease (FMD), for the first time since the Center was established in 1951, there has been a three-year period without any reported cases of this disease. This is a historic achievement for all the countries of the Hemisphere and for PAHO/WHO. The challenges now faced are to maintain this accomplishment by moving forward towards an FMD-free Hemisphere without vaccination; to continue supporting the countries, particularly by introducing new surveillance tools, responding to emergencies, and providing mechanisms to address the growing susceptibility of the population to the FMD virus; and to strengthen national policies, strategies, and plans for FMD eradication. The Center continues to provide technical cooperation to strengthen national foot-and-mouth disease programs. As a result, the OIE officially recognized Bolivia and Paraguay as FMD-free countries in 2014, and Ecuador received the same recognition in May 2015.

Cooperation Agreements and Resource Mobilization

10. The technical cooperation agreement to strengthen Brazil's national health surveillance system and the management capacity of its Unified Health System remains in effect in 2015. The agreement, signed in 2012 by PAHO (through PANAFTOSA) and by the Health Surveillance Secretariat of the Ministry of Health of Brazil, aims to reduce the burden of zoonosis and of vector-borne, waterborne, and foodborne diseases on the human population. Furthermore, other financial and technical cooperation agreements were signed with different institutions, including the Mérieux Foundation (France); the Wellcome Trust (Sanger Institute); the Joint Institute for Food Safety and Applied Nutrition (JIFSAN); the United States Food and Drug Administration and Centers for Disease Control and Prevention; the Standards and Trade Development Facility (STDF) of the World Trade Organization; and the Health Products and Food Branch of Health Canada.

[Internet]. 14th Meeting of Directors of National Programs for Rabies Control in Latin America (REDIPRA 14), Lima (Peru), August 2013. PAHO/PANAFTOSA; 2013 [consulted on 2015 Feb 2]. Available from:
http://www.paho.org/panaftosa/index.php?option=com_content&view=article&id=795&Itemid=336

11. PANAFTOSA has been able to mobilize voluntary contributions from sources specifically interested in foot-and-mouth disease eradication in South America, and these contributions support the Center's technical cooperation for regional coordination of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA). An example is the National Animal Health Coordinating Association (ACONASA) of Paraguay, which has renewed its financial support for the trust fund established to facilitate financial contributions. In addition, other cooperation agreements have been negotiated with public entities in other Member States, including Ecuador's Agricultural Quality Assurance Agency (*Agrocalidad*) and Paraguay's National Service for Animal Health and Quality (SENACSA). Accordingly, the regular financial resources provided by the Organization to the Center have been channeled toward technical cooperation in the areas of zoonosis and food safety. The generous contribution from the Brazilian Ministry of Agriculture, Livestock, and Food Supply (MAPA) continues to fully cover the Center's maintenance costs.

Review of PANAFTOSA Governance

12. In 2014, the delegation of the Government of Brazil suggested studying the possibility of reviewing the PANAFTOSA governance mechanism. In response to this request, PAHO will initiate a consultation process with Brazil and other Member States in 2015 and will report to the Governing Bodies on the progress and results of this process.

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

13. BIREME is a specialized center of PAHO/WHO founded in 1967 to channel the technical cooperation that the Organization provides to Member States in relation to scientific and technical information, and the sharing of knowledge and evidence that contribute to the ongoing improvement of health systems, education, and research.

14. BIREME is assigned to the Knowledge Management, Bioethics, and Research Office (KBR), and there is a specific biennial work plan (2014-2015) for the Center.

Recent Progress

15. Progress has been made at the regional level in the development of national capabilities to strengthen scientific and technical health information systems. During the period under review, more than 150 on-site and virtual activities were carried out in the areas of technical cooperation, training, and promotion, including the following events:

- a) Workshop on updating the technological platform of the Virtual Health Library (for professionals from eight countries—Argentina, Brazil, Bolivia, Honduras, Panama, Peru, Uruguay, and Venezuela);
- b) First regional workshop on the ProEthos platform for the management of research ethics committees (for professionals from eight countries—Argentina, Brazil, Colombia, Chile, El Salvador, Guatemala, Honduras, and Peru);

- c) online course on LILACS methodology;
- d) course on scientific communication and writing.

16. The EvIDeNCe portal was developed and launched in cooperation with the Caribbean Public Health Agency (CARPHA), offering scientific evidence on health to Caribbean countries, organized according to the subregion's needs.

17. Technical cooperation between BIREME and PAHO Headquarters was also expanded, including: *a)* bibliographic searches tailored to the needs of the technical and programmatic areas; *b)* new data added to the PAHO Institutional Repository (PAHO-IRIS); *c)* developing and hosting the PAHO/WHO Equity Blog; *d)* support in defining the conceptual model for the universal health coverage platform; and *e)* regional distance learning courses given through the Virtual Campus for Public Health.

Institutional Structure of BIREME

18. Since 2010, BIREME's institutional structure has been characterized by the coexistence of a previous institutional framework—the Agreement on Maintenance and Development of the Center, signed by PAHO/WHO and the ministries of Health (MINSAL) and Education (MEC) of Brazil, the Ministry of Health of the State of São Paulo (S-SP) and the Federal University of São Paulo (UNIFESP)—and the new framework established by the Statute of BIREME approved by the 49th Directing Council in September 2009.

19. The Center's physical headquarters is located on the São Paulo campus of UNIFESP in accordance with the Agreement on Maintenance and Development of BIREME, to which the university is a signatory.

20. The Agreement on Maintenance and Development of BIREME expired on 1 March 2015. Although negotiations are in progress to extend it through 31 December 2015, especially with UNIFESP which, in the second semester of 2014, requested a review of its contributions to the Center, no extension has been signed to date.

21. BIREME's governance structure includes the National Advisory Committee (CAN, Portuguese/Spanish acronym), from the previous framework, and the Advisory Committee and Scientific Committee, from the new framework. The three committees are operating normally.

- a) The National Advisory Committee is made up of the signatories to the Agreement on Maintenance and Development of BIREME and meets twice a year. The results of BIREME's technical cooperation with the countries of the Region, and with Brazil in particular, are presented at these meetings. CAN met twice in 2014, on 15 August and on 9 December. MINSAL attended both meetings, while the S-SP only attended the first one, and MEC and UNIFESP did not attend either meeting.

- b) The Advisory Committee has two permanent members: PAHO and Brazil, the latter represented by the Ministry of Health, as well as five nonpermanent members. The 28th Pan American Sanitary Conference selected Cuba, Ecuador, and Puerto Rico for the Advisory Committee, with a three-year mandate (2013-2015). The 53rd Directing Council selected Panama and Trinidad and Tobago for a three-year mandate (2015-2017). The Advisory Committee has met five times since it was established. The latest session was held on 3 December 2014, and the sixth meeting is scheduled for the end of 2015. During its fifth session, the members of the Advisory Committee reaffirmed their ongoing support for the institutional development of the Center, and in particular, the urgency of implementing the new institutional framework and signing the Headquarters Agreement in order to ensure the transfer of financial resources from MINSAL for the regular maintenance of BIREME.
- c) The Scientific Committee is made up of five health information experts selected by the Advisory Committee. The Committee is currently comprised of members from Brazil, Canada, Honduras, and Trinidad and Tobago, as well as a representative of the National Library of Medicine of the United States. The members of the Scientific Committee have held two sessions since it was established, one on 27 July 2013 and the other on 14 August 2014. The third session is planned for the second semester of 2015.

22. In order to strengthen implementation of the new Statute of BIREME approved by the Member States, the Office of the Assistant Director coordinated an external evaluation of the Center. The recommendations were submitted to the Director and the Executive Management of the Pan American Sanitary Bureau (PASB) in March 2015.

23. On 19-20 August 2015, PAHO's Director of Administration conducted an administrative review of BIREME that included a comprehensive updating of several of the Center's managerial processes.

Current Status of the Institutional Frameworks

Headquarters Agreement in Brazil

24. Negotiations continue between PAHO and the Government of Brazil (through MINSAL) on the Headquarters Agreement called for in the institutional framework for the Center. The lack of a signed Headquarters Agreement limits the transfer of budgeted funds from MINSAL to BIREME, unless the parties agree to a provisional legal instrument.

Facilities and operations agreement

25. PAHO/WHO has been negotiating with the Administration of UNIFESP since 2014, within the framework of the commitments made by the Government of Brazil to PAHO/WHO, the mandate of the Governing Bodies in accordance with Resolution

CD49.R5, and the need to ensure BIREME's technical cooperation with stakeholders in the Member Countries, including UNIFESP.

26. In September 2014, the Administration of UNIFESP notified the Director of PASB that the University was reconsidering its contributions for the maintenance and development of BIREME, especially with regard to: *a)* the immediate restructuring of the physical space occupied by BIREME, which would entail reducing its facilities to a single floor instead of the four floors it currently occupies, in addition to the payment of rent payment; and *b)* the return to UNIFESP of 16 university staff members who had been working in BIREME's administrative and technical areas for many years. These staff members rejoined UNIFESP on 1 April 2015. The interim Director of BIREME has scheduled a meeting to be held soon with UNIFESP authorities, in particular with regard to point *a)* above.

Short-term Challenges

27. Promptly sign the Headquarters Agreement between the Government of Brazil and PAHO for the operation of BIREME in Brazilian territory, which will ensure the transfer of resources necessary for its operation.

28. Define and formalize the future institutional relationship with UNIFESP, especially with regard to BIREME's physical presence on the UNIFESP campus, the negotiation of a facilities and operations agreement, and the redefinition the cooperation objectives with UNIFESP, taking into account the expectations of the scientific and academic community and the international cooperation for which BIREME is responsible.

29. Strengthen the governance of BIREME through the proactive participation of the National Advisory Committee, the Advisory Committee, and the Scientific Committee in their areas of competence.

Action by the Directing Council

30. The Directing Council is requested to take note of this progress report and to formulate the relevant recommendations.
