

F. REVIEW OF THE PAN AMERICAN CENTERS

Introduction

88. This document was prepared in response to the mandate of the Governing Bodies to periodically examine and evaluate the Pan American Centers.

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

89. Given the convergence of human and animal health, there is a growing need for the Pan American Health Organization (PAHO) to exercise leadership in the areas of zoonoses, food safety, and food security (which includes animal diseases that have an impact on food security—foot-and-mouth disease, for example).

Recent Progress

90. An institutional development project for PANAFTOSA was implemented, in which basic administrative processes were reviewed and improved. Operating costs were broken down so that technical cooperation for the eradication of foot-and-mouth disease will be financed largely by voluntary contributions from Brazil's Ministry of Agriculture, Livestock, and Food Supply, and other public and private organizations in the agriculture sector through a trust fund that will pool the financial resources mobilized for regional coordination of the Hemispheric Program for the Eradication of Foot-and-mouth Disease (PHEFA). The PHEFA Action Plan 2011-2020 was approved at a special meeting of the Hemispheric Committee for the Eradication of Foot-and-mouth Disease (COHEFA) in December 2010.

91. In addition, the regional and global coordination mechanisms for early warning and rapid response to serious health risks associated with zoonoses, foodborne diseases, and animal diseases that have an impact on food security are being strengthened under the International Health Regulations (2005), in close collaboration with the World Animal Health Organization. Next September, the remodeling of the laboratory of Brazil's Ministry of Agriculture, Livestock, and Food Supply (biosafety level 4, in accordance with the standards of the World Animal Health Organization [OIE]) in Pedro Leopoldo (Minas Gerais) will be completed, permitting the transfer of the PANAFTOSA reference laboratory from the Center's headquarters in Duque de Caxias (Rio de Janeiro) to the new biosafety installations at the Pedro Leopoldo National Agricultural Laboratory.

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

92. BIREME is a specialized center founded in 1967 to channel the Organization's technical cooperation in health sciences information and technology to the Region. The Center operates in collaboration with the Government of Brazil, represented by the Ministry of Health, the Ministry of Education, the Ministry of Health of São Paulo State, and the Federal University of São Paulo (UNIFESP). This cooperation was formalized through the BIREME Maintenance Agreement, which has been renewed successively since its signing. The last renewal extended the Agreement through 31 December 2011.

93. The principal document establishing the Center's new governance structure and institutional framework is the Statute of BIREME, in effect since January 2010. This document was approved by the 49th Directing Council (2009), following an **extensive** consultative process in which the Government of Brazil, under the leadership of the Ministry of Health, actively participated.

94. The Statute of BIREME establishes an Advisory Committee, made up of five members appointed by the Directing Council of PAHO and two permanent members (PAHO and Brazil).

95. In 2009, the 49th Directing Council selected five Member States to serve on the BIREME Advisory Committee: Argentina, Chile, and the Dominican Republic (with a three-year term), and Mexico and Jamaica (with a two-year term). The difference in terms was designed to guarantee the rotation and continuity of members in the future.

96. The new Statute of BIREME applies jointly with the BIREME Maintenance Agreement, which will remain in force until end of this year. The financial resources that BIREME members contribute to the library's maintenance in 2011 will be transferred by means of a new Headquarters Agreement for BIREME, which is currently pending approval by the Government of Brazil. The 2011 contribution of the Ministry of Health of Brazil is estimated at around US\$ 2.2 million.

Recent Progress

97. The BIREME Advisory Committee took office on 31 August 2010, with the five nonpermanent members and two permanent members (Brazil and PAHO) participating. During this session, the Advisory Committee's rules of procedure and a series of measures and meetings related to the implementation of BIREME's new institutional framework were approved. These activities are expected to conclude in 2011.

98. In order to establish BIREME's new institutional framework, the following measures have been programmed:

- (a) Signing of a Headquarters Agreement for BIREME. PAHO/WHO and the Ministry of Health of Brazil have drawn up a Headquarters Agreement, which has been under review by the Ministry of Foreign Affairs since the second half of 2010.
- (b) Establishment and signing of an agreement on BIREME's facilities and operations on the UNIFESP campus. This process will begin once the new Headquarters Agreement is signed.
- (c) Definition of the BIREME financing regime for the coming years, based on the contributions of PAHO/WHO and the Government of Brazil.
- (d) Creation of the Scientific Committee in 2011, in coordination with the BIREME Advisory Committee.
- (e) Holding of the second regular meeting of the Advisory Committee at BIREME by the end of the first semester 2011.
- (f) Harmonization of all dimensions of institutional management processes, regularization of work and cooperation exchanges between PAHO institutions in the country.
- (g) Preparation of the new biennial plan, in coordination with PAHO'S Knowledge Management and Communication Area and based on the cooperation strategy in Brazil.

99. At the 51st Directing Council of PAHO in 2011, two new members should be elected to the BIREME Advisory Committee on expiration of the term of Jamaica and Mexico (Resolution CD49.R6 [2009]).

Pan American Center for Sanitary Engineering (CEPIS)

100. As noted in Resolution CD50.R14, on 30 September 2010 the agreement between the Government of Peru and PAHO/WHO to transform CEPIS into the Regional Technical Team on Water and Sanitation (ETRAS) was signed. ETRAS operates out of the facilities of the Representative Office in Peru as part of the Sustainable Health and Development Area (SDE) of PAHO. At the decision of the parties, the agreement establishing CEPIS, signed on 8 April 1971 by the Government of Peru and PAHO/WHO, was terminated on the date that the agreement establishing ETRAS was signed.

101. Consequently, information on CEPIS will no longer be included in the periodic review of the Pan American Centers. However, ETRAS' activities will be part of the periodic report on program performance under the respective strategic objectives.

Latin American Center for Perinatology and Human Development (CLAP)

Recent Progress

102. The Government of Uruguay, through the State Health Services Administration (ASSE), made a commitment to providing a physical space for the relocation of CLAP and the PAHO/WHO Representative Office, a matter that to date is still pending.

103. A study was conducted on merging the administrative services of CLAP and the PAHO/WHO Representative Office in Uruguay, and a proposal was submitted that contained the steps necessary to bring about the administrative merger and transfer to the new facilities.

104. Extension V of the Agreement between the Government of the Eastern Republic of Uruguay, the University of the Republic, and PAHO/WHO to continue the activities of CLAP was signed. The new agreement expires on 28 February 2016.

Regional Program on Bioethics

105. Pursuant to Resolution CD50.R14, the different modalities of collaboration with the Member States in bioethics were evaluated, and it was resolved that the regional program would be consolidated under the Office of Gender, Diversity, and Human Rights (DRG). Consequently, information about the Regional Program on Bioethics will no longer be included in the periodic evaluations of the Pan American Centers. Instead, the program's activities will be part of the periodic reports on program performance under the respective strategic objectives.

106. In addition, consultations way with the Government of Chile and the University of Chile are under way to identify joint activities in this important field. This could result in a new agreement to replace the agreement for the operation of the Regional Program on Bioethics, signed by the Government of Chile, the University of Chile, and PAHO/WHO on 13 January 1994.

Subregional Centers (CAREC and CFNI)

Caribbean Epidemiology Center (CAREC)

107. CAREC is currently devoted to maintaining its customary services, expanding them as necessary and appropriate during its transition to the Caribbean Public Health Agency (CARPHA) as noted in Resolution CD50.R14 (2010), study and support groups in the areas of human and financial resources and laboratory management have been created for the transition process. These groups are continuing their efforts to ensure an orderly and transparent transition to CARPHA. Some of the priority areas include a definition of the sphere of action, the functions and in increase in the capacity of the CAREC laboratory, and the laboratory network that will be established under the CARPHA structure.

108. CAREC has benefited from the support and guidance of the CAREC Council and has taken into consideration the decisions that the Council for Human and Social Development (COHSOD) and the Caucus of Caribbean Community (CARICOM) Ministers of Health have made concerning CARPHA.

Caribbean Food and Nutrition Institute (CFNI)

109. Pursuant to the request in Resolution CD50.R14 (2010), CFNI continues collaborating with the CARICOM teams in matters related to CARPHA to guarantee that the issues of food security and the components of nutrition are included in its execution plans. CFNI programs are under review to facilitate the definition of the functions that will be subsumed by CARPHA.

110. The possibility of entering into agreements with institutions in this subregion for the transfer of other functions, such as hospital food services and dietetics and human resources education, continues to be explored. This distribution of responsibilities within each priority area was endorsed by the CFNI Policy Advisory Committee in resolutions 2, 3, 4, and 7 of 19 July 2010.

111. In order to obtain greater technical and administrative efficiency, it was decided to relocate the PAHO/WHO Representative Office in Jamaica to the CFNI building. On 29 November 2010, a modification of the CFNI headquarters lease agreement was signed by the University of the West Indies and PAHO/WHO to enable the two offices to be consolidated. In addition, a cost estimate has been obtained for the renovations and improvements necessary to accommodate the staff from the Representative Office and CFNI in the same physical space. The renovations include improved security, reorganization of the offices; and a new telephone system, which has been sent from Washington. The precise date of the transfer has yet to be determined.