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70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

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Provisional Agenda Item 8.20

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NATIONAL INSTITUTIONS ASSOCIATED WITH PAHO IN TECHNICAL COOPERATION: FINAL REPORT

Background

1. Resolution CD50.R13 (1) and the associated policy paper CD50/8 (2), adopted in 2010 during the 50th Directing Council of the Pan American Health Organization (PAHO), established a mandate regarding “national institutions associated with PAHO in technical cooperation” in order to complement the Organization’s work with that of PAHO collaborating centers and with nongovernmental organizations in official relations with PAHO (3-7). Consequently, the resolution established a new category of relationships between the Organization and these actors in the health sector.

2. The policy document CD50/8 defines a National Institution Associated with PAHO in Technical Cooperation as a “national institution of recognized scientific or technical capability in its specific field of activity, committed to the health priorities and needs of its country, whose mission is compatible and synergistic with the mission, values, and goals of PAHO, and engaging in activities closely linked with achieving the goals and outcomes indicated in PAHO’s technical cooperation plans, programs, and projects in the country”.

3. Document CD50/8 also states that “public and private nonprofit institutions, professional and academic associations, and civil society organizations involved in issues related to health and its determinants are included in the above definition.”

Analysis of Progress Achieved

4. In order to review the progress in the implementation of this mandate and the corresponding designation of national institutions associated with PAHO in technical cooperation the Bureau consulted all PAHO/WHO country offices. This exercise highlighted the fact that PAHO/WHO Country Offices collaborate frequently with national institutions, including academia, think tanks, decentralized governments, autonomous public agencies and civil society, in coordination with the National Health Authorities. It also reaffirmed that this collaboration enriches in-country consultative processes, such as the development of the Country Cooperation Strategies, and facilitates dissemination and implementation of public health policy, norms and standards.

5. However, the consultation also revealed that since its approval, Member States and the Bureau have not utilized the established procedures and guidelines to identify, assess, and formally designate national institutions associated with PAHO in technical cooperation.

6. Other instruments have been used to formalize relations with the World Health Organization (OMS) and PAHO. One instrument is the designation of collaborating centers.

7. Both PAHO and WHO have been strengthening cooperation with collaborating centers in order to ensure convergence with its priorities and strategies. PAHO continually seeks to identify institutions that could become collaborating centers in the countries of the Region. It is important to note that collaborating centers are increasingly regarded as key elements not only in technical cooperation with the Organization, but also in cooperation among countries, in a successful example of Pan-Americanism (8).

8. Another instrument negotiated and that came into force in the last years is the Framework of Engagement with the Non-State Actors (FENSA), adopted by the 69th World Health Assembly in 2016 (12) served to modify WHO's process regarding "official relations" with nongovernmental organizations, within the framework of WHO's programmatic, governance, and management reform (9-11), by which the Governing Bodies began to analyze WHO's relations with different actors that have an impact on health, particularly non-State actors.

9. The PAHO Member States underlined their political commitment to the coherent and uniform implementation of FENSA by also adopting this framework through Resolution CD55.R3 (13, 14), during the 55th Directing Council of PAHO in 2016. This resolution also replaces previous PAHO mandates related to nongovernmental organizations in official relations with PAHO.

Action Necessary to Improve the Situation

10. Given the overlapping mandates related to PAHO's relations with the different actors in the health sector—including nongovernmental organizations and civil society, as well as other non-State actors, such as academia and the private sector—and considering that the continuity of policies in this field is reflected in more recent mandates, it is proposed to terminate the mandates contained in resolution CD50.R13 with regard to national institutions associated with PAHO for technical cooperation.

Action by the Directing Council

11. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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