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NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO

Report of the Subcommittee on Program, Budget, and Administration

Introduction

1. At the 55th Directing Council, the Member States of the Pan American Health Organization (PAHO) adopted the Framework of Engagement with Non-State Actors (FENSA) through its Resolution CD55.R3 (2016). Under this resolution, the PAHO Member States specifically replaced the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations with FENSA. The Member States also requested the Director of the Pan American Sanitary Bureau (PASB) to implement FENSA in a manner consistent with the PAHO constitutional legal framework and report annually to the Executive Committee through its Subcommittee on Program, Budget, and Administration (Subcommittee).

2. “Official relations” is a privilege that the Executive Committee may grant to nongovernmental organizations, international business associations, and philanthropic foundations that have had and continue to have sustained and systematic engagement with PAHO for at least two years which is assessed by both parties as being mutually beneficial. Official relations are based on a three-year plan for collaboration with PAHO that has been developed and agreed upon jointly by the non-State actor (NSA) and PAHO. The three-year plan is structured in accordance with the PAHO Strategic Plan and is consistent with FENSA. The plan shall be free from concerns that are primarily of a commercial or for-profit nature.

Applications of NSAs for Admittance into Official Relations with PAHO

3. Based on its review of applications for admission into official relations, the PASB considered that the applications from the following two non-State actors met the requirements and were therefore presented for consideration by the Executive Committee

through the Subcommittee: the Drugs for Neglected Diseases initiative – Latin America, and Action on Smoking and Health to be granted the status of official relations with PAHO.

4. The information submitted by the NSAs in support of their applications was made available to the Subcommittee in background documents. The Twelfth Session of the Subcommittee, composed of the Delegates of Antigua and Barbuda, Argentina, Barbados, Chile, Ecuador, Panama, and United States of America, considered the applications and background papers prepared by the PASB. An updated report that includes recommendations from Members of the Subcommittee is provided in Annex A.

5. The Subcommittee recommends establishing official relations with the Drugs for Neglected Diseases initiative – Latin America, and Action on Smoking and Health.

Review of the NSAs in Official Relations with PAHO

6. The Executive Committee, through its Subcommittee, is responsible for reviewing PAHO collaboration with each NSA in official relations every three years and deciding on the desirability of maintaining official relations or deferring the decision on the review to the following year. The Executive Committee may discontinue official relations if it considers that such relations are no longer appropriate or necessary in light of changing programs or other circumstances. Similarly, the Executive Committee may suspend or discontinue official relations if an organization no longer meets the criteria that applied at the time of the establishment of such relations, fails to provide updated information or report on the collaboration, or fails to fulfill its part in the agreed program of collaboration.

7. Currently, there are 26 non-State actors in official relations with PAHO. Each year those coming to the end of a three-year term will be assessed. This year 11 entities are up for renewal: the American College of Healthcare Executives; the American Speech-Language-Hearing Association; the Consumers International Regional Office for Latin America and the Caribbean; the Latin American Confederation of Clinical Biochemistry; the Latin American Federation of the Pharmaceutical Industry; EMBARQ, The World Resources Institute Ross Center for Sustainable Cities; the Framework Convention Alliance; the InterAmerican Heart Foundation; the National Alliance for Hispanic Health; the Sabin Vaccine Institute; and the Latin American Society of Nephrology and Hypertension. The Director submitted a report to the Twelfth Session of the Subcommittee on these 11 entities. An updated report that includes recommendations from Members of the Subcommittee is provided in Annex B.

8. The information submitted by the NSAs in support of their applications for continuing their official relations was made available to the Subcommittee in background documents, which contained a profile of the NSAs in official relations with PAHO and a report on their collaborative activities with PAHO.

9. The Subcommittee recommends that official relations with the following seven NSAs mentioned in paragraph 7 be maintained through 2021: the American

Speech-Language-Hearing Association; the Latin American Federation of the Pharmaceutical Industry; the Framework Convention Alliance; the InterAmerican Heart Foundation; the National Alliance for Hispanic Health; the Sabin Vaccine Institute; and the Latin American Society of Nephrology and Hypertension.

10. The Subcommittee recommends that the Executive Committee defer the decision on maintaining official relations with the American College of Healthcare Executives; the Latin American Confederation of Clinical Biochemistry; and EMBARQ, The World Resources Institute Ross Center for Sustainable Cities until 2019 in order to allow time to elaborate a more robust plan of collaboration without compromising existing work.

11. The Subcommittee recommends that the Executive Committee discontinue official relations with the Consumers International Regional Office for Latin America and the Caribbean due to a lack of of collaboration over the past two years.

12. A table showing when each NSA in official relations with PAHO is scheduled for review by the Subcommittee is provided in Annex C.

Action by the Executive Committee

13. After reviewing the information provided, the Executive Committee is invited to consider adopting the proposed resolution presented in Annex D.

Annexes

Annex A

**APPLICATIONS OF NON-STATE ACTORS FOR
ADMISSION INTO OFFICIAL RELATIONS WITH PAHO**

1. The Subcommittee recommends admission to the status of official relations for the following non-State actors:

Action on Smoking and Health

2. Action on Smoking and Health (ASH) is a not-for-profit organization founded in 1967 that works closely with its allies to ensure that the public health community addresses the tobacco epidemic in a unified and coherent manner. ASH envisions a world free of tobacco-related damage, disease, and death. This is accomplished by taking action to educate the public and decision makers, tracking the tobacco industry, and working for sensible public policies at the local, national, and global levels. ASH's mission is to be a prime mover in domestic and global tobacco control through advocacy, communication, and the force of law.

3. ASH has worked closely with PAHO since the early 2000s on several initiatives related to tobacco control, the WHO Framework Convention on Tobacco Control (FCTC), noncommunicable diseases (NCDs), and sustainable development. Over the last three years, ASH and PAHO carried out several joint activities:

- a) In 2015, ASH served as the Secretariat for the Framework Convention Alliance (FCA), and ASH's Director has served as FCA Director.
- b) In coordination with PAHO, ASH helped secure funds for and provided support to the FCA regional program of the Americas. In this capacity, ASH supported and participated in numerous tobacco control and NCD-related events in the Region and also supported the FCA's work around WHO FCTC processes.
- c) The ASH Executive Director participated in the PAHO Pan American Forum for Action on NCDs.

4. The following activities are proposed for the next three years under the ASH/PAHO collaborative work plan:

- a) With a view to supporting tobacco control initiatives, ASH will work with PAHO to strengthen the effectiveness of NCD platforms. ASH will lend its expertise and networking abilities for the creation of advocacy documents and webinars and the dissemination of such materials through its networks.
 - b) To promote implementation of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 (Document CSP29/11 [2017]), and to advance the use of the WHO Framework Convention on Tobacco Control and other global mechanisms to promote tobacco and nicotine
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- interventions, the PAHO/ASH partnership will focus on the increased inclusion of such mechanisms in local planning, communications, and policies.
- c) PAHO and ASH will make joint efforts to connect tobacco control and human rights mechanisms by promoting the routine inclusion of tobacco in human rights reporting procedures, among other relevant legal actions.

Drugs for Neglected Diseases initiative-Latin America

5. The Drugs for Neglected Diseases initiative (DNDi) is a collaborative, patients' needs-driven, nonprofit drug research and development organization that supports the development of new treatments for neglected diseases. It seeks to improve the quality of life and the health of people suffering from neglected diseases by using an alternative model to develop drugs for these diseases, and by ensuring equitable access to new and field-relevant health tools. In this not-for-profit model, driven by the public sector, a variety of players collaborate to raise awareness of the need to research and develop drugs for those neglected diseases that fall outside the scope of market-driven research and development. The World Health Organization (WHO), through its Special Programme for Research and Training in Tropical Diseases, is a founding member and close partner of DNDi, serving as a permanent observer of DNDi's Board of Directors. DNDi is in official relations status with WHO.

6. A DNDi Latin America office was opened in 2004 with the primary aim of supporting regional research and development activities for Chagas disease, malaria, and leishmaniasis. The Latin America office also undertakes advocacy and communications activities to increase awareness of neglected diseases in the Region. In 2011, a regional Board of Directors was established.

7. Over the last three years, the following activities have been carried out jointly between DNDi – Latin America and PAHO:

- a) Neglected tropical diseases (NTDs): Joint advocacy efforts to build political will to tackle NTDs in the Region and joint participation in NTD events in the Region.
- b) Malaria: Support for access to antimalarial medicines.
- c) Chagas: Support for increased availability of pediatric benznidazole; joint development of a demand-forecasting methodology for Chagas medicines; joint publications; and collaboration on capacity-building activities, including the Chagas Clinical Research Platform.
- d) Leishmaniasis: Collaboration on capacity-building activities, including the Network of Investigators and Collaborators in Leishmaniasis known as redeLEISH, as well as on relevant publications.
- e) Research and development: Discussions on alternative models of research and development to address the lack of innovation for treating NTDs.

8. The following activities are proposed for the next three years under the DNDi/PAHO collaborative work plan:
- a) Leishmaniasis collaboration: Contribute to PAHO's Plan of Action to Strengthen the Surveillance and Control of Leishmaniasis in the Americas 2017-2022 by supporting the development of new treatment options for cutaneous leishmaniasis, mucocutaneous leishmaniasis, visceral leishmaniasis (VL), and HIV-VL, and by improving access to leishmaniasis treatment options in Latin America.
 - b) Chagas disease collaboration: Based on the targets of the Sustainable Health Agenda for the Americas 2018–2030 (Document CSP29/6, Rev. 3 [2017]), undertake multiple joint actions to support PAHO's efforts to *i*) contribute through collaboration with countries to the PAHO Framework for elimination of mother-to-child transmission of HIV, syphilis, hepatitis B, and Chagas (EMTCT-Plus); *ii*) support the testing and piloting of new strategies and technologies to improve and accelerate access to quality clinical management of patients with Chagas disease and their families (multiplex and new laboratory techniques for diagnosis of Chagas that offer better safety, validity, and efficacy); *iii*) develop and implement integrated strategies to document, identify, manage, prevent, control, and eliminate priority infectious diseases in select countries of the Americas; *iv*) maintain a dynamic platform of discussion regarding new alternatives for treatment of Chagas disease and assessment of the response; and *v*) develop a plan based on implementation research to translate new tools for the health system.
 - c) Health Systems and Services/Medicines and Health Technologies collaboration: *i*) Contribute to increased awareness and implementation of alternative models of research and development, including open innovation collaborative approaches that meet patients' needs; *ii*) adoption of alternative and delinked models of research and development to contribute to innovation and access while ensuring users are not exposed to financial hardship; and *iii*) strengthening collaboration with Member States and PAHO's Strategic Fund for demand forecasting and access to medicines, especially for NTDs.
 - d) Viral hepatitis collaboration: the Region of Americas accounts for approximately 10% of the global burden of hepatitis C virus (HCV). PAHO Member States have showed leadership in tackling this public health challenge by approving a Plan of Action for the Prevention and Control of Viral Hepatitis (2016-2019) (Document CD54/13, Rev. 1 [2015]). While new direct acting antiviral therapies for hepatitis C cure over 95% of those affected, to date the absolute number of individuals living with hepatitis who have had access to effective direct-acting antiviral (DAA) therapy is low in Latin America and the Caribbean. The collaboration's objective is to increase access to quality diagnosis, care, and treatment for hepatitis C through accelerating access to affordable DAA therapy to health systems; innovative models of HCV diagnosis, care, and treatment; and the scale-up of national public health-based hepatitis responses.

Annex B

**REVIEW OF EXISTING COLLABORATION WITH NON-STATE ACTORS IN
OFFICIAL RELATIONS WITH PAHO**

1. The Subcommittee recommends continuation of official relations status for the following non-State actors:

American Speech-Language-Hearing Association

2. The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates seeking to make effective communication a human right that is accessible and achievable for all. Members include audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Through its efforts, ASHA seeks to empower and support audiologists, speech-language pathologists, and speech, language, and hearing scientists by advancing science, setting standards, fostering excellence in professional practice, and advocating for its members and those they serve.

3. Over the last three years, activities carried out under the ASHA/PAHO collaborative work plan included joint efforts with the following institutions:

- a) Salvadoran Institute of Complete Rehabilitation (ISRI, for its acronym in Spanish): capacity-building program for personnel working in the field of communication disorders.
- b) National Autonomous University of Honduras (UNAH, for its acronym in Spanish): capacity development program in phono audiology (communication disorders).
- c) Guyana Ministry of Health: collaboration to strengthen the national strategic plan for early detection and intervention in communication sciences and disorders.
- d) Paraguay's National Secretariat of Human Rights for Persons with Disabilities: collaboration on communication disorders.
- e) Belize Ministry of Health: technical assistance to the Inspiration Center and its partners to educate health care and community service providers about communication disorders.

4. The following activities are proposed for the next three years under the ASHA/PAHO collaborative work plan:

- a) Collaboration to follow up on technical cooperation with Belize and Paraguay on capacity development in the field of communication disorders.
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- b) Expansion of ASHA-PAHO collaboration on technical cooperation to develop capacities in the field of communication disorders in two new countries.
- c) Joint analysis on the needs of, and services available to, individuals with communication disorders living in Latin America and the Caribbean.

Latin American Federation of the Pharmaceutical Industry

5. The Latin American Federation of the Pharmaceutical Industry (FIFARMA, for its acronym in Spanish) represents 12 pharmaceutical research and development companies and nine local associations of the pharmaceutical industry concerned with pharmaceutical research and development in Latin America. Its mission is to promote public policies that foster innovation and access to high-tech and high-quality medicines that prolong, preserve, and improve the lives of patients in Latin America.

6. Over the last three years, the following activities were carried out under the FIFARMA/PAHO collaborative work plan:

- a) Participation in the Directing Council of the Pan American Network for Drug Regulatory Harmonization (PANDRH) to provide feedback on the selection of key discussion topics in the field of regulatory harmonization in the Region of the Americas.
- b) Participation in the Directing Council of PANDRH to provide feedback on the selection of projects and topics to be prioritized and implemented by the network.
- c) Technical feedback and comments on the status of pharmaceutical regulation in the Region of the Americas within the context of PANDRH.
- d) Workshop on vaccine lot release to promote the implementation of WHO's recommendations on quality control and to promote knowledge exchanges and strengthen capacities of national regulatory authorities.

7. The following activities are proposed for the next three years under the FIFARMA/PAHO collaborative work plan:

- a) Active engagement within the PANDRH framework to provide technical feedback, recommendations, and materials to inform decision making within PANDRH on issues related to pharmaceutical regulation policy.
- b) Creation of support materials and provision of technical advice for the preparation of learning modules in the online course on health regulation of biologicals and biotechnological drugs.

Framework Convention Alliance

8. The Framework Convention Alliance (FCA) was created in 1999 and formally established in 2003. It is made up of nearly 500 organizations from over 100 countries.

FCA works on the development, ratification, and implementation of the WHO Framework Convention on Tobacco Control. FCA is also a leading advocate for including the FCTC and global tobacco control in the international health and development framework, including the Sustainable Development Goals that were adopted by the United Nations General Assembly in 2015.

9. Over the last three years, the following activities were carried out under the FCA/PAHO collaborative work plan:

- a) Advocacy support to promote implementation of the WHO FCTC at regional and global key meetings.
- b) Advocacy campaign in the lead-up to regional and global key meetings to support implementation of the WHO FCTC by Member States at the regional level.
- c) Collaboration on efforts to support tobacco control in the Region by leveraging the network of civil society advocates, including the promotion of South-South cooperation and the sharing of best practices.

10. The following activities are proposed for the next three years under the FCA/PAHO collaborative work plan:

- a) Advocacy support to promote implementation of the WHO FCTC focused on political decision makers and supported by online publications, policy briefings, webinars, and reports.
- b) Advocacy support to promote implementation of the WHO FCTC focused on political decision makers and supported by actions toward the establishment of an FCTC compliance mechanism and civil society involvement in monitoring progress toward FCTC implementation in the Region of the Americas.
- c) Advocacy support to promote implementation of the WHO FCTC focused on increased adoption of the FCTC Medium-term strategic plan 2008-2013 by the Conference of the Parties (FCTC governing entity) in the Region of the Americas.
- d) Advocacy support to promote implementation of the WHO FCTC, focused on deepening FCTC integration at the regional level (inclusion of FCTC in national development plans, inclusion of FCTC in the Sustainable Development Goals debate, and efforts to turn global commitments into meaningful national action).

InterAmerican Heart Foundation

11. The InterAmerican Heart Foundation (IAHF) was founded in Mexico City, Mexico in 1994 when representatives from 12 countries in the Americas signed a statement of intent to become members of the organization. Since then, 36 heart foundations have ratified their membership. Together, these organizations are committed to working to reduce disability and death from cardiovascular disease and stroke in the Americas. IAHF focuses its actions on three primary goals: a) to promote an environment throughout the

Americas that is conducive to the prevention of heart disease and stroke; b) to promote the growth and development of foundations that will take active roles in public education, professional education, public advocacy, and fund raising; and c) to foster partnerships between health professionals, business, industry, and other sectors of society for the accomplishment of the IAHF's mission and goals.

12. Over the last three years, the following activities were carried out under the IAHF/PAHO collaborative work plan:

- a) Collaboration on coalition building and advocacy for obesity prevention in children, including, among other activities, efforts relating to the sugar-sweetened beverages tax in Mexico and efforts to curb consumer campaigns in Colombia.
- b) NCD workshops in 2015 and 2016 focused on the development of positions and strategies for actions by the Healthy Latin America Coalition (CLAS, for its acronym in Spanish), during which several PAHO representatives played an active role.
- c) Collaboration with the health ministries of Bolivia, Costa Rica, Mexico, and Uruguay to support implementation of FCTC Article 14 on smoking cessation through the mapping of tobacco cessation and other advocacy actions.
- d) Collaboration on coalition building and advocacy to promote the reduction of dietary salt in order to reduce hypertension at the population level, through knowledge dissemination on policy evaluation and programs (webinars and listservs) for the reduction of salt consumption in the Americas.

13. The following activities are proposed for the next three years under the IAHF/PAHO collaborative work plan:

- a) Multiple webinars to support the development of a scorecard for monitoring countries' progress on actions in relation to NCDs, to be used at the third United Nations high-level meeting on NCDs in 2018.
- b) Collaboration to support the sustained implementation of FCTC Article 14 on tobacco cessation by continuing to support efforts to achieve tobacco control legislation in Bolivia and working to initiate planning for the 6th Latin American and Caribbean Conference on Tobacco or Health, to be held in Panama in 2020.
- c) Collaboration on coalition building and advocacy to improve nutrition and reduce obesity in the Region of the Americas, including through the reduction of salt intake and increased physical activity, through webinars, capacity building in advocacy for civil society organizations, and promotion of a regional regulatory framework for healthy nutrition.

National Alliance for Hispanic Health

14. The National Alliance for Hispanic Health (NAHH) works to ensure that health incorporates the best of science, culture, and community. It seeks to achieve this by listening to the individual, investing in leading community-based organizations, working with national partners, examining and improving the resources and systems available, and designing solutions to make health a part of each person's life. NAHH continually works to improve the quality of care and its availability to all, and to close the gaps in three key areas: *a)* research, services, and policy; *b)* scientific discovery and benefit for the individual; and *c)* community services and medical practice.

15. Over the last three years, the following activities were carried out under the NAHH/PAHO collaborative work plan:

- a) PAHO and NAHH, as part of the *Buena Salud Americas* initiative and the Let's Talk about Prevention of Cervical Cancer and Other HPV-Related Diseases initiative, organized a three-day workshop targeting public health experts, community leaders, and government officials to discuss community-based good practices and strategies for improving human papillomavirus (HPV) vaccination uptake, decreasing the incidence of cervical cancer, and sustaining funding to support these priorities.
- b) PAHO, NAHH, and the government of Mexico organized and held a leadership meeting within the context of the *Buena Salud Americas* initiative to promote the prevention of noncommunicable diseases through community-based initiatives.

16. The following activities are proposed for the next three years under the NAHH/PAHO collaborative work plan:

- a) Projects related to the cervical cancer and HPV vaccination community engagement grants initiative, intended to: *i)* identify demonstration programs that address prevention of cervical cancer and increased HPV vaccination in the Region; *ii)* provide capacity building for community-based organizations and civil society groups engaged in advocacy and women's empowerment to prevent cervical cancer and increase HPV vaccination; and *iii)* identify and share successful community-based practices, intersectoral approaches, and resources for capacity building in cervical cancer prevention and HPV vaccination.
- b) Projects related to community-based participation in the prevention and control of NCDs in the Americas, intended to: *i)* identify community-based organization practices and intersectoral approaches to capacity building; *ii)* establish and support public-private partnerships to improve implementation efforts; and *iii)* identify community-based organizations and civil society groups throughout the Americas that are working to advance the prevention and control of NCDs.
- c) Projects related to the utilization of social media to support information dissemination in community-based efforts for the prevention and control of NCDs

in the Americas, intended to: *i*) promote knowledge sharing and the use of online communication; *ii*) identify and promote the understanding of different social media platforms and their functionality; and *iii*) promote World Health Day observances by national network partners.

Sabin Vaccine Institute

17. The Sabin Vaccine Institute is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation. Through its work, Sabin helps make vaccines more accessible, enables innovation, and expands immunization across the globe. Sabin is committed to extending the full benefits of immunization to all people, regardless of who they are or where they live, and Sabin works toward this goal by helping bring together national government officials, policy makers, immunization specialists, and researchers and advocates who supply decision makers with the information they need to make evidence-based decisions on vaccines.

18. Over the last three years, the following activities were carried out under the Sabin/PAHO collaborative work plan:

- a) Efforts (including training and mentorship) and actions were undertaken in the areas of pertussis surveillance in Latin America to strengthen the capacity of national pertussis laboratories and surveillance capacity in Argentina, Brazil, Chile, Colombia, Mexico, and Panama.
- b) In the area of dengue surveillance, a generic protocol was created and surveillance was implemented in eight pilot countries.
- c) In the area of pneumococcal vaccine effectiveness, studies were undertaken and resulted in three published articles.
- d) Efforts are ongoing to tackle neglected infectious diseases in the Gran Chaco region of South America. This collaboration seeks to establish an integrated disease surveillance model in Paraguay.
- e) Joint efforts were made to organize the Regional Meeting on Sentinel Surveillance of Rotavirus, Bacterial Meningitis and Pneumonia in the Latin American Region, held in December 2014 in Panama.

19. The following activities are proposed for the next three years under the Sabin/PAHO collaborative work plan:

- a) Strengthen pertussis surveillance in Latin America and create an assessment of the impact of maternal immunization through the following: *i*) improved surveillance, evaluation, and assessment of countries through laboratory capabilities; *ii*) enhanced implementation of surveillance and laboratory training and provision of ongoing technical assistance and mentorship; and *iii*) strengthening laboratory capacity at the country and regional level.

- b) Work to improve the availability of evidence for the prevention of pneumococcal disease by bringing together experts to discuss, evaluate, and interpret available data and studies about pneumococcal and meningococcal disease and immunization to inform approaches for disease prevention among the pediatric and adult populations in the Region.
- c) Coordinate the development of activities (regional surveillance guide) concerning the prevention of HPV by supporting the gathering of information about the epidemiological profile and burden of HPV-related disease in Latin America.
- d) Strengthen arbovirus surveillance in Latin American countries through a series of integrated activities to support evidence-based decision making.
- e) Hold the annual *Ciro de Quadros* vaccinology course in Latin America for immunization managers and journalists.
- f) Implement activities that focus on rotavirus vaccines and prevention in order to strengthen technical capacity in the Region and promote knowledge exchanges globally.
- g) Establish a project to strengthen the National Immunization Technical Advisory Groups (NITAGs) in the Region to enhance their abilities to provide evidence-based recommendations for national immunization programs.

Latin American Society of Nephrology and Hypertension

20. The Latin American Society of Nephrology and Hypertension (SLANH, for its acronym in Spanish), founded in 1970, is a scientific body that brings together national nephrology societies of more than 20 countries as well as nephrology physicians of Latin America. The organization works for the renal health of the Latin American population through improved training for nephrologists in the Region and through the promotion and dissemination of scientific advances that support these aims.

21. The following activities were carried out over the past three years under the SLANH/PAHO collaborative work plan:

- a) To support the regional registry of patients in renal replacement therapy (RRT), 11 workshops were held as part of the training program for national registry leadership in Central and South America.
- b) Data reports from the Latin American Dialysis and Renal Transplantation Registry and from national registries were published in the Pan American Journal of Public Health and other scientific research periodicals.
- c) Nearly 9,572 students from across the Region were trained in an online course dealing with the management and prevention of chronic kidney disease in primary health care.

22. The following activities are proposed for the next three years under the SLANH/PAHO collaborative work plan:

- a) Activities to strengthen the technical capacity of national registries of patients in RRT, including two workshops, development of a mechanism to support national registries, and support for the development of national policies, among others.
- b) Elaboration of an online and in-situ course on the development of national registries of patients in RRT in Latin America.
- c) Development of an online course on the prevention and management of chronic renal disease for primary health care teams.
- d) Development of an online course on peritoneal dialysis for primary health care professionals.

23. The Subcommittee recommends deferral of a decision on the following three non-State actors:

American College of Healthcare Executives

24. Founded in 1933, American College of Healthcare Executives (ACHE) is an international professional society of more than 40,000 health care executives who lead hospitals, health care systems, and other health care organizations. Among other things, ACHE aims to strengthen health systems based on primary care, focusing health governance and financing toward progressive realization of universal health coverage, promoting access to and rational use of health technologies, facilitating transfer of knowledge and technologies, and developing human resources for health.

25. An evaluation of the collaboration between PAHO and ACHE is currently underway. The results of the evaluation will allow the plan for collaboration to be reframed and strengthened. The Subcommittee is therefore proposing a deferral of a decision for one year.

Latin American Confederation of Clinical Biochemistry

26. The Latin American Confederation of Clinical Biochemistry (COLABIOCLI) began to take shape in December 1968, during the I Latin American Congress of Clinical Biochemistry held in Mar del Plata, Argentina. The initiative came from a group of professionals belonging to the Federation of Specialists of Biological Analysis of the Province of Buenos Aires (today Biochemical Federation of the Province of Buenos Aires, or FABIA). COLABIOCLI was officially constituted five years later, on 28 November 1973, during the II Congress held in Porto Alegre, Brazil. It works for the continuous improvement of the profession in its ethical, scientific, technical, and economic aspects, serving individuals and society through: *a)* the grouping of national associations that are dedicated to the development of laboratory sciences; *b)* organization and promotion of scientific and professional events, as well as external quality evaluation programs; and

c) application of accreditation standards and the establishment of graduate programs in the member countries.

27. COLABIOCLI has been in official relations with PAHO for many years and has continuously pursued successful plans for collaboration. To avoid compromising existing engagement, the Subcommittee proposes to defer a decision on COLABIOCLI for one year to allow the parties time to clarify a question on COLABIOCLI's registration status and finalize the current collaboration plan.

EMBARQ - World Resources Institute Ross Center for Sustainable Cities

28. The World Resources Institute's (WRI) mission is to move human society to live in ways that protect Earth's environment and its capacity to provide for the needs and aspirations of current and future generations. WRI's EMBARQ seeks to align the Institute's operations with its mission. EMBARQ depends on the research and expertise of its staff to guide its actions and is committed to improving and sustaining WRI's environmental performance.

29. The EMBARQ focal point was not able to provide the required documentation in time for the elaboration of this report. The Subcommittee does not wish to compromise continued engagement, and thus proposes deferring the review of EMBARQ for one year.

30. The Subcommittee recommends that official relations be discontinued with the following non-State actor:

Consumers International, Regional Office for Latin America and the Caribbean

31. Consumers International, formerly known as the International Organization of Consumers Unions, was started in 1960 by a group of five consumer organizations from the United States, Western Europe, and Australia. It was originally established as a global information exchange between the increasing numbers of consumer product-testing organizations that had sprung up in the postwar boom years. Today, Consumers International works to ensure that consumers have a powerful voice in the global marketplace.

32. No activities were carried out with Consumers International's Latin American and Caribbean regional office (CI-ROLAC) over the past three years, and no activities are planned for the next three years.

Annex C

**SCHEDULE OF SPBA REVIEWS OF NON-STATE ACTORS
IN OFFICIAL RELATIONS WITH PAHO**

(as of 1 January 2018)

Name (English)	Name (Spanish)	Date Admitted	Last Reviewed	Scheduled to be Reviewed
American College of Healthcare Executives (ACHE)	Colegio Estadounidense de Ejecutivos de Atención de Salud	2014	–	2018
American Public Health Association (APHA)	Asociación Estadounidense de Salud Pública	2013	2017	2020
American Society for Microbiology (ASM)	Sociedad Estadounidense de Microbiología	2001	2017	2020
American Speech-Language-Hearing Association (ASHA)	Asociación Americana del Habla, Lenguaje y Audición	2014	–	2018
Consumers International, Regional Office for Latin America and the Caribbean (CI-ROLAC)	Consumers International, Oficina Regional para América Latina y el Caribe	2014	–	2018
EMBARQ - World Resources Institute Ross Center for Sustainable Cities	EMBARQ - Centro Ross del Instituto de Recursos Mundiales para las Ciudades Sustentables	2010	2014	2018
Framework Convention Alliance (FCA)	Alianza para el Convenio Marco	2015	–	2018
Healthy Caribbean Coalition (HCC)	Coalición Caribe Saludable	2012	2016	2019
Inter-American Association of Sanitary and Environmental Engineering	Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)	1995	2017	2020
Inter-American College of Radiology	Colegio Interamericano de Radiología (ICR)	1988	2016	2019
Inter-American Society of Cardiology	Sociedad Interamericana de Cardiología (SIAC)	2012	2016	2019
InterAmerican Heart Foundation (IAHF)	Fundación InterAmericana del Corazón (FIC)	2002	2015	2018
Latin American and Caribbean Women's Health Network (LACWHN)	Red de Salud de las Mujeres Latinoamericanas y del Caribe (RSMLAC)	2004	2016	2019

Name (English)	Name (Spanish)	Date Admitted	Last Reviewed	Scheduled to be Reviewed
Latin American Association of Pharmaceutical Industries	Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR)	2000	2016	2019
Latin American Confederation of Clinical Biochemistry	Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)	1988	2014	2018
Latin American Federation of Hospitals	Federación Latinoamericana de Hospitales (FLH)	1979	2016	2019
Latin American Federation of the Pharmaceutical Industry	Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)	1979	2013	2018 ¹
Latin American Society of Nephrology and Hypertension	Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH)	2015	–	2018
March of Dimes	March of Dimes	2001	2017	2020
Mundo Sano Foundation	Fundación Mundo Sano	2016	-	2019
National Alliance for Hispanic Health (NAHH)	Alianza Nacional para la Salud de los Hispanos	1996	2014	2018
Panamerican Federation of Associations of Medical Schools (PAFAMS)	Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM)	1965	2016	2019
Pan American Federation of Nursing Professionals	Federación Panamericana de Profesionales de Enfermería (FEPPEN)	1988	2016	2019
Sabin Vaccine Institute (Sabin)	Instituto de Vacunas Sabin	2011	2015	2018
United States Pharmacopeial Convention (USP)	Convención de la Farmacopea de Estados Unidos	1997	2017	2020
World Association for Sexual Health (WAS) (formerly the World Association for Sexology)	Asociación Mundial de Salud Sexual (antes llamada “Asociación Mundial de Sexología”)	2001	2017	2020

¹ Renewal of status process was deferred from 2017 to 2018 by decision of the 160th Session of the Executive Committee.

162nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 18-22 June 2018

CE162/7
Annex D
Original: English

PROPOSED RESOLUTION

NON-STATE ACTORS IN OFFICIAL RELATIONS WITH THE PAN AMERICAN HEALTH ORGANIZATION

THE 162nd SESSION OF THE EXECUTIVE COMMITTEE,

(PP1) Having considered the report of the Subcommittee on Program, Budget, and Administration *Non-State Actors in Official Relations with PAHO* (Document CE162/7);

(PP2) Mindful of the provisions of the Framework of Engagement with Non-State Actors, adopted by the 55th Directing Council through Resolution CD55.R3 (2016), which governs official relations status between the Pan American Health Organization (PAHO) and such entities,

RESOLVES:

(OP)1. To admit the following two non-State actors into official relations with PAHO for a period of three years:

- a) Action on Smoking and Health (ASH),
- b) Drugs for Neglected Diseases initiative (DNDi) – Latin America.

(OP)2. To renew official relations between PAHO and the following seven non-State actors for a period of three years:

- a) American Speech-Language-Hearing Association (ASHA),
 - b) Latin American Federation of the Pharmaceutical Industry (FIFARMA),
 - c) Framework Convention Alliance (FCA),
 - d) InterAmerican Heart Foundation (IAHF),
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- e) National Alliance for Hispanic Health (NAHH),
- f) Sabin Vaccine Institute (SABIN),
- g) Latin American Society of Nephrology and Hypertension (SLANH).

(OP)3. To defer review of the following three non-State actors to permit time to finalize new plans of collaboration without compromising existing engagement:

- a) American College of Healthcare Executives (ACHE),
- b) Latin American Confederation of Clinical Biochemistry (COLABIOCLI),
- c) EMBARQ, The World Resources Institute Ross Center for Sustainable Cities.

(OP)4. To discontinue official relations with Consumers International Regional Office for Latin America and the Caribbean (CI-ROLAC), in light of the lack of collaboration over the past three years.

(OP)5. To request the Director to:

- a) advise the respective non-State actors of the decisions taken by the Executive Committee;
- b) continue developing dynamic working relations with inter-American non-State actors 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 non-State actors working in the field of health.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. Agenda item: 3.4 Non-State Actors in Official Relations with PAHO

2. Linkage to [PAHO Program and Budget 2018-2019](#)

This resolution proposes continuing official relations with seven Non-State Actors (NSAs), whose collaborative relationship was reviewed. It further proposes to defer the decision on maintaining official relations with the American College of Healthcare Executives; the Latin American Confederation of Clinical Biochemistry; and EMBARQ, The World Resources Institute Ross Center for Sustainable Cities until 2019 and to discontinue official relations with the Consumers International Regional Office for Latin America and the Caribbean. All collaborative work plans should be linked to one of the categories or program areas of the PAHO Strategic Plan.

American Speech-Language-Hearing Association

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course; 4. Health Systems
- b) **Program areas:** 2.4 Disabilities and Rehabilitation; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 4.2 People-centered, Integrated, Quality Services

Latin American Federation of the Pharmaceutical Industry

- a) **Categories:** 3. Determinants of Health and Promoting Health throughout the Life Course; 4. Health Systems
- b) **Program areas:** 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 4.2 People-centered, Integrated, Quality Services; 4.3 Access to Medical Products and Strengthening of Regulatory Capacity

Framework Convention Alliance

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

InterAmerican Heart Foundation

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course

- b) **Program areas:** 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

National Alliance for Hispanic Health

- a) **Categories:** 1. Communicable Diseases; 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 1.1 HIV/AIDS, STIs, and Viral Hepatitis; 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

Sabin Vaccine Institute

- a) **Categories:** 1. Communicable Diseases; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 1.5 Vaccine-preventable Diseases; 3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health and Sexual Reproductive Health; 3.3 Gender, Equity, Human Rights, and Ethnicity

Latin American Society of Nephrology and Hypertension

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

3. Financial implications:

American Speech-Language-Hearing Association; Latin American Federation of the Pharmaceutical Industry; Framework Convention Alliance; InterAmerican Heart Foundation; National Alliance for Hispanic Health; Sabin Vaccine Institute; Latin American Society of Nephrology and Hypertension

- a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): None
- b) Estimated cost for the 2018-2020 biennium (including staff and activities): None
- c) Of the estimated cost noted in *b*), how much can be subsumed under existing programmed activities? Not available.

4. Administrative implications:

American Speech-Language-Hearing Association; Latin American Federation of the Pharmaceutical Industry; Framework Convention Alliance; InterAmerican Heart Foundation; National Alliance for Hispanic Health; Sabin Vaccine Institute; Latin American Society of Nephrology and Hypertension

- a) Indicate the levels of the Organization at which the work will be undertaken: Regional, national, and subnational levels
- b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): None
- c) Time frames (indicate broad time frames for implementation and evaluation): Three years.

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 3.4 Non-State Actors in Official Relations with PAHO
2. **Responsible unit:** External Relations, Partnerships, and Resource Mobilization (ERP)
3. **Preparing officer:** Mr. Alejandro Alcantara, Specialist, Partnerships Development, ERP, with the following technical focal points:
 - a) American Speech-Language-Hearing Association: Dr. Anthony Duttine
 - b) Latin American Federation of the Pharmaceutical Industry: Mrs. Ana Paula Juca
 - c) Framework Convention Alliance: Ms. Rosa Sandoval
 - d) InterAmerican Heart Foundation: Dr. Pedro Orduñez
 - e) National Alliance for Hispanic Health: Dr. Pedro Orduñez
 - f) Sabin Vaccine Institute: Dr. Cuauhtémoc Ruiz
 - g) Latin American Society of Nephrology and Hypertension: Dr. Pedro Orduñez
4. **Links between Agenda item and [Sustainable Health Agenda for the Americas 2018-2030](#):**
 - a) ***American Speech-Language-Hearing Association***
Goal 1: Equitable Access to Health Services; Goal 3: Human Resources for Health; Goal 7: Evidence and Knowledge in Health; Goal 9: Noncommunicable Diseases; Goal 11: Health Inequalities and Inequities
 - b) ***Latin American Federation of the Pharmaceutical Industry***
Goal 1: Equitable Access to Health Services; Goal 5: Medicines, Vaccines, and Technologies
 - c) ***Framework Convention Alliance***
Goal 1: Equitable Access to Health Services; Goal 3: Human Resources for Health; Goal 7: Evidence and Knowledge in Health; Goal 10: Communicable Diseases; Goal 11: Health Inequalities and Inequities
 - d) ***InterAmerican Heart Foundation***
Goal 1: Equitable Access to Health Services; Goal 3: Human Resources for Health; Goal 7: Evidence and Knowledge in Health; Goal 9: Noncommunicable Diseases; Goal 11: Health Inequalities and Inequities
 - e) ***National Alliance for Hispanic Health***
Goal 1: Equitable Access to Health Services; Goal 3: Human Resources for Health; Goal 7: Evidence and Knowledge in Health; Goal 9: Noncommunicable Diseases; Goal 10: Communicable Diseases; Goal 11: Health Inequalities and Inequities
 - f) ***Sabin Vaccine Institute***
Goal 1: Equitable Access to Health Services; Goal 7: Evidence and Knowledge in Health; Goal 10: Communicable Diseases; Goal 11: Health Inequalities and Inequities

g) ***Latin American Society of Nephrology and Hypertension***

Goal 1: Equitable Access to Health Services; Goal 3: Human Resources for Health; Goal 5: Medicines, Vaccines, and Technologies; Goal 7: Evidence and Knowledge in Health; Goal 9: Noncommunicable Diseases; Goal 11: Health Inequalities and Inequities

5. **Links between Agenda item and the [Strategic Plan of the Pan American Health Organization 2014-2019 \(Amended\)](#):**

American Speech-Language-Hearing Association

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course; 4. Health Systems
- b) **Program areas:** 2.4 Disabilities and Rehabilitation; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 4.2 People-centered, Integrated, Quality services

Latin American Federation of the Pharmaceutical Industry

- a) **Categories:** 3. Determinants of Health and Promoting Health throughout the Life Course; 4. Health Systems
- b) **Program areas:** 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 4.2 People-centered, Integrated, Quality Services; 4.3 Access to Medical Products and Strengthening of Regulatory Capacity

Framework Convention Alliance

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

InterAmerican Heart Foundation

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 2.1. Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

National Alliance for Hispanic Health

- a) **Categories:** 1. Communicable Diseases; 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 1.1 HIV/AIDS and STIs; 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment.

Sabin Vaccine Institute

- a) **Categories:** 1. Communicable Diseases; 3. Determinants of Health and Promoting Health throughout the Life Course

- b) **Program areas:** 1.5 Vaccine-preventable Diseases; 3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health and Sexual and Reproductive Health; 3.3 Gender, Equity, Human Rights, and Ethnicity

Latin American Society of Nephrology and Hypertension

- a) **Categories:** 2. Noncommunicable Diseases and Risk Factors; 3. Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas:** 2.1 Noncommunicable Diseases and Risk Factors; 3.3 Gender, Equity, Human Rights, and Ethnicity; 3.4 Social Determinants of Health; 3.5 Health and the Environment

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

- a) **American Speech-Language-Hearing Association:** El Salvador Institute for Integrated Rehabilitation (*Instituto Salvadoreño de Rehabilitación Integral - ISRI*); National Autonomous University of Honduras (*Universidad Nacional Autónoma de Honduras - UNAH*); Ministry of Health of Guyana, Ministry of Health of Paraguay; Paraguay National Secretariat of Human Rights for Persons with Disabilities (*Secretaría Nacional por los Derechos de las Personas con Discapacidad - SENADIS*); Ministry of Health of Belize
- b) **National Alliance for Hispanic Health:** University of Southern California; University of South Florida Health Foundation; Ministry of Health of Panama; Ministry of Health of Mexico

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

American Speech-Language-Hearing Association

- a) El Salvador: Ad hoc committee members produced a comprehensive educational resource package in Spanish for audiologists and sent it to the Institute for Integrated Rehabilitation (ISRI) as a sustainable tool for training its professionals in communication disorders. This package has the potential to be used across the Region.
- b) Honduras: Ad hoc committee members reviewed and developed a curriculum for a phonoaudiology program at the National Autonomous University of Honduras (*Universidad Nacional Autónoma de Honduras - UNAH*). Good practices include: *a*) state-of-the-art training content to enable appropriate service delivery by trained clinicians; *b*) training of a new faculty (coming from different countries) with emphasis on standardization of terminology, criteria, and approaches for implementation of a new academic career program; *c*) 37 students are enrolled and the first class is scheduled to graduate in 2020. They will be the first cadre of phonoaudiologists in Honduras.
- c) Guyana: *a*) Ad hoc committee members developed a speech-language therapy/audiology curriculum; *b*) ad hoc committee developed procedures to evaluate student clinical practices; *c*) the first cohort of students (5 enrolled students) is scheduled to graduate in December 2018; *d*) ad hoc committee recruited an ASHA volunteer expert clinician, who spent two weeks assisting the MoH in areas related to service delivery and staff training during the summer of 2015.
- d) Paraguay: Ad hoc committee chair led two train-the-trainer workshops: one on evaluation methods and the other on augmentative and alternative communication. A total of 34 professionals (service providers) participated in each of the three-day workshops and family members participated on the fourth day of each workshop. The professional participants improved their knowledge about communication disorders and will be able to train other service

providers. In addition, for the first time, a national network was started on WhatsApp to exchange information about communication disorders. The fact that each of the countries identified its priority needs facilitated the buy-in from the MoH and country stakeholders.

National Alliance for Hispanic Health

The partnership between the Alliance and PAHO through the *Buena Salud Américas* (Good Health for the Americas) initiative represents a unique opportunity to support community-based and civil society engagement to address the prevention and control of noncommunicable diseases throughout the Americas. This partnership provided the platform for PAHO to share its technical expertise with community-based and civil society leadership from Latin America and the United States. Specific examples include: *a)* Presentation at the leadership meeting in Mexico on the plan of action for the prevention of obesity in children and adolescents; *b)* presentation on the status of HPV-related cancers in the Americas; *c)* training given in Panama on health communication trends and strategies; *d)* training given in Panama on effective social media interventions that engage communities; *e)* training given at the leadership meeting in Panama on fund-raising and sustainability; *f)* case study presentation on the findings from focus groups with women on their understanding of messages related to HPV and cervical cancer.

As part of the *Buena Salud Américas* Cancer and HPV Leadership Initiative and as a follow-up to the leadership meeting held in Panama, the Alliance worked with the health communications and social media team at PAHO to facilitate a social media webinar. The purpose of this webinar session was to learn how to better utilize social media channels such as Facebook and WhatsApp to conduct health campaigns and advocacy, promote messages on cervical cancer prevention, and share experiences and resources in the Region of the Americas.

8. Financial implications of this Agenda item

The collaborative work plans of most of the NSAs in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NSA budgets; there are no financial implications beyond the approved Biennial Work Plan in excess of \$10,000.

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