NONGOVERNMENTAL 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 notification from one NGO, Mundo Sano, requesting admission to the status of official relations with PAHO.

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 Tenth Session of the Subcommittee on Program, Budget, and Administration on eight nongovernmental organizations: the Healthy Caribbean Coalition (HCC), Inter-American College of Radiology (ICR), Interamerican Society of Cardiology (IASC), Latin American and Caribbean Women’s Health Network (LACWHN), Asociación Latinoamericana de Industrias Farmacéuticas [Latin American Association of Pharmaceutical Industries] (ALIFAR for its acronym in Spanish), Latin American Federation of Hospitals (FLH, for its acronym in Spanish), Panamerican Federation of Associations of Medical Schools (PAFAMS), and the Pan-American Federation of Nursing Professionals (FEPPEN, for its acronym in Spanish).

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 background documents. The Tenth Session of the Subcommittee, composed of the Delegates of Antigua and Barbuda, Argentina, Ecuador, Grenada, Honduras, Mexico, and 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 Mundo Sano into official relations with PAHO for a period of four years, through 2020.

7. The Subcommittee recommends that official relations with those eight NGOs mentioned in paragraph 4 be maintained through 2020.

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 Tenth 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. The American College of Healthcare Executives (ACHE) is an NGO that seeks to advance their members and healthcare management excellence. Among many other activities with PAHO, the ACHE held the Meeting of the Global Consortium for Healthcare Management Professionalization convened at the Pan American Health Organization (PAHO) Headquarters in Washington, D.C., on 26-28 January 2015. The group also worked on how to pursue funding for future support of the document and the development of tools and resources. Representatives from the consortium met during meeting of the American College of Healthcare Executives’ Congress on Healthcare Management on 17 March 2015 in Chicago, Illinois. A second subgroup met by webinar to plan for a presentation on the directory at the International Hospital Federation (IHF) World Hospital Congress (October 2015). The presenters included the Chief Operating Officer (COO) of Tallaght Hospital in Dublin, who is also the Vice President of the Health Management Institute of Ireland; the Advisor on Hospital and Integrated Health Care Delivery/Health Services and Access of PAHO, and the President and CEO of the Canadian College of Health Leaders.

2. During the 39th IHF World Hospital Congress, held in early October 2015, the PAHO Advisor on Hospital and Integrated Health Care Delivery and Health Services and Access presented the directory and a call to action during the opening session. The session on Healthcare Leadership Competencies: A Global Perspective, was presented by the COO of Tallaght Hospital, the PAHO Advisor on Hospital and Integrated Health Care Delivery, and the President and CEO of the Canadian College of Health Leaders. The presentation’s learning objectives included: a) how to use the global competencies directory; b) how organizations may use the directory to guide development plans to improve patient delivery and care; and c) present a “Call to Action” that healthcare leaders and the profession can embrace. The final meeting of the consortium in 2015 was scheduled as a conference call on 18 December 2015.

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

3. The Inter-American Association of Sanitary and Environmental Engineering (AIDIS) organized the Inter-American Solid Waste Congress, which took place from 20-23 May 2015 in San Salvador, El Salvador. PAHO participated in the Congress and organized a keynote speech and a working group on hospital waste management during emergencies, with examples from the Ebola virus epidemic in Sierra Leone, Liberia, and Guinea; and on case management in Emory University Hospital in the United States. Emphasis was placed on the importance of expertise; the importance of a regional
diagnosis; the fact that management is specific to the size, specialization, and context of each health facility; the need for preparation, staff training, and institutional capacity; and the consideration due to the multiple stakeholders both within and outside health facilities.

4. As a result of this conference, AIDIS’s Solid Waste Division (DIRSA) is continuing its collaboration with PAHO on the important issue of waste management, which now includes epidemics and emergencies, recognizing that this work is being done in the broader context of water management, sanitation, and hygiene in health centers. With this in mind, seven DIRSA specialists from seven countries in the Region have been assigned to coordinate collaboration with PAHO within the framework of the current 2013-2016 work plan. Moreover, discussions have been initiated with PAHO’s regional technical team on water and sanitation for collaboration in the development of a protocol and model to evaluate water, sanitation, and hygiene practices in health facilities; the development of guidelines for surveillance and control of selected environmental health issues; and biosafety in health facilities. Furthermore, a learning event on this subject is being organized with PAHO’s participation, to be held in August 2016 in the framework of the Association’s emblematic biennial Inter-American Congress. At the Congress, AIDIS is also organizing a PAHO/WHO pre-congress seminar and a panel discussion on water and sanitation safety plans.

American Public Health Association (APHA)

5. During the 2015 calendar year, the American Public Health Association (APHA) collaborated with PAHO around several activities and projects. Both organizations continued holding their joint regular quarterly coordinating meetings under the leadership of PAHO’s Deputy Director and APHA’s Executive Director. APHA is particularly honored that PAHO’s Deputy Director accepted the nomination as the Association’s Honorary Vice-President for Latin America and the Caribbean for 2015-2016. Both organizations have continued to work cooperatively in terms of disseminating information as well as facilitating participation at each other’s annual events, including but not limited to, National Public Health Week, World Health Day, and Wellness Week. APHA participated at PAHO’s annual meetings of its Governing Bodies (the Executive Committee and the Directing Council). Building upon a long-standing partnership for the Spanish translation of the Control of Communicable Diseases Manual, PAHO and APHA recently finalized a mutually beneficial agreement for the new 20th edition. The dual language supplement coproduced by the American Journal of Public Health (AJPH) and the Pan American Journal of Public Health (PAJPH) continues to be successful in its visibility and impact.

6. PAHO and APHA have both supported the development of the Alliance of Public Health Associations for the Americas (APHAA, or the Alianza de Asociaciones de Salud Pública de las Américas [AASPA]). The first meeting of APHAA/AASPA was held in conjunction with the 2nd Cuba Salud conference in Havana. At the recent APHA 143rd Annual Meeting in Chicago, PAHO organized two scientific sessions that addressed the challenge for health systems in tackling noncommunicable diseases and
mental health; and a second session that discussed the synergies between the Sustainable Development Goals (SDGs) and Health in All Policies (HiAP) in the Americas. PAHO’s Deputy Director was invited to speak separately at two additional sessions that APHA coorganized, one on the Alliance of Public Health Associations in the Americas and the other on the role of women leaders in global health. PAHO screened two films that were accepted as part of APHA’s Global Public Health Film Festival, also held during the conference. The films highlighted the importance of food safety across the process from production to consumption; and the implementation of regional public health initiatives to improve the accessibility of services in a rural area of Paraguay.

American Speech-Language Hearing Association (ASHA)

7. The American Speech-Language Hearing Association (ASHA) is collaborating with the PAHO Disability and Rehabilitation program providing technical cooperation and capacity-building to organizations and/or institutions in selected countries addressing rehabilitation of communication disorders.

8. For Central America, ASHA provided technical support to the Universidad Nacional Autónoma de Honduras (UNAH) as it develops a professional preparation program in phonoaudiology. UNAH has obtained approval from university authorities for the development of a phonoaudiology program. The ASHA ad hoc committee members were instrumental in facilitating the review and development of the curriculum, including state-of-the-art training content to enable appropriate service delivery by trained clinicians. Ad hoc committee members participated in the training for new faculty to discuss unification of terminology, criteria, and approaches for the implementation of the new career. In El Salvador, ASHA provided technical support to the Instituto Salvadoreño de Rehabilitación Integral (ISRI) to strengthen human resources engaged in rehabilitation of communication disorders. Currently, the ASHA ad hoc committee members assisted the ISRI in developing a training plan based on the needs of professionals providing services to children and adults with hearing loss. Four major areas are as follows: preparation of professionals in family-centered intervention; development of the capacity to obtain amplification for newly identified infants with hearing loss; development of assessment and management services in vestibular issues; and, development of a training program in communication sciences. A comprehensive educational resource package was produced in Spanish and sent to ISRI as a sustainable tool for training its professionals in communication rehabilitation.

9. For South America, ASHA provided technical support to the Ministry of Health of Guyana to strengthen its national strategic plan for early detection and intervention in communication disorders. The ASHA ad hoc committee members are providing technical assistance to the Guyana Ministry of Health and the University of Guyana; they reviewed and updated the medical rehabilitation assistant curriculum and developed a speech-language therapy/audiology curriculum. The University of Guyana approved the proposal in April 2015. The ad hoc committee assists with recruitment of volunteer faculty and procedures for evaluating students during clinical practice.
10. Looking forward in 2016, the ASHA-PAHO collaboration will expand its work program to three new countries: Cuba, Ecuador, and Paraguay.

**American Society of Microbiology (ASM)**

11. The American Society of Microbiology (ASM) seeks to strengthen the professional development and microbiology laboratory capacity in Latin America and the Caribbean. In 2015, ASM developed the following programs to help facilitate the implementation of the ASM-PAHO work plan 2014-2016 which included:

a) expansion of the ASM Virtual Speaker Program, including five new virtual lectures in 2015. Through the Virtual Speaker Program, ASM and PAHO can connect the universities and scientific societies in PAHO’s Member States with renowned experts from the American Academy of Microbiology;

b) implementation of the updated Scientific Writing and Publishing Workshop in El Salvador, Guyana, Jamaica, Mexico, Paraguay, and Uruguay. Workshop materials have been translated into Spanish by the ASM Country Ambassador to El Salvador;

c) establishment of ASM Student Chapters in Brazil, Canada, and Paraguay to engage the next generation of scientists. ASM Student Chapters organized a wide range of activities, including exam review sessions, workshops on science communication, presentations on microbiology to high school students, and writing a blog on a variety of science topics;

d) ASM’s *Cultures* magazine filmed and produced a digital video production of a food security initiative in collaboration with the Universidad Nacional de Colombia and the University of Lausanne. The video seeks to help stakeholders harness the symbiotic nature of arbuscular mycorrhizal fungi to enhance worldwide cassava production;

e) enhanced network of ASM ambassadors to facilitate in-country activities with new appointments in Brazil, Panama, Saint Kitts and Nevis, and Uruguay.

**Consumers International-Regional Office for Latin America (CI-ROLAC)**

12. In 2015 Consumers International (CI) continued its campaign calling for a Global Convention to Protect and Promote Healthy Diets, which began in 2014, by participating in a side event organized by BRICS\(^1\) countries during the WHO World Health Assembly. CI was also present during the 54th PAHO Directing Council meeting.\(^2\) In line with CI’s work plan for WHO, a side event was organized during their recent world congress, held in Brasilia, showing the importance of food safety and the activities of CI’s member organizations around World Health Day, with this year’s theme of food safety. As part of the ongoing activities and participation in the Technical Advisory Group on Salt

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1 Brazil, Russia, India, China, and South Africa.
2 CI was represented by the director of *El Poder del Consumidor* (a consumer organization in Mexico and member of CI).
Reduction, CI supported the Spanish language communication before and during World Salt Awareness Week 2015 through the Acción Latinoamericana de Sal y Salud (ALASS) website, the twitter account, and during a webinar.

13. CI member organizations were invited to participate in World Salt Awareness Week activities. CI participated actively in a final review meeting of phase 2 of the Technical Advisory Group (Washington) and the 4th SaltSmart Consortium Meeting (Antigua), both in September. CI continued to gather information about legislative activities in Latin America regarding salt reduction, as well as initiatives on the reduction of noncommunicable diseases (NCDs), for internal use and to share with their member organizations in the Region. Looking forward to 2016, CI-ROLAC plans to continue supporting and sharing PAHO materials and work regarding dietary salt reduction around World Salt Awareness Week 2016 and other relevant events, providing translations into Spanish and Portuguese of World Salt Awareness Week communications and for the World Action on Salt and Health (WASH) posters, maintaining the ALASS website up-to-date, and developing project proposals on food safety (together with FAO) and food labelling combined with salt reduction.

Latin American Confederation of Clinical Biochemistry (COLABIOCLI)

14. During the last three years, among other activities, the third edition of the Quality Management and Good Laboratory Practices course was completed; the fourth Quality Management and Good Laboratory Practices course was organized and the computer platform for this course was also organized. The Guidelines for the Preparation of Clinical Laboratory Accreditation Manuals for Latin America were reviewed; the Clinical Laboratory Quality System Checklist was prepared, based on ISO standard 15189-2012; the Latin American Handbook for the Implementation of the Code of Ethics in Health-care Laboratories was reviewed and edited, and tools were updated for the implementation of quality management systems. Through mediation by COLABIOCLI, a cooperation agreement was signed on 25 September 2015, in Quito, Ecuador, by the National Public Health Research Institute (INSPI) of Ecuador and the Argentine Biochemistry Foundation for collaboration on the implementation of an External Quality Evaluation Program for Ecuador’s public hospital laboratories.

15. The XXII Latin American Clinical Biochemistry and Laboratory Sciences Congress (COLABIOCLI 2015) was held in the city of Quito from 24 to 26 September 2015. Professionals from COLABIOCLI’s 22 member countries participated, with scientific support from 70 foreign speakers and 30 prestigious Ecuadorian professionals. During the 2015 COLABIOCLI Congress, the 5th University Forum was held with the participation of representatives from Latin American and Caribbean universities. The agenda included curricular content, accreditation of degrees, academic mobility, and strengthening of the Latin American network of training schools that grant degrees in biochemistry or equivalent titles. The COLABIOCLI Executive Committee held its

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3 CI celebrates World Consumer Rights Day every year on 15 March, almost always coinciding with World Salt Awareness Week.
General Assembly on 25 September, submitting its activities report for 2013-2015; elections were also held, with the Uruguayan delegation assuming the presidency.

**World Resources Institute Centre for Sustainable Transport (EMBARQ)**

16. The main activities that the World Resources Institute (EMBARQ) and PAHO have undertaken between January and December include the following categories:

a) *Cities Safer by Design.* A global reference guide was published to help cities save lives from traffic fatalities through improved street design and smart urban development.

b) *Impacts of Reduced Speed Limits in Urban Areas.* A guide on the importance and management of speed in urban areas was published.

c) *The effect of bus rapid transportation (BRT) Implementation on Physical Activity.* A methodology was developed to measure the impact of BRT implementation on physical activity of catchment area residents in Mexico City.

d) *Road Safety Audits/Inspection.* Audits and inspections were carried out in Brazil, Colombia, India, Indonesia, Mexico, Thailand, Turkey, and Vietnam, among others. Reports were developed to outline findings as well as recommended street design changes.

e) *Workshops.* Numerous workshops of different sizes and topics have taken place. The main goal of the workshops is capacity-building of local counterparts.

**The Latin American Federation of the Pharmaceutical Industry (FIFARMA)**

17. Among other activities, the Latin American Federation of the Pharmaceutical Industry (FIFARMA) reported on the following activities between January and December 2015, corresponding to the FIFARMA/PAHO action plan: Participation in the meeting of the Directing Council of the Pan American Network for Drug Regulatory Harmonization (PANDRH), held from 26 to 27 May 2015 in Washington, D.C. FIFARMA also participated in the ad hoc working group formed within the PANDRH Directing Council for new governance of the Network. Work was done on the final draft of the new statutes for governance of the Network; the members were Brazil, Colombia, Guatemala, Mexico, and the United States of America, in addition to one representative of ALIFAR, one of FIFARMA, and one of the PANDRH Secretariat. The draft document was presented and approved in May at the meeting of the Network’s Directing Council. FIFARMA staff members worked throughout 2015 in the following PANDRH working groups: biotechnology products, good clinical practice, drug surveillance, vaccines, and good laboratory practices. FIFARMA updated its participation in each group, contributing top-tier technical experts to each group.

18. FIFARMA also participated in the 156th session of the Executive Committee of PAHO, held in Washington, D.C., from 22 to 26 June 2015; in the 54th Directing Council of PAHO, held in the same city from 28 September to 2 October 2015; and in the
Regional Regulatory Workshop on the Batch Release of Vaccines, held in Santiago, Chile, from 27 to 29 October 2015, and also organized by PAHO.

**Framework Convention Alliance on Tobacco Control (FCA)**

19. The Framework Convention Alliance on Tobacco Control (FCA) has participated in a long list of joint efforts such as:
   1. Distribution of materials, one-on-one contacts with stakeholders, and promotion of the recommendations in support of the Framework Convention on Tobacco Control (FCTC) Working Group on Sustainable Measures;
   2. Support to the 1st meeting of the Expert Group for the revision of the FCTC reporting instruments;
   3. Support and participation in the Central American Workshop to promote the Protocol on Illicit Trade of Tobacco Products;
   4. Coordination with PAHO and other partners to define actions and strategies in Chile (amendment of tobacco control legislation) and Peru (support a bill for a total advertising ban), among others;
   5. Support and collaboration for the South-South and Triangular Cooperation Meeting in Montevideo, Uruguay. FCA has also supported Panama in the use of the Trading Standards Institute (TSI) side-pack for determination of particulate matter, and collaborated with Uruguayan NGOs to develop a project to implement the protocol.

20. FCA has worked to integrate tobacco control in the NCDs agenda with the following activities:
   1. Support and contribution to the preparations for the Regional Meeting of the Healthy Latin American Coalition (Panama, June 2015);
   2. Participation in the Pan-American Forum on NCDs;
   3. Advocacy for the integration of tobacco control and FCTC in the post-2015 Development Agenda; and
   4. Creation of an advocacy toolkit on tobacco control and the SDG targets, among others. FCA contributed to the multiple successes like the recognition of FCTC as one of the “means of implementation” to reach the overall health goal (SDG3) and the reference to tobacco taxation in the Addis Ababa Action Agenda.

**Inter-American Heart Foundation (IAHF)**

21. Over the last four years, among other activities, the Inter-American Heart Foundation (IAHF) has continued to implement the Framework Convention on Tobacco Control in the Latin America and the Caribbean region by using tools for implementing the FCTC Article 14 Guidelines (available at [www.treatobacco.net](http://www.treatobacco.net)). IAHF has continued working with the ministries of health in Bolivia, Costa Rica, Mexico, and Uruguay to conduct a National Situation Analysis (NSA) and develop a consensus-based National Strategy for Tobacco Dependency Treatment. Uruguay has already developed its strategy, which is a major change from its previous one; Bolivia and Costa Rica have drafts to be approved momentarily; and, Mexico is in the process of conducting its own NSA. Bolivia has also written draft Treatment Guidelines. IAHF has also obtained a Global Bridges grant to provide sustainable cessation training for health professionals; has developed a “train the trainer” program; and, has signed institutional agreements with commitments for institution-wide capacity-building. Planning is underway for the 5th Latin American and Caribbean Tobacco or Health Conference that will take place in Montevideo, Uruguay, on 4-7 April 2017. Studies have been carried out in areas related
to production, retailing, and policy regarding the tobacco economy in Argentina. A paper on affordability of tobacco in Argentina was published in PAHO’s Journal.

22. The Foundation has also supported PAHO’s Plan of Action to Prevent Obesity in Childhood and Adolescence. On this subject, during 2015, IAHF supported the growth of the Healthy Latin America Coalition (CLAS, for its acronym in Spanish), helped develop national coalitions in several countries, and engaged in addressing obesity issues. IAHF led an effort in support of PAHO’s obesity action plan, and has contributed to efforts with Consumers International and World Obesity. IAHF sent responses to the WHO Commission on Ending Childhood Obesity (ECHO) and the WHO Commission on Non-State Actors. In addition, IAHF sent correspondence to the Minister of Health of Peru, regarding advancing regulations on nutrition law and to Mexican congressmen about attempts to reduce sugary drink taxes. IAHF held regular meetings of CLAS advocacy to support actions in countries. IAHF has also expanded its advocacy efforts to advance the prevention and control of NCDs. IAHF mobilized resources and organized the 2015 Regional NCD Workshop in Panama, on 8-10 June 2015.

**International Diabetes Federation (IDF)**

23. The International Diabetes Federation (IDF) has been in official collaboration with PAHO since 1995. In 2015, the IDF and PAHO collaborated on several projects such as the scientific evaluation of national diabetes guidelines and protocols. The regional councils of North America, South America, Central America, and the Caribbean, as well as national diabetes associations contributed to the PAHO study on the costs of diabetes. A regional conference on diabetes and pregnancy was held in Lima, Peru, with the collaboration and active participation of the regional councils and national associations. National diabetes associations of the IDF have contributed to the implementation of projects to improve the quality of care for diabetes; and implementation of the “Passport to a Healthy Lifestyle” in Honduras, Panama, and Paraguay, among other countries.

**Latin American Society of Nephrology and Hypertension (SLANH)**

24. Joint activities with the Latin American Society of Nephrology and Hypertension (SLANH) focus on achieving the agreed goals of the two entities with a view to improving diagnosis, treatment, survival, and quality of life of patients with kidney disease in the Region. These goals consist of obtaining, in each country, reliable records of the number of patients with chronic kidney disease (CKD) and those receiving dialysis or a kidney transplant; increasing the proportion of patients with CKD in renal replacement therapy by reducing the number of patients without access to this treatment; increasing the number of available nephrologists; and, finally, improving the diagnosis, conditions, and treatment of patients with CKD of nontraditional causes in the Central American region.

25. Given the need to address emerging problems in the countries of the Region and to strengthen the development of national registries, the second training and certification
course for national managers of national dialysis and transplantation registries was held in June 2015 for the countries of the Andean Region, among other actions. Representatives of the ministries of health and nephrology societies of these countries participated in the training, which was co-financed by PAHO and SLANH. Work was begun to organize the renal health course for primary care physicians, to be offered with free, online access starting in March 2016. PAHO sponsored the interactive online course on acute kidney injury organized by SLANH between August and October 2015, for medical nephrologists and specialists in fields associated with nephrology and other related disciplines. A total of 912 professionals from 21 countries participated.

March of Dimes

26. Among many collaborative actions between both organizations, in 2015, the March of Dimes and PAHO advanced their collaborative initiative to improve neonatal screening (NBS) across the Latin American region. The project, which addresses in particular conditions prevalent in the Region—e.g., phenylketonuria (PKU), congenital hypothyroidism, sickle cell disease, congenital adrenal hyperplasia, cystic fibrosis, and congenital hearing loss, among others—generated a regional map showing which countries currently have newborn screening programs and the conditions screened for. It will be sent to PAHO in early February for final review. A second paper summarizing the findings of the country review (i.e., which countries are screening for what conditions), describing in detail the methods used, and providing a regional map of conditions screened by country, is currently being finalized by PAHO in consultation with partner countries and will be sent to the March of Dimes for review and final input. Both papers will be submitted for publication in peer-reviewed journals by June. The first draft of a third paper addressing the economic costs of screening (as well as the costs of not screening in terms of medical and long-term productivity costs) is being prepared by PAHO for joint review by the March of Dimes. Plans call for submission of this paper for publication later in 2016.

27. During 2015 the March of Dimes and PAHO also continued their partnership on a second project that began in 2014 with the purpose of increasing awareness of the economic costs of preterm births in Latin America. Its goal is to identify opportunities for strengthening prevention and care of prematurity and provide an analytic economic model that could be replicated in a similar review in other WHO regions. The project draws on initial country estimates of preterm birth rates and associated mortality in Latin America published in the 2012 March of Dimes-WHO-Partnerships for Maternal, Newborn, and Child Health-Save the Children report, “Born Too Soon.” These estimates were augmented in 2015 by other data sources, including updated regional and country estimates of preterm birth incidence and economic costs provided by PAHO. A health economist at the U.S. Centers for Disease Control and Prevention was identified and has agreed to work with the PAHO-March of Dimes team in developing an economic model for generating estimates of the projected costs of preventive interventions and care of the affected newborn, as well as the costs of inaction. The project findings will be written up for submission to 2-3 publications in peer-reviewed journals in 2016 and will provide the
basis for a future technical meeting convened by PAHO with the goal of accelerating prevention and care in the Latin American region.

**National Alliance for Hispanic Health (NAHH)**

28. The National Alliance for Hispanic Health (NAHH) has continued to work closely in several collaborative efforts with PAHO’s technical focal points from the Noncommunicable Diseases and Mental Health entities through the “Buena Salud Americas” Initiative. The Alliance established this initiative with the purpose of joining forces with PAHO to promote and support multi-sector collaboration in the prevention and control of NCDs. The common goal is to achieve health for all in the Region of the Americas. For the current reporting period, the Alliance worked with advisors from the PAHO cardiovascular diseases and nutrition programs in the planning of the second joint leadership meeting of the “Buena Salud Americas” Initiative. This meeting followed the inaugural “Buena Salud Americas – Community Initiatives for Cardiovascular Health” meeting that was held in Bogota, Colombia in 2013, in partnership with the Ministry of Health of Colombia.

29. The 2015 “Buena Salud Americas” leadership meeting that took place in Mexico City, Mexico, was organized by the Alliance and PAHO, with support from the Healthy Americas Foundation and in partnership with Mexico’s Ministry of Health. Other partner agencies included the American Cancer Society, Change Lab Solutions, and the New York City Health Department. The focus of the 2015 joint leadership meeting was to help build the capacity of community-based organizations and civil society groups in the Americas to engage in advocacy to promote policies and systems that affect public health policy and promote community engagement. Participants to the meeting included government officials and representatives from NGOs from across the Americas. The two-day meeting featured presentations on the current state of preventing and controlling obesity and diabetes in the Americas; the United States and Mexico experience with soda taxes and serving size legislation; Chile, Costa Rica, and Ecuador’s experience with food and nutrition policy, and building partnerships between governments and NGOs and civil society. The Alliance continues to participate in PAHO’s Pan American Forum for Action on Non-Communicable Diseases (PAFNCDs) activities.

**Sabin Vaccine Institute (Sabin)**

30. The Sabin Vaccine Institute (Sabin) continues to support the development of the PAHO-Sabin work plan focused on training and advocacy initiatives concerning immunization and the introduction of new vaccines in the Region of the Americas. The Sabin Vaccine Advocacy and Education Program frequently partners with PAHO on various symposia, training courses and other gatherings. In addition, PAHO and Sabin are currently working on a number of research studies across a variety of diseases. Current projects include:
a) partnership with PAHO to strengthen pertussis surveillance in Latin America. Collaborative efforts are focused on expanding laboratory capacity for confirming B. pertussis, developing standards and practices for pertussis surveillance, and gaining a greater understanding of the burden of pertussis in Latin America;

b) collaboration with PAHO on meningococcal disease and adult pneumococcal disease advocacy in Latin America, focusing on regional symposia, research and awareness in the region;

c) partnership with PAHO to continue assessing the impact and effectiveness of pneumococcal conjugate vaccines (PCV) on hospitalizations and deaths due to childhood pneumonia, following PCV’s introduction into the national immunization programs; and

d) PAHO/Sabin collaborative work on the ProVac Initiative.

**United States Pharmacopeial Convention (USP)**

31. PAHO and the United States Pharmacopeial Convention (USP) concluded the Step XI of the performance evaluation phase of the External Quality Control Program (EQCP), a collaborative program initiated in 2001. Twenty-five member laboratories of the Pan American Network of Official Medicines Control Laboratories (OMCLs) participated in this round of the EQCP, analyzing Ethambutol Hydrochloride tablets (a WHO essential anti-tuberculosis medicine) according to compendial standards. Inter-laboratory testing results and individual evaluation reports for each participating laboratory were released from USP through PAHO in August 2015. EQCP and other collaborative actions led by PAHO/WHO in recent years toward strengthening the Network of OMCLs in the Americas have been captured in a descriptive study (in Spanish) submitted for publication to the *Pan American Journal of Public Health* in 2015. During the period under review, PAHO and USP continued to collaborate in offering technical assistance and guidance with pharmacopeia standards. In consultation with PAHO, USP provided complimentary copies of the annual Spanish Edition of the USP-NF to national regulatory authorities and OMCLs in Latin America and the Caribbean in an effort to support their regulatory and compendia-related activities. Copies of the USP-NF in English have also been provided to non-Spanish speaking countries in the Region. The translation of USP-NF standards into Spanish continued to be guided and monitored by an Expert Panel of volunteer experts from several Latin American countries, including a representative from PAHO.

32. In the framework of the Promoting the Quality of Medicines (PQM) program—a cooperative agreement between USAID and USP—several collaborations with PAHO were materialized, including the review and development of documents emanating from

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4 ProVac provides technical support to decision-makers and strengthens national capacity to conduct economic analyses and make evidence-based decisions for the introduction of new vaccines. The Initiative was established by the Pan American Health Organization (PAHO) in Latin America and the Caribbean in 2006 and has provided support for the evaluation of pneumococcal, rotavirus, and HPV vaccines in over 14 countries.
the workshop to explore sustainable mechanisms for South-South collaborations delivered to National Regulatory Agencies (NRAs) and OMCLs in Lima, Peru, in November 2014, including surveillance forms to assess NRAs’ and OMCLs’ needs and capabilities, and a concept note delineating the meeting’s conclusions and recommendations for follow-up activities; coordination of meetings by PAHO/Brazil representatives with Brazil’s National Malaria Control Program; and, participation in discussions about PQM activities in Brazil, among many others.

**World Association for Sexual Health (WAS)**

33. The World Association for Sexual Health (WAS), in keeping with the current WAS-PAHO quadrennial work plan, has carried out a number of activities throughout 2015. Among them, WAS and PAHO collaborated in the dissemination of tools and documents for the provision of care to key populations. An example is the development of a new blueprint for the provision of comprehensive care for trans persons and trans communities. This was developed in the Asian Pacific Region, as a result of the collaboration with WAS members. This new publication was based on PAHO’s blueprint for the provision of comprehensive care for trans people and trans communities.

34. Lines of collaboration between the two institutions included:

a) **Advocacy**: WAS held this year its 21st World Congress in Singapore. During this event, WAS continued to disseminate and advocate for PAHO’s resolution on equitable access to care for lesbian, gay, bisexual, and trans (LGBT) persons. This was possible due to the wide recognition and importance that the PAHO document has among the WAS membership.

b) **Promotion of Sexual Health and development of Public Policies**: PAHO continued to provide technical assistance mainly through the collaboration and valuable inputs of the PAHO Human Rights Advisor and the Senior Advisor on HIV/STI and Hepatitis. This collaboration included the development of the technical document that supports WAS’s new Declaration of Sexual Rights.
### SCHEDULE OF SPBA REVIEWS OF NONGOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH PAHO
(as of 1 January 2016)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Admitted</th>
<th>Last Reviewed</th>
<th>Term (Years)</th>
<th>Scheduled to be Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Healthcare Executives (ACHE) / (Colegio Estadounidense de Ejecutivos de Atención de Salud)</td>
<td>2014</td>
<td>-</td>
<td>4</td>
<td>2018</td>
</tr>
<tr>
<td>American Public Health Association (APHA) / (Asociación Estadounidense de Salud Pública)</td>
<td>2013</td>
<td>-</td>
<td>4</td>
<td>2017</td>
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<td>American Society for Microbiology (ASM) / (Sociedad Estadounidense de Microbiología)</td>
<td>2001</td>
<td>2013</td>
<td>4</td>
<td>2017</td>
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<td>American Speech-Language-Hearing Association (ASHA) / Asociación Americana del Habla-Lenguaje y Audición</td>
<td>2014</td>
<td>-</td>
<td>4</td>
<td>2018</td>
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<tr>
<td>Consumers International, Regional Office for Latin America and the Caribbean (CI-ROLAC) / Consumers International, Oficina Regional para América Latina y el Caribe</td>
<td>2014</td>
<td>-</td>
<td>4</td>
<td>2018</td>
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<td>EMBARQ - World Resources Institute Center for Sustainable Transport / EMBARQ - Centro del Instituto de Recursos Mundiales para el Transporte Sustentable</td>
<td>2010</td>
<td>2014</td>
<td>4</td>
<td>2018</td>
</tr>
<tr>
<td>Healthy Caribbean Coalition (HCC) / (Coalición Caribe Saludable)</td>
<td>2012</td>
<td>-</td>
<td>4</td>
<td>2016</td>
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<tr>
<td>Framework Convention Alliance on Tobacco Control (FCA) / Alianza para el Convenio Marco</td>
<td>2015</td>
<td>-</td>
<td>4</td>
<td>2019</td>
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<tr>
<td>Inter-American Association of Sanitary and Environmental Engineering / Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)</td>
<td>1995</td>
<td>2013</td>
<td>4</td>
<td>2017</td>
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<tr>
<td>Name</td>
<td>Date Admitted</td>
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<tr>
<td>Inter-American College of Radiology/Colegio Interamericano de Radiología (CIR)</td>
<td>1988</td>
<td>2012</td>
<td>4</td>
<td>2016</td>
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<tr>
<td>Interamerican Society of Cardiology/Sociedad Interamericana de Cardiologia (SIAC)</td>
<td>2012</td>
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<td>4</td>
<td>2016</td>
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<tr>
<td>Latin American Confederation of Clinical Biochemistry/Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)</td>
<td>1988</td>
<td>2014</td>
<td>4</td>
<td>2018</td>
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<tr>
<td>Latin American Federation of Hospitals/Federación Latinoamericana de Hospitales (FLH)</td>
<td>1979</td>
<td>2012</td>
<td>4</td>
<td>2016</td>
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<tr>
<td>Latin American Society for Nephrology and Hypertension/Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH)</td>
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<td>2019</td>
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<tr>
<td>National Alliance for Hispanic Health (NAHH)/Alianza Nacional para la Salud de los Hispánicos</td>
<td>1996</td>
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<tr>
<td>Panamerican Federation of Associations of Medical Schools/Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM)</td>
<td>1965</td>
<td>2012</td>
<td>4</td>
<td>2016</td>
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<tr>
<td>Pan American Federation of Nursing Professionals/ Federación Panamericana de Profesionales de Enfermería (FEPPEN)</td>
<td>1988</td>
<td>2012</td>
<td>4</td>
<td>2016</td>
</tr>
<tr>
<td>Name</td>
<td>Date Admitted</td>
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<td>Term (Years)</td>
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<tr>
<td>InterAmerican Heart Foundation (IAHF)/Fundación InterAmericana del Corazón (FIC)</td>
<td>2002</td>
<td>2015</td>
<td>4</td>
<td>2019</td>
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<tr>
<td>International Diabetes Federation (IDF)/Federación Internacional de la Diabetes (FID)</td>
<td>1996</td>
<td>2013</td>
<td>4</td>
<td>2017</td>
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<tr>
<td>Latin American Federation of the Pharmaceutical Industry/ Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)</td>
<td>1979</td>
<td>2013</td>
<td>4</td>
<td>2017</td>
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<tr>
<td>March of Dimes</td>
<td>2001</td>
<td>2013</td>
<td>4</td>
<td>2017</td>
</tr>
<tr>
<td>Sabin Vaccine Institute (Sabin)/[Instituto de Vacunas Sabin (Instituto Sabin)]</td>
<td>2011</td>
<td>2015</td>
<td>4</td>
<td>2019</td>
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<tr>
<td>United States Pharmacopeial Convention (USP)/Convención de la Farmacopea de Estados Unidos</td>
<td>1997</td>
<td>2013</td>
<td>4</td>
<td>2017</td>
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<tr>
<td>World Association for Sexual Health (WAS) (formerly the World Association for Sexology)/Asociación Mundial de Salud Sexual (antes llamada “Asociación Mundial de Sexología”)</td>
<td>2001</td>
<td>2013</td>
<td>4</td>
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PROPOSED RESOLUTION

NONGOVERNMENTAL ORGANIZATIONS
IN OFFICIAL RELATIONS WITH THE
PAN AMERICAN HEALTH ORGANIZATION

THE 158th 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 CE158/7);

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) Healthy Caribbean Coalition (HCC),
   b) Inter-American College of Radiology (ICR),
   c) Interamerican Society of Cardiology (IASC),
   d) Latin American and Caribbean Women’s Health Network (LACWHN)
   e) Latin American Association of Pharmaceutical Industries (ALIFAR for its acronym in Spanish),
   f) Latin American Federation of Hospitals (FLH for its acronym in Spanish),
   g) Panamerican Federation of Associations of Medical Schools (PAFAMS),
   h) Pan American Federation of Nursing Professionals (FEPPEN).
2. To admit *Mundo Sano* into official relations with PAHO for a period of four years.

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**: 3.4 - Nongovernmental Organizations in Official Relations with PAHO

2. **Linkage to PAHO Program and Budget 2016-2017**: This resolution proposes continuing official relations with eight nongovernmental organizations (NGOs) whose collaborative relationship was reviewed. It furthermore proposes establishing official relations with one new nongovernmental organization. All its collaborative work plans should be linked to one of the categories or program areas of the Strategic Plan of PAHO.

**Mundo Sano:**
- **Categories**: 1 - Communicable Diseases
- **Program areas**: 1.3 Malaria and Other Vector-borne Diseases; 1.4 Neglected, Tropical, and Zoonotic Diseases

**Healthy Caribbean Coalition (HCC):**
- **Categories**: 2 - Non-communicable Diseases and Risk Factors
- **Program areas**: 2.1 Non-communicable Diseases and Risk Factors; 2.5 Nutrition

**Inter American College of Radiology (ICR):**
- **Categories**: 4 - Health Systems
- **Program areas**: 4.3 Access to Medical Products and Strengthening of Regulatory Capacity

**Interamerican Society of Cardiology (IASC):**
- **Categories**: 2 - Noncommunicable Diseases and Risk Factors
- **Program areas**: 2.1 Noncommunicable Diseases and Risk Factors

**Latin American and Caribbean Women’s Health Network (LACWHN):**
- **Categories**: 3 - Determinants of Health and Promoting Health throughout the Life Course
- **Program areas**: 3.3 Gender, Equity, Human Rights, and Ethnicity

**Latin American Association of Pharmaceutical Industries (ALIFAR for its acronym in Spanish):**
- **Categories**: 4 - Health Systems
- **Program areas**: 4.1 Health Governance and Financing; 4.3 Access to Medical Products and Strengthening of Regulatory Capacity
Latin American Federation of Hospitals (FLH, for its acronym in Spanish):

a) Categories: 4 - Health Systems  
b) Program areas: 4.1 Health Governance and Financing, 4.3 National Health Policies, Strategies, and Plans; 4.2 People-Centered, Integrated, Quality Health Services; 4.5 Human Resources for Health

Panamerican Federation of Associations of Medical Schools (PAFAMS):

a) Categories: 4 - Health Systems,  
b) Program areas: 4.1 Health Governance and Financing; 4.3 National Health Policies, Strategies, and Plans; 4.2 People-Centered, Integrated, Quality Health Services; 4.5 Human Resources for Health

Pan American Federation of Nursing Professionals (FEPPEN, for its acronym in Spanish):

a) Categories: 4 - Health Systems  
b) Program areas: 4.1 Health Governance and Financing; 4.3 National Health Policies, Strategies, and Plans; 4.2 People-Centered, Integrated, Quality Health Services; 4.5 Human Resources for Health

3. Financial implications:

*Mundo Sano, HCC, ICR, IASC, LACWHN, ALIFAR, FLH, PAFAMS, and FEPPEN*

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:

*Mundo Sano, HCC, ICR, IASC, LACWHN, ALIFAR, FLH, PAFAMS, and FEPPEN*

a) Indicate the levels of the Organization at which the work will be undertaken: Regional, national and subnational level.

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:** 3.4 - 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:
   - *Mundo Sano*: Luis Gerardo Castellanos, Communicable Diseases and Health Analysis (CHA)
   - *Healthy Caribbean Coalition (HCC)*: Pedro Ordúnez, Noncommunicable Diseases and Mental Health (NMH)
   - *Inter American College of Radiology (ICR)*: Pablo Jiménez, Health Systems and Services (HSS)
   - *Interamerican Society of Cardiology (IASC)*: Pedro Ordúnez, Noncommunicable Diseases and Mental Health (NMH)
   - *Latin American and Caribbean Women’s Health Network (LACWHN)*: Anna Coates, Family, Gender and Life Course (FGL)
   - *Latin American Association of Pharmaceutical Industries (ALIFAR for its acronym in Spanish)*: Analía Porras, Health Systems and Services (HSS)
   - *Latin American Federation of Hospitals (FLH, for its acronym in Spanish)*: Reynaldo Holder, Health Systems and Services (HSS)
   - *Panamerican Federation of Associations of Medical Schools (PAFAMS)*: Fernando Ménezes, Health Systems and Services (HSS)
   - *Pan American Federation of Nursing Professionals (FEPPEN, for its acronym in Spanish)*: Silvia Cassian, Health Systems and Services (HSS)

4. **Link between Agenda item and Health Agenda for the Americas 2008-2017:**
   - *Mundo Sano*:  
     - a) Strengthening the National Health Authority,  
     - c) Increasing Social Protection and Access to Quality Health Services,  
     - d) Diminishing Health Inequalities among Countries and Inequities within Them,  
     - e) Reducing the Risk and Burden of Disease
   - *Healthy Caribbean Coalition (HCC)*:  
     - a) Strengthening the National Health Authority,  
     - b) Tackling Health Determinants,  
     - c) Increasing Social Protection and Access to Quality Health Services,  
     - d) Diminishing Health Inequalities among Countries and Inequities within Them,  
     - e) Reducing the Risk and Burden of Disease
   - *Inter American College of Radiology (ICR)*:  
     - a) Strengthening the National Health Authority,  
     - c) Increasing Social Protection and Access to Quality Health Services,  
     - d) Diminishing Health Inequalities among Countries and Inequities within Them,  
     - e) Reducing the Risk and Burden of Disease,  
     - f) Strengthening the Management and Development of Health Workers
• **Interamerican Society of Cardiology (IASC):** *a)* Strengthening the National Health Authority, 
* c) Increasing Social Protection and Access to Quality Health Services, 
*d) Diminishing Health Inequalities among Countries and Inequities within Them, 
*e) Reducing the Risk and Burden of Disease, 
*f) Strengthening the Management and Development of Health Workers*

• **Latin American and Caribbean Women’s Health Network (LACWHN):** *a)* Strengthening the National Health Authority, 
* b) Tackling Health Determinants, 
*c) Increasing Social Protection and Access to Quality Health Services, 
*d) Diminishing Health Inequalities among Countries and Inequities within Them, 
*e) Reducing the Risk and Burden of Disease*

• **Latin American Association of Pharmaceutical Industries (ALIFAR for its acronym in Spanish):** *a)* Strengthening the National Health Authority, 
* c) Increasing Social Protection and Access to Quality Health Services, 
*d) Diminishing Health Inequalities among Countries and Inequities within Them, 
*e) Reducing the Risk and Burden of Disease, 
*g) Harnessing Knowledge, Science, and Technology*

• **Latin American Federation of Hospitals (FLH, for its acronym in Spanish):** *a)* Strengthening the National Health Authority, 
* c) Increasing Social Protection and Access to Quality Health Services, 
*d) Diminishing Health Inequalities among Countries and Inequities within Them, 
*e) Reducing the Risk and Burden of Disease, 
*f) Strengthening the Management and Development of Health Workers*

• **Panamerican Federation of Associations of Medical Schools (PAFAMS):** *a)* Strengthening the National Health Authority, 
* c) Increasing Social Protection and Access to Quality Health Services, 
*d) Diminishing Health Inequalities among Countries and Inequities within Them, 
*e) Reducing the Risk and Burden of Disease, 
*f) Strengthening the Management and Development of Health Workers*

• **Pan American Federation of Nursing Professionals (FEPPEN, for its acronym in Spanish):** *a)* Strengthening the National Health Authority, 
* c) Increasing Social Protection and Access to Quality Health Services, 
*d) Diminishing Health Inequalities among Countries and Inequities within Them, 
*e) Reducing the Risk and Burden of Disease, 
*f) Strengthening the Management and Development of Health Workers*

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

• **Mundo Sano:**
  **Categories:** 1 - Communicable Diseases, 1.3 Malaria and Other Vector-borne Diseases, 1.4 Neglected, Tropical, and Zoonotic Diseases

• **Healthy Caribbean Coalition (HCC):**
  **Categories:** 2 - Non-communicable Diseases and Risk Factors, 2.1 Non-communicable Diseases and Risk Factors, 2.5 Nutrition

• **Inter American College of Radiology (ICR):**
  **Categories:** 4 - Health Systems, 4.3 Access to Medical Products and Strengthening of Regulatory Capacity

• **Interamerican Society of Cardiology (IASC):**
  **Categories:** 2 - Noncommunicable Diseases and Risk Factors, 2.1 Noncommunicable Diseases and Risk Factors
• Latin American and Caribbean Women’s Health Network (LACWHN):
  Categories: 3 - Determinants of Health and Promoting Health throughout the Life Course, 3.3 Gender, Equity, Human Rights, and Ethnicity

• Latin American Association of Pharmaceutical Industries (ALIFAR for its acronym in Spanish):
  Categories: 4 - Health Systems, 4.1 Health Governance and Financing, 4.3 Access to Medical Products and Strengthening of Regulatory Capacity,

• Latin American Federation of Hospitals (FLH, for its acronym in Spanish):
  Categories: 4 - Health Systems, 4.1 Health Governance and Financing, 4.3 National Health Policies, Strategies, and Plans, 4.2 People-Centered, Integrated, Quality Health Services, 4.5 Human Resources for Health

• Panamerican Federation of Associations of Medical Schools (PAFAMS):
  Categories: 4 - Health Systems, 4.1 Health Governance and Financing, 4.3 National Health Policies, Strategies, and Plans, 4.2 People-Centered, Integrated, Quality Health Services, 4.5 Human Resources for Health

• Pan American Federation of Nursing Professionals (FEPPEN, for its acronym in Spanish):
  Categories: 4 - Health Systems, 4.1 Health Governance and Financing, 4.3 National Health Policies, Strategies, and Plans, 4.2 People-Centered, Integrated, Quality Health Services, 4.5 Human Resources for Health

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

• LACWHN works with Latin American networks and platforms in the Region that share a similar agenda:
  i. Campaign for sexual and reproductive health issues
  ii. Latin American Consortium for safe abortion
  iii. Consorcio Latinoamericano de Anticoncepción de Emergencia [Latin American Consortium of Emergency Contraception]
  iv. Latin American and Caribbean Committee for the Defense of Women’s Rights (CLADEM for its acronym in Spanish)
  v. Campaign to decriminalize abortion in Latin America and the Caribbean

• FLH works with a number of Latin American networks and platforms in the Region and beyond that share a similar agenda, this list includes:
  i. Iberoamerican Social Security Organization (OISS for its acronym in Spanish)
  ii. Iberoamerican Health Services Providers Organization (OIPSS for its acronym in Spanish)

• PAFAMS works with Latin American networks and platforms in the Region and beyond that share a similar agenda:
  i. World Federation for Medical Education (WFME)
  ii. Educational Commission for Foreign Medical Graduates (ECFMG)
  iii. Foundation for Advancement of International Medical Education and Research (FAIMER)
  iv. Global Minimum Essential Requirement (GMER)
| v. | Institute for International Medical Education (IIME) |
| vi. | International Association for Medical Education (AMEE for its acronym in Spanish) |
| vii. | Spanish Medical Education Society (SEDEM) |

- FEPPEN works with Latin American networks and platforms in the Region and beyond that share a similar agenda:
  
  i. Latin American Association of Nursing Schools and Faculties (ALADEFE for its acronym in Spanish)  
  ii. Foundation for Nursing Development (FUDEN for its acronym in Spanish) 

Regional Neonatal Alliance 

Information for HCC, ICR, IASC, and ALIFAR was not available at the time of this report.

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

HCC undertook an advocacy and educational campaign that focused on sensitizing people and political leaders about NCDs. HCC used electronic, social, and traditional media to educate and inform the general public and membership across various categories. HCC also used its website, Facebook page, and Twitter as tools for advocacy. The weekly HCC News Roundup serves as a platform to share news from member civil society organizations, testimonials, emerging good practices around NCD prevention, regional NCD related news, relevant news articles, invitations to webinars and funding opportunities.

LACWHN has partnered with many organizations and networks inside and outside the Region to build regional and international visibility. Also, with women’s organizations beyond the UN system, cooperation agencies and other NGO’s and specialized groups on reproductive health. As a best practice, LACWHN has developed monitoring tools to promote the implementation of international agreements on sexual and reproductive health, as well as to promote women’s voices and also, to support government laws that promote women’s rights.

Information for ICR, IASC, ALIFAR, FLH, PAFAMS, and FEPPEN was not available at the time of this report.

### 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.