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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, Member States of the Pan American Health Organization (PAHO) adopted the Framework of Engagement with Non-State Actors (FENSA) via Resolution CD55.R3 (2016). Through this resolution, the PAHO Member States specifically replaced the Principles Governing Relations between the Pan American Health Organization and Nongovernmental Organizations with FENSA. They also requested the Director of the Pan American Sanitary Bureau (the Bureau) to implement FENSA in a manner consistent with the constitutional legal framework of PAHO and to report annually to the Executive Committee through its Subcommittee on Program, Budget, and Administration.
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 that is assessed by both parties as being mutually beneficial.
3. 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 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.

#### Application of Non-State Actor for Admission into Official Relations with PAHO

4. Based on its review of the application for admission into official relations, the Bureau considered that the application submitted by the non-State actor Clinical and Laboratory Standards Institute (CLSI) met the requirements and was therefore presented for consideration by the Executive Committee through the Subcommittee.
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5. The information submitted by the non-State actor in support of its application was made available to the Subcommittee in a background document. The 16th Session of the Subcommittee on Program, Budget, and Administration, composed of the Delegates of Brazil, Costa Rica, Dominica, Jamaica, Mexico, Panama, and United States of America, considered the application and background paper prepared by the Bureau. An updated report is provided in Annex A.

6. The Subcommittee recommends establishing official relations with the Clinical and Laboratory Standards Institute (CLSI).

### **Review of Non-State Actors in Official Relations with PAHO**

7. The Executive Committee, through its Subcommittee, is responsible for reviewing PAHO collaboration with each non-State actor in official relations every three years, at which time it may decide on the desirability of maintaining official relations or defer the decision to the following year. In addition, the Executive Committee may decide to discontinue official relations with a non-State actor 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 discontinue official relations if an organization no longer meets the criteria that applied at the time the relations were established, fails to provide updated information or report on the collaboration, or fails to fulfill its part in the agreed program of collaboration.

8. Currently, there are 28 non-State actors in official relations with PAHO. The Bureau conducts an assessment of each entity when its official relations status comes up for renewal, with approximately one-third of the non-State actors to be assessed each year. This year, seven entities are up for renewal: Healthy Caribbean Coalition (HCC), Inter-American Society of Cardiology (SIAC, for its acronym in Spanish), Latin American Association of Pharmaceutical Industries (ALIFAR, for its acronym in Spanish), Latin American and Caribbean Women's Health Network (LACWHN), Latin American Confederation of Clinical Biochemistry (COLABIOCLI, for its acronym in Spanish), Mundo Sano Foundation, and World Resources Institute Ross Center for Sustainable Cities (WRI). The Director submitted a report to the 16th Session of the Subcommittee on Program, Budget, and Administration on these seven entities. An updated report is provided in Annex B.

9. The information submitted by the non-State actors 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 non-State actors in official relations with PAHO and a report on their collaborative activities with PAHO.

10. The Subcommittee recommends that official relations with the following six non-State actors be maintained through 2024: Healthy Caribbean Coalition, Inter-American Society of Cardiology, Latin American Association of Pharmaceutical Industries, Latin American Confederation of Clinical Biochemistry, Mundo Sano Foundation, and World Resources Institute Ross Center for Sustainable Cities.

11. The Subcommittee recommends that the Executive Committee discontinue official relations with the Latin American and Caribbean Women's Health Network (LACWHN). Although joint activities have been conducted in the past, an agreed plan of work has not been identified. After discussion with the entity, it was agreed that LACWHN would not submit an application for renewal of official relations with PAHO. Future opportunities for engagement outside of official relations will be explored with LACWHN in light of the valuable work it carries out in the Region.

12. A table showing when each non-State actor 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**

**The Subcommittee recommends admission into official relations with PAHO for the following non-State actor:**

***Clinical and Laboratory Standards Institute***

1. The Clinical and Laboratory Standards Institute (CLSI), established in 1969, is a globally recognized not-for-profit standards development organization whose mission is to develop clinical and laboratory practices and promote their use worldwide. The Institute's vision is to set the standard in laboratory medicine for a healthier world.
  2. CLSI generates standards and guidelines, provides teaching aids, and offers direct technical assistance with education and training in the major disciplines of clinical laboratory medicine. These include automation and informatics, clinical chemistry and toxicology, general laboratory, hematology, immunology and ligand assay, method evaluation, microbiology, molecular diagnostics, newborn screening, point-of-care testing, quality management systems, and veterinary medicine.
  3. CLSI was a PAHO/WHO Collaborating Center until 2020, when it no longer qualified for eligibility as it is not an academic institution. Nonetheless, it maintains close collaboration with PAHO and has applied for official relations status.
  4. Over the past two years, the following activities have been carried out jointly by CLSI and PAHO:
    - a) PAHO has participated in meetings of the CLSI Subcommittee on Antimicrobial Susceptibility Testing (AST) for the determination of antimicrobial breakpoints for specific pathogens. The Subcommittee on AST provides useful information to laboratories, enabling them to advise clinicians on the selection of appropriate antimicrobial therapy. PAHO participates in at least two annual meetings of the CLSI's subcommittees and in ad hoc discussions.
    - b) PAHO participated in meetings of the CLSI Expert Panel on Microbiology, which provides technical expertise in microbiology.
    - c) PAHO, through the Latin American and Caribbean Network for Antimicrobial Resistance Surveillance (ReLAVRA), has facilitated the use of surveillance data for the development of CLSI laboratory standards and breakpoints for antimicrobial susceptibility testing. For example, the standard for *Haemophilus influenzae* is currently in development with the participation of the National Institute of Health of Colombia. PAHO also participated in the development of azithromycin breakpoints in *Salmonella spp.* and *Shigella spp.*, making available routine surveillance data produced in the Region.
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- d) During 2021, CLSI conducted direct and indirect training assistance in Caribbean countries with a view to strengthening the capacities of laboratory personnel in maintaining a quality management system to enable national laboratories to seek accreditation to the ISO 15189 standard. CLSI continues to offer public health laboratories technical assistance to improve laboratory operations and surveillance methodologies to respond to outbreaks quickly and appropriately.
5. The following activities are proposed for the next three years (2022-2024) under the work plan for collaboration between CLSI and PAHO:
- a) Strengthen the capacities of national laboratories in the Region of the Americas to monitor and mitigate the spread of antimicrobial resistance. This includes the development of materials and resources written for the PAHO community; strengthening of national policies and guidelines; training and workshops; and strengthening of surveillance infrastructure.
  - b) Identify new standards, guidelines, and documents to be developed based on Latin American epidemiology.

## **Annex B**

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

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

#### ***Healthy Caribbean Coalition***

1. Formed in 2008, the Healthy Caribbean Coalition (HCC) is a registered not-for-profit organization with a membership of over 100 civil society organizations (CSOs). HCC works closely with regional and international partners, government, the business community, academia, and civil society to develop and implement plans for the prevention and control of noncommunicable diseases (NCDs) among the Caribbean people.
  2. Over the past three years, the following activities were carried out under the work plan for collaboration between HCC and PAHO:
    - a) Capacity building to enable civil society, working in partnership with key stakeholders, to deliver high-quality cervical cancer education, screening, and advocacy for the establishment or scaling up of national human papillomavirus (HPV) vaccination programs.
    - b) Strengthening of Caribbean Community (CARICOM) National NCD Commissions through annual virtual meetings of the CARICOM Regional Chairs held between 2019 and 2021, along with periodic updating of the NCD portal.
    - c) Technical cooperation to analyze the status of existing National NCD Commissions in the Caribbean and make recommendations to strengthen their capacities. Entry points were identified for efforts to establish and/or strengthen tobacco control coordinating mechanisms in line with the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), Article 5.2.a.
    - d) Continued implementation of the HCC's civil society action plan for preventing childhood obesity in the Caribbean. HCC advocated for the introduction of healthy school policies by helping to develop a model policy for regulating the availability of unhealthy foods and beverages in school settings and supporting the dissemination of guidance.
    - e) Advocacy for the introduction of mandatory front-of-package warning labeling (FOPWL) in the Caribbean. Technical support was provided through the CARICOM Regional Organization for Standards and Quality (CROSQ) consultation process, advocacy, communication activities, co-hosting webinars, and co-development of material. Support was also provided for the development of the HCC web page on FOPWL.
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- f) Support for HCC’s work to counter industry interference in the FOPWL process, including identifying, managing, and mitigating conflicts of interests.
  - g) Annual Caribbean Alcohol Reduction Days in 2019, 2020, and 2021. Joint activities included dedicated web pages, infographics, and webinars featuring the PAHO advisor on alcohol reduction.
3. The following activities are proposed for the next three years (2022-2024) under the collaborative work plan between HCC and PAHO:
- a) Provide support to strengthen CARICOM National NCD Commissions through networking, capacity building, and informal technical assistance in support of HCC’s Transformative New NCD Agenda.
  - b) Build capacity of CSOs, the public sector, and selected private sector actors (in non-health-harming industries) to identify, prevent, manage, and mitigate conflicts of interests in NCD prevention, control policy, and programming in support of HCC’s Transformative New NCD Agenda.
  - c) Collaborate with regional partners through mechanisms such as the Caribbean Public Health Law Forum and the Law and Health Research Unit at the University of the West Indies aimed at increasing legal capacity in the Region to facilitate the implementation of NCD policies.
  - d) In support of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer and HCC’s Transformative New NCD Agenda, advocate for high-quality cervical cancer education, screening, and referral, and for HPV vaccination programs targeting women in hard-to-reach communities.
  - e) Advocate for healthy food environments through the implementation of policies, including mandatory front-of-package nutrition warning labeling, healthy school policies, fiscal policies to encourage consumption of healthy foods, and regulation of marketing of unhealthy foods to children.
  - f) Continue to host the annual Caribbean Alcohol Reduction Day to build awareness among the public and policymakers around the harmful effects of alcohol use. The event is organized in partnership with PAHO, the Caribbean Public Health Agency (CARPHA), and other key stakeholders.

***Inter-American Society of Cardiology***

4. The Inter-American Society of Cardiology (SIAC) is a civic association made up of the national cardiology societies of the countries of the Americas and the Spanish Society of Cardiology. SIAC was founded in 1944 with a mission to promote progress in the field of cardiology as well as interdisciplinary and intersectoral collaboration for cardiovascular health care in the community.

5. Over the past three years, the following activities were carried out under the work plan for collaboration between SIAC and PAHO:

- a) The HEARTS in the Americas initiative continued to be promoted through the HEARTS regional workshop, held in conjunction with the Interamerican Congress of Cardiology in 2019. The event drew more than 80 recognized experts from all cardiology societies of the Region, achieving the inclusion of more countries in the initiative.
- b) A meeting was held of regional leaders of scientific societies, foundations, academic institutions, patient groups, and responsible authorities of health ministries committed to policies for the prevention, diagnosis, and treatment of Chagas disease among vulnerable populations. This resulted in the publication of an article in the Global Heart journal.
- c) SIAC carried out awareness campaigns on World Hypertension Day, World Heart Day, and World Diabetes Day with the support of PAHO, the World Heart Federation, and the Latin American Society of Hypertension (LASH).
- d) Training activities were held in cardiometabolic prevention units, with comprehensive efforts to optimize the diagnosis and control of cardiometabolic risk factors. This contributed to the dissemination of WHO guidelines on hypertension and the implementation of the HEARTS in the Americas initiative.
- e) Within the framework of the NET-Heart project, research on neglected diseases and the heart was carried out and published in leading scientific journals.

6. The following activities are proposed for the next three years (2022-2024) under the collaborative work plan between PAHO and SIAC:

- a) Support the implementation of the HEARTS initiative in Latin American cardiology societies and the establishment of partnerships with the ministry of health of each country in the Region in order to strengthen the management of cardiovascular risk factors in primary health care settings.
- b) Continue PAHO participation in technical meetings of the HEARTS initiative within the framework of the Interamerican Congress of Cardiology in order to strengthen technical cooperation, establish spaces for discussion, and contribute to innovative developments in the implementation of policies for the control of cardiovascular diseases and their risk factors.
- c) Promote dissemination and analysis of the new WHO guidelines on hypertension by including this topic in various scientific and technical sessions in Latin America. Create a roadmap with concrete actions that facilitate full implementation of the WHO guidelines, making the control of hypertension a health priority.
- d) Continue promoting the agenda of cardiovascular health priorities within the framework of the “25 by 25” target (reduce mortality from cardiovascular diseases by 25% by 2025) in all possible technical areas, as has been done since 2012.

- e) Continue campaigns on World Hypertension Day, World Heart Day, and World Diabetes Day, with the support of PAHO and the World Heart Federation, to raise public awareness of cardiovascular prevention measures.

***Latin American Association of Pharmaceutical Industries***

7. The Latin American Association of Pharmaceutical Industries (ALIFAR), founded in 1980, is an international nonprofit association that brings together the national pharmaceutical industries of Latin American countries. Its priority objectives are to support and strengthen these national industries and to promote mutual interests at the subregional, regional, and international levels.

8. Over the past three years, the following activities were carried out under the work plan for collaboration between ALIFAR and PAHO:

- a) Technical and scientific support for regional and global public consultations organized by PAHO and WHO. ALIFAR representatives participated as panelists in regulatory update meetings, sharing experiences on alternative models for the clinical evaluation of new COVID-19 vaccines.
- b) Exchange of knowledge and experiences at the regional level in order to share good practices in public policymaking, identify items for the regional cooperation agenda, and discuss extended producer responsibility.
- c) Monitoring and evaluation through virtual meetings with professionals from research centers, companies, national governments, and PAHO, with broad participation of the governing bodies of associations affiliated with ALIFAR, on the effects of the COVID-19 pandemic on public health in the countries and the measures adopted to alleviate the impact on the population.
- d) Technical cooperation in the review of progress reports on projects of the Pan American Network for Drug Regulatory Harmonization (PANDRH), and participation and formulation of suggestions at meetings of the PANDRH Steering Committee.
- e) Revision of several modules of a virtual course on the health regulation of biological and biotechnological products.
- f) Exchange of information with PAHO on registration and marketing authorization of medicines, good manufacturing practices, bioavailability and bioequivalence, intellectual property, marketing of medicines, falsification of medicines, and other topics of interest to the parties.

9. The following activities are proposed for the next three years (2022-2024) under the collaborative work plan between ALIFAR and PAHO:

- a) Facilitate participation of experts from ALIFAR's national associations in regional and global activities and in scientific and regulatory issues involving medicines, contributing to the exchange of knowledge and experiences at the regional level.

- b) Support and participate in PANDRH activities related to the network's priority projects and preparation of its strategic development plan for the period 2021-2026. An ALIFAR official will serve as a member of the PANDRH Steering Committee.
- c) Provide technical and scientific support for regional and global public consultations organized by PAHO and WHO on issues of quality, safety, and efficacy of medicines and other health technologies.
- d) Participate and provide technical collaboration on workshops, seminars, and development of materials, strengthening regional coordination with relevant institutions related to the health, science, technology, and industrial sectors.
- e) Participate and provide technical collaboration and exchange of experiences in meetings and other activities convened within the framework of implementation of PAHO Resolution CD59.R3, Increasing Production Capacity for Essential Medicines and Health Technologies.

***Latin American Confederation of Clinical Biochemistry***

10. Founded in 1968, the Latin American Confederation of Clinical Biochemistry (COLABIOCLI) is a private, international, nonprofit, scientific, academic, and trade association, which brings together national entities of professionals in clinical biochemistry and similar professions in Latin America. It works to continuously improve ethical, scientific, technical, and economic aspects of the profession in order to best serve individuals and society.

11. Over the past three years, the following activities were carried out under the work plan for collaboration between COLABIOCLI and PAHO:

- a) Training program to strengthen professional competencies, with emphasis on managerial education, quality management, and exchange of good practices.
- b) Census of laboratories to help improve knowledge about the situation of clinical laboratories in Latin America.
- c) Strengthening of external quality assessment programs in Latin America through an agreement with Brazil's National Quality Control Program (PNCQ) to provide basic external quality assessment programs for each country, focusing on public and private laboratories in COLABIOCLI member countries.
- d) Development of editions of the "Course on Quality Management and Good Practices for Laboratories" that are adapted to the requirements of the PAHO programs on arbovirus surveillance, influenza laboratories, and others.
- e) Technical advice on quality management for national reference laboratories, with preparation of instructional and training materials.
- f) Development of a training course, "Leadership of Young Professionals in Clinical Laboratories: A Post-Pandemic Challenge."

g) Organization of conversations between laboratory professionals and managers on the role of clinical laboratories in public health and health emergencies.

12. The following activities are proposed for the next three years (2022-2024) under the collaborative work plan between COLABIOCLI and PAHO:

- a) Continue the training program in quality management and exchange of good practices through the organization of two online courses, using the “Course on Quality Management and Good Practices for Laboratories,” Third Edition, published by PAHO in 2016.
- b) Carry out a survey of national professional certification and recertification systems, and systematize information on current professional certification programs in the countries of the Region.
- c) Continue helping to strengthen external quality assessment programs in Latin America through the distribution of basic external quality assessment programs for each country, focusing on public and private laboratories in COLABIOCLI member countries and providing advice to countries implementing these programs. Training will also be provided for representatives of member countries in the organization and management of external quality assessment programs.
- d) Continue the ongoing workshop for university professors from the Region on topics related to professional training for clinical laboratories, quality management, biosecurity in the laboratory, public health, and risk management in situations of epidemiological impact.
- e) Hold 12 discussions (four per year) on the role of clinical laboratories in public health and health emergencies. The discussions will be available in the repository on the COLABIOCLI website.
- f) Carry out a survey of clinical laboratory accreditation systems in the countries of the Region and prepare a report aimed at strengthening laboratory accreditation systems, quality accreditation, and biosecurity and waste treatment requirements.
- g) Offer three leadership courses for young professionals, with emphasis on laboratory management, participation in interdisciplinary teams, and public health.

### ***Mundo Sano Foundation***

13. The Mundo Sano Foundation is a family foundation established in 1993 that aims to promote research, technological innovation, and health education in formal and informal areas in order to improve people’s quality of life and well-being. Its activities relate to the medical, agricultural, biological, physical, chemical, and natural sciences. Its main lines of work include developing new programs for interventions aimed at tackling various neglected infectious diseases such as Chagas, soil-transmitted helminth infections, leishmaniasis, hydatidosis, and mosquito-borne diseases such as dengue, chikungunya, and Zika.

14. Over the past three years, the following activities were carried out under the work plan for collaboration between Mundo Sano and PAHO:

- a) Participation and collaboration around activities carried out within the framework of subregional meetings organized by PAHO. These include the meeting on using the multiplex bead assay for integrated serological surveillance of communicable diseases in the Region of the Americas (Mexico, March 2020); the Andean Subregional Initiative for Prevention, Control, and Treatment of Chagas Disease (August 2020); the Initiative of the Countries of Central America and Mexico for the Control of Vector-borne and Transfusional Transmission and Medical Care for Chagas Disease (October 2020); and the Initiative of Amazon Countries for the Surveillance and Control of Chagas Disease (May 2021).
- b) Launch of the “No Baby with Chagas” campaign in 2019 to give visibility to the vertical transmission of Chagas.
- c) Participation in the technical meeting and subsequent approval of the initiative “No Baby with Chagas: The Road toward New Generations Free of Chagas Disease” at the XXVII Ibero-American Summit of Heads of State and Government (Andorra, 2021), organized by the Ibero-American General Secretariat.
- d) Organization of events and symposiums, including the XIX International Symposium on Neglected Diseases (2021); the second “Rethinking Chagas Workshop: Reshaping the Agenda for Chagas Disease in the United States” (with the Harvard T. H. Chan School of Public Health, 2021); and a virtual seminar on “Neglected Diseases in the Context of COVID-19,” organized jointly with the United Nations in Argentina with the participation of the PAHO/WHO Representative Office in Argentina (July 2020).
- e) Publication of the second “Updates on Chagas Disease in the U.S.,” an e-newsletter in collaboration with Harvard University.
- f) Development of an educational project for the prevention of mosquito-borne diseases, Prevention in Action: Educational Resources for a Healthy World. It includes physical and digital material and features educational talks for school-age children, considering school as a space to promote health education.
- g) Coordinated work with the health ministries of the provinces of Santiago del Estero and Chaco, Argentina, to launch the strategy for Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B, and Chagas (EMTCT Plus) in 2019. In addition, a training workshop on the EMTCT Plus strategy was held for health personnel at a site in the province of Buenos Aires.
- h) Participation in a project to study the prevalence of *Trypanosoma cruzi* infection in the Gran Chaco area of Bolivia and validation of alternative methodologies for the diagnosis of Chagas disease in chronic and congenital patients. Other partners included the Foundation for Applied Science and Studies for Health and

- Environmental Development (CEADES) and the Barcelona Institute for Global Health (ISGLOBAL).
- i) Development of a national map of parasite infection risk in Argentina, together with the National Scientific and Technical Research Council (CONICET), the National Commission on Space Activities (CONAE), the Gulich Institute, and the National University of Córdoba. The map was published in 2020.
  - j) Project on “Partnerships for the Elimination of Chagas Disease as a Public Health Problem in Central America and Mexico.” For this project Mundo Sano partnered with San Carlos University in Guatemala, International Development Research Centre of Canada, Drugs for Neglected Diseases initiative, health area of Jutiapa municipality, Ministry of Public Health and Social Assistance of Guatemala, Association for Research and Social Studies (ASIES) in Guatemala, and PAHO. The entomological information collected in this project was made available for the process of certifying the elimination of Chagas caused by *Rhodnius prolixus* in Guatemala.
  - k) Support was provided to national health authorities and local academic institutions in the preparation of Guidelines for the Surveillance and Control of *Triatoma dimidiata* in Guatemala.
15. The following activities are proposed for the next three years (2022-2024) under the collaborative work plan between Mundo Sano and PAHO:
- a) Implement programs for vector surveillance and control and for access to etiological diagnosis and treatment in three provinces of Argentina (Santiago del Estero, Chaco, and San Juan). Develop tools to assist vector surveillance and control actions at the local level in Argentina in line with PAHO’s Integrated Management Strategy for Arboviral Disease Prevention and Control in the Americas.
  - b) Support efforts to strengthen capacities in the surveillance and control of triatomines for the elimination of domestic vector-borne transmission in Guatemala.
  - c) Implement the EMTCT Plus framework in the South American Chaco (Argentina, Bolivia, and Paraguay).
  - d) Implement a research project, “Field Validation of Trypanosoma cruzi-LAMP: A Molecular Point-of-Care Test for the Control of Congenital Chagas Disease.” This project seeks to stimulate and facilitate the implementation of actions for access to the diagnosis and treatment of Chagas disease in the Region of the Americas.
  - e) Implement, using digital media, the project “Prevention in Action: Educational Resources for a Healthy World,” for the prevention of mosquito-borne diseases.

- f) Collaborate with the Ministry of Health of Argentina on the development of a project to strengthen the national leprosy program to achieve the interruption of transmission in Argentina.
- g) Support development of tools for prevalence mapping and study of soil-transmitted parasites and their relationship with environmental and social variables.

***World Resources Institute Ross Center for Sustainable Cities***

16. The World Resources Institute (WRI) is a global nonprofit organization working with leaders in government, business, and civil society to research, design, and carry out practical solutions that simultaneously improve people’s lives and ensure nature can thrive. WRI’s 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 envisions an equitable and prosperous planet driven by the wise management of natural resources.

17. Over the past three years, the following activities were carried out under the work plan for collaboration between WRI and PAHO:

- a) Organization of meetings, consultations, and knowledge exchange in the areas of public health related to road safety, such as road infrastructure design, speed, and physical activity. These consultations led to the development of capacity-building sessions on road infrastructure designed for the Ministry of Health in Brazil.
- b) Participation in a series of workshops organized by PAHO in Brasilia. WRI provided inputs into a document that resulted from the workshops, titled *Agenda on Sustainable Mobility and Health: Road Safety, Air Quality and Physical Activity* (in Spanish). After the event, WRI and PAHO continued to follow up on takeaways from the workshops and the outcome document.
- c) Participation in the launch of the report *Status of Road Safety in the Region of the Americas*, published by PAHO in 2019. As one of the presenters, WRI provided comments and feedback on the report.
- d) Participation and contribution to the discussion on how society can generate demands for strong leadership for road safety during the Fifth UN Global Road Safety Week.
- e) Coordination of WRI’s Vision Zero Challenge (VZC). PAHO participated during the early development stages and as one of the jurors selecting the Challenge’s winning cities. PAHO had a key role in the ongoing VZC activities and participated in a panel of experts in the webinar “Overcoming Barriers to the Safe System,” in which officials from all 24 participating cities took part.
- f) Participation in the Third Ministerial Conference on Road Safety hosted by the Government of Sweden and co-hosted by WHO in 2020. The conference contributed to discussions leading to the Stockholm Declaration, which calls for a new global target to reduce road traffic deaths and injuries by 50% by 2030.

- g) A capacity-building webinar on the safe-systems approach to road safety in the Region of the Americas. Hosted by WRI, PAHO, and WHO in December 2020, the trainings covered two topics: applying safe systems thinking to road safety, and foundations for road safety legislation.
18. The following activities are proposed for the next three years (2022-2024) under the collaborative work plan between WRI and PAHO:
- a) Increase collaboration in the VZC activities, including capacity-building sessions for policymakers in the Region of the Americas.
  - b) Organize webinars, workshops, and capacity-building sessions that will include the following topics: national and city-level strategies on road safety; safe systems; promotion of biking and physical activity, and their benefits in the preventing NCDs; data systems for road safety; speed management and enforcement; and road safety for children.
  - c) Continue supporting efforts to improve and leverage data systems for road safety. Reliable and accurate georeferenced data is needed to achieve key objectives, including identification of risk factors, development of targeted interventions, target setting, and impact evaluation of the interventions. Countries where both organizations are currently working on this area may collaborate, include all countries with cities participating in the VZC, among others.
  - d) Collaborate to produce a joint report on good biking policies and/or experiences in the Region that can be a model for implementation in this field.
  - e) When feasible, collaborate on ongoing road safety projects in countries where either organization is involved in work on topics such as child safety/school zones and corridors, data, speed management, and Vision Zero (Argentina, Brazil, Colombia, the Dominican Republic, El Salvador, Jamaica, and Mexico, among others).

## Annex C

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

(as of 1 January 2022)

<b>Name (English)</b>	<b>Name (Spanish)</b>	<b>Date Admitted</b>	<b>Last Reviewed</b>	<b>Scheduled to be Reviewed</b>
Action on Smoking and Health (ASH)	Action on Smoking and Health	2018	2021	2024
American Heart Association (AHA)	Asociación Estadounidense del Corazón	2020		2023
American Public Health Association (APHA)	Asociación Estadounidense de Salud Pública	2013	2020	2023
American Society for Microbiology (ASM)	Sociedad Estadounidense de Microbiología	2001	2020	2023
American Speech-Language-Hearing Association (ASHA)	Asociación Americana del Habla, Lenguaje y Audición	2014	2021	2024
Basic Health International (BHI)	Basic Health International	2020		2023
Campaign for Tobacco-Free Kids (CTFK)	Campaign for Tobacco-Free Kids	2021		2024
Drugs for Neglected Diseases Initiative - Latin America (DNDi)	Iniciativa Medicamentos para Enfermedades Olvidadas - América Latina	2018	2021	2024
Framework Convention Alliance (FCA)	Alianza para el Convenio Marco	2015	2021	2024
Global Oncology (GO)	Global Oncology	2020		2023
Healthy Caribbean Coalition (HCC)	Coalición Caribe Saludable	2012	2019	2022
Inter-American Association of Sanitary and Environmental Engineering	Asociación Interamericana de Ingeniería Sanitaria y Ambiental (AIDIS)	1995	2020	2023
InterAmerican Heart Foundation (IAHF)	Fundación Interamericana del Corazón (FIC)	2002	2021	2024
Inter-American Society of Cardiology	Sociedad Interamericana de Cardiología (SIAC)	2012	2019	2022
Latin American and Caribbean Women's Health Network (LACWHN)	Red de Salud de las Mujeres Latinoamericanas y del Caribe (RSMLAC)	2004	2019	2022

<b>Name (English)</b>	<b>Name (Spanish)</b>	<b>Date Admitted</b>	<b>Last Reviewed</b>	<b>Scheduled to be Reviewed</b>
Latin American Association of Pharmaceutical Industries	Asociación Latinoamericana de Industrias Farmacéuticas (ALIFAR)	2000	2019	2022
Latin American Confederation of Clinical Biochemistry	Confederación Latinoamericana de Bioquímica Clínica (COLABIOCLI)	1988	2019	2022
Latin American Federation of the Pharmaceutical Industry	Federación Latinoamericana de la Industria Farmacéutica (FIFARMA)	1979	2021	2024
Latin American Society of Nephrology and Hypertension	Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH)	2015	2021	2024
March of Dimes	March of Dimes	2001	2020	2023
Mundo Sano Foundation	Fundación Mundo Sano	2016	2019	2022
National Alliance for Hispanic Health (NAHH)	Alianza Nacional para la Salud Hispana	1996	2021	2024
Pan-American Federation of Associations of Medical Schools (PAFAMS)	Federación Panamericana de Asociaciones de Facultades y Escuelas de Medicina (FEPAFEM)	1965	2020	2023
Pan American Federation of Nursing Professionals	Federación Panamericana de Profesionales de Enfermería (FEPPEN)	1988	2020	2023
Sabin Vaccine Institute	Instituto de Vacunas Sabin	2011	2021	2024
United States Pharmacopeial Convention (USP)	Convención de la Farmacopea de Estados Unidos	1997	2020	2023
World Association for Sexual Health (WAS)	Asociación Mundial para la Salud Sexual	2001	2020	2023
World Resources Institute Ross Center for Sustainable Cities (WRI)	Centro Ross para Ciudades Sustentables del Instituto de Recursos Mundiales	2010	2019	2022



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE Americas

## 170th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA (hybrid session), 20-24 June 2022

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CE170/7  
Annex D  
Original: English

### ***PROPOSED RESOLUTION***

#### **NON-STATE ACTORS IN OFFICIAL RELATIONS WITH PAHO**

##### ***THE 170th 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 CE170/7);

(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 non-State actor into official relations with PAHO for a period of three years:

- a) Clinical and Laboratory Standards Institute.

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

- a) Healthy Caribbean Coalition;
  - b) Inter-American Society of Cardiology;
  - c) Latin American Association of Pharmaceutical Industries;
  - d) Latin American Confederation of Clinical Biochemistry;
  - e) Mundo Sano Foundation;
  - f) World Resources Institute Ross Center for Sustainable Cities.
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(OP)3. To discontinue official relations with the following non-State actor:

- a) Latin American and Caribbean Women's Health Network.

(OP)4. 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 2022-2023](#):**

This resolution proposes continuing official relations with six non-State actors (NSAs), whose collaborative relationship was reviewed. All collaborative work plans should be linked to one of the outcomes of the PAHO Program Budget.

***Healthy Caribbean Coalition***

Outcome 13: Risk factors for noncommunicable diseases (NCDs).

*Output 13.1:* Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflicts of interest.

*OPT Indicator 13.1.a:* Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions.

*OPT Indicator 13.1.c:* Number of countries and territories implementing policies to reduce salt/sodium consumption in the population.

*OPT Indicator 13.1.d:* Number of countries and territories implementing fiscal policies and/or regulatory frameworks on food marketing and/ or front-of-package warning labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer.

*OPT Indicator 13.1.f:* Number of countries and territories implementing policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply.

*OPT Indicator 13.1.g:* Number of Member States that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement.

Outcome 14: Malnutrition in all its forms reduced.

*Output 14.1:* Countries and territories enabled to develop and monitor implementation of policies and plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals.

*OPT Indicator 14.1.c:* Number of countries and territories implementing policies to prevent stunting in children under 5 years of age.

***Inter-American Society of Cardiology***

Outcome 5: Access to services for NCDs and mental health conditions.

*Output 5.1:* Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages.

*OPT Indicator 5.1.a:* Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease.

***Latin American Association of Pharmaceutical Industrial***

Outcome: 8: Access to health technologies.

*Output 8.1:* Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies.

*OPT Indicator 8.1.a:* Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies.

*OPT Indicator 8.1.b:* Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products.

*Output 8.2:* Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products.

*OPT Indicator 8.2.a:* Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool.

*Output 8.3:* Countries and territories enabled to improve affordability and access to medicines and other health technologies.

*OPT Indicator 8.3.a:* Number of countries and territories with a comprehensive multisource/generic medicines strategy.

*OPT Indicator 8.3.b:* Number of countries and territories with pricing strategies for medicines and other health technologies.

***Latin American Confederation of Clinical Biochemistry***

Outcome 24: Epidemic and pandemic prevention and control.

*Output 24.3:* Countries and territories enabled to mitigate the risk of the emergence/reemergence of high-threat infectious pathogens.

*OPT Indicator 24.3.a:* Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to emerging and high-threat pathogens.

***Mundo Sano Foundation***

Outcome 4: Response capacity for communicable diseases.

*Output 4.3:* Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems

*OPT Indicator 4.3.a:* Number of NID-endemic countries and territories that implement PAHO recommendations on integrated interventions to reduce the burden of NIDs through their health systems.

***World Resources Institute Ross Center for Sustainable Cities***

Outcome 6: Response capacity for violence and injuries.

*Output 6.1:* Countries and territories enabled to increase health service response capacity for road traffic injuries.

*OPT Indicator 6.1.a:* Number of countries and territories that have a single emergency care access number with full national coverage.

**3. Financial implications:**

***Healthy Caribbean Coalition; Inter-American Society of Cardiology; Latin American Association of Pharmaceutical Industries; Mundo Sano Foundation; World Resources Institute Ross Center for Sustainable Cities.***

- a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): None.
- b) Estimated cost for the 2022-2023 biennium (including staff and activities): None.
- c) Of the estimated cost noted in *b)*, what can be subsumed under existing programmed activities: None

***Latin American Confederation of Clinical Biochemistry***

- a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): US\$ 30,000.
- b) Estimated cost for the 2022-2023 biennium (including staff and activities): US\$ 20,000.
- c) Of the estimated cost noted in *b)*, what can be subsumed under existing programmed activities? US\$ 20,000.

**4. Administrative implications:**

*Healthy Caribbean Coalition; Inter-American Society of Cardiology; Latin American Association of Pharmaceutical Industries; Latin American Confederation of Clinical Biochemistry; Mundo Sano Foundation; World Resources Institute Ross Center for Sustainable Cities.*

- a) Indicate the levels of the Organization at which the work will be undertaken: Regional, subregional, and country 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): 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:** Department of External Relations, Partnerships and Resource Mobilization (ERP)
3. **Preparing officers:** Regina Campa, Partnerships Advisor (ERP) in collaboration with the following technical focal points:
  - a) Clinical and Laboratory Standards Institute: Pilar Ramon Pardo, CDE
  - b) Healthy Caribbean Coalition: Audrey Morris, NMH
  - c) Inter-American Society of Cardiology: Pedro Orduñez, NMH
  - d) Latin American Association of Pharmaceutical Industries: Analia Porras, HSS
  - e) Latin American Confederation of Clinical Biochemistry: Jean Marc Gabastou
  - f) Mundo Sano Foundation: Luis Gerardo Castellanos, CDE
  - g) World Resources Institute Ross Center for Sustainable Cities: Ricardo Perez Nuñez, NMH

4. **Link between Agenda item and [Sustainable Health Agenda for the Americas 2018-2030](#):**

### *Clinical and Laboratory Standards Institute*

Goal 10: Reduce the burden of communicable diseases and eliminate neglected diseases.

Target 10.08: Treat and prevent infectious diseases, including the responsible and rational use of safe, effective, accessible, and affordable quality-assured drugs (adapted from the PAHO Plan of Action on Antimicrobial Resistance, document 54/12, Rev. 1 [2015]).

### *Healthy Caribbean Coalition*

Goal 9: Reduce morbidity, disabilities and mortality from noncommunicable diseases, injuries, violence and mental health disorders.

Target 9.1: Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment, and promote mental health and well-being (SDG target 3.4).

Target 9.7: Contribute to ending all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under 5 years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons (adapted from SDG target 2.2).

### *Inter-American Society of Cardiology*

Goal 9: Reduce morbidity, disabilities and mortality from noncommunicable diseases, injuries, violence and mental health disorders.

Target 9.1: Reduce premature mortality from noncommunicable diseases by one-third through prevention and treatment, and promote mental health and well-being (SDG target 3.4).

***Latin American Association of Pharmaceutical Industries***

Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.

Target 5.1: Ensure timely access to medicines on the national essential medicines list, and to priority health technologies, without any payment at the point of care, service, or dispensing of the medicine, according to the national context (Revised PAHO Strategic Plan outcome 4.3).

Target 5.3: Have in place a national regulatory authority for medicines rated at level-3 capacity based on the WHO global benchmarking tool (Adapted from PAHO Strategic Plan outcome 4.3).

Target 5.7: Strengthen national, subregional and regional mechanisms for negotiation and purchasing to improve the capacity of countries to obtain more affordable and equitable prices for medicines, vaccines, and other health technologies (Policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies, PAHO document CD55/10, Rev. 1 [2016]).

Target 5.8: Taking into account public health perspectives, strengthen the capacity to implement intellectual property policies and health policies that promote research and development of medicines, vaccines and other health technologies for communicable and noncommunicable diseases that primarily affect developing countries and that promote access to affordable medicines, vaccines, and other health technologies (adapted from SDG target 3.b and Policy on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies, PAHO document CD55/10, Rev. 1 [2016]).

***Latin American Confederation of Clinical Biochemistry***

Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks, and emergencies and disasters that affect the health of the population.

Target 8.1: Reduce the number of cases of death, disability, and illness, with emphasis on protection of the poor and vulnerable populations affected by emergencies and disasters (combination of the SDG target 11.5 and PAHO Strategic Plan impact goal 9).

***Mundo Sano Foundation***

Goal 10: Reduce the burden of communicable diseases and eliminate neglected diseases.

Target 10.7: Eliminate neglected infectious diseases as public health problems (adapted from the PAHO Plan of Action for the Elimination of Neglected Infectious Diseases and Post-Elimination Actions 2016-2022, document CD55/15 [2016]).

***World Resources Institute Ross Center for Sustainable Cities***

Goal 9: Reduce morbidity, disabilities and mortality from non-communicable diseases, injuries, violence, and mental health disorders.

Target 9.5: Reduce by half the number of deaths and injuries caused by road traffic accidents (adapted from SDG target 3.6).

5. **Link between Agenda item and the [Strategic Plan of the Pan American Health Organization 2020-2025](#):**

***Clinical and Laboratory Standards Institute***

Outcome 12: Risk factors for communicable diseases. Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action.

*Outcome Indicator 12.c:* Number of countries and territories with increased antimicrobial resistance (AMR) surveillance capacity to guide the public health interventions for decreasing the risk and preventing the spread of multidrug-resistant infections through intersectoral action.

***Healthy Caribbean Coalition***

Outcome: 5. Access to services for NCDs and mental health conditions.

*Outcome Indicator 5.a:* Number of countries and territories that achieve the 2025 global NCD target to halt the rise in diabetes assessed by age-standardized prevalence of raised blood glucose/diabetes among adults aged 18+ years.

*Outcome Indicator 5.b:* Number of countries and territories that reach a target of 35% prevalence of controlled hypertension at population level (<140/90 mmHg) among persons with hypertension 18+ years of age.

Outcome 13: Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action.

*Outcome Indicator 13.b:* Total (recorded and unrecorded) alcohol per capita (APC) consumption among persons 15+ years of age within a calendar year in liters of pure alcohol, adjusted for tourist consumption.

*Outcome Indicator 13.c:* Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years.

Outcome: 14. Malnutrition in all its forms reduced.

*Outcome Indicator 14.d:* Prevalence of childhood and adolescent obesity (5-19 years of age).

*Outcome Indicator 14.e:* Prevalence of overweight and obesity in persons 18+ years of age.

***Inter-American Society of Cardiology***

Outcome 5: Access to services for NCDs and mental health conditions.

*Outcome Indicator 5.b:* Number of countries and territories that reach a target of 35% prevalence of controlled hypertension at population level (<140/90 mmHg) among persons with hypertension 18+ years of age.

***Latin American Association of Pharmaceutical Industries***

Outcome: 8. Access to health technologies.

*Output 8.1:* Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies.

*OPT Indicator 8.1.a:* Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies.

*OPT Indicator 8.1.b:* Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products

*Output 8.2:* Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products.

*OPT Indicator 8.2.a:* Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Too.

***Latin American Confederation of Clinical Biochemistry***

Outcome 24: Epidemic and pandemic prevention and control.

*Outcome Indicator 24 a:* Number of countries and territories with capacity to effectively respond to major epidemics and pandemics.

***Mundo Sano Foundation***

Outcome 12: Risk factors for communicable diseases.

*Outcome Indicator 12.b:* Number of countries and territories where the entire endemic (by vector transmission) territory or territorial unit has a domestic infestation index (by the main triatomine vector species or by the substitute vector, as the case may be) of less than or equal to 1%.

Outcome 17: Elimination of communicable diseases.

*Outcome Indicator 17.c:* Interruption of transmission of neglected infectious diseases (NID) in countries, following WHO criteria and guidelines [b) Chagas disease].

***World Resources Institute Ross Center for Sustainable Cities***

Outcome 15: Intersectoral response to violence and injuries.

*Outcome Indicator 15.a:* Number of countries and territories with an operational advisory committee or lead agency on road safety that supports the development and/or implementation of a national road safety strategy.

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

***Latin American Association of Pharmaceutical Industries***

- Biologics and Generics Therapies Directorate by Health Canada CAN-94.
- Center for Biologics Evaluation and Research (CBER)/ Food and Drug Administration (FDA) USA-289.
- Ministries of Health from countries and Territories in the Region of the Americas.
- National Regulatory Authorities of Medicines and other Health Technologies from countries and Territories in the Region.
- Pan American Network for Drug Regulatory Harmonization (PANDRH).

***Latin American Confederation of Clinical Biochemistry***

- WHO Collaborating Center MEX-31 (InDRE, Mexico): Laboratory Biosafety.
- WHO Collaborating Center MEX-34 (InDRE Mexico): Laboratory Quality Management.

***Mundo Sano Foundation***

Instituto Nacional de Parasitología "Dr. Mario Fatala Chaben".

**7. Best practices in this area and examples from countries within the Region of the Americas:*****Clinical and Laboratory Standards Institute***

Development of standards based on surveillance data for the elaboration of drug-susceptibility test cut-off-points for specific pathogens, such as *Haemophilus influenzae* with the participation of the National Institute of Health of Colombia. Countries also participated in the development of azithromycin breakpoints in *Salmonella* spp. and *Shigella* spp. making available routine surveillance data produced in the Region.

During 2021, CLSI conducted training assistance in Caribbean countries with the objective of strengthening laboratory personnel capacities in maintaining a quality management system.

***Healthy Caribbean Coalition***

Analysis of National NCD Commissions (NNCDC) in the Caribbean, with recommendations to strengthen their capacities, and identification of entry points to establish and/or strengthen tobacco control coordinating mechanisms in line with the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), article 5.2.a.

Advocacy for healthy food environments through the implementation of key policies including mandatory front-of-package nutrition warning labelling (FOPWL), healthy school policies, fiscal policies to encourage consumption of healthy foods, and regulation of marketing of unhealthy foods to children.

Advocacy for front-of-package warning labels through communication activities including subregional campaigns, and technical support through the CARICOM Regional Organization for Standards and Quality (CROSQ) consultation process.

Promotion of regional/national comprehensive alcohol policies through annual Caribbean Alcohol Reduction Day to build public and policymaker awareness around the harmful effects of alcohol use.

***Inter-American Society of Cardiology***

The active participation of the National Cardiology Societies in the technical/advisory teams in several of the HEARTS implementing countries is facilitating the adoption of the HEARTS model within national health delivery systems. Similarly, active participation in national societies' annual conferences and congresses where HEARTS in the Americas has a space to present advances to the leading thought leaders in the cardiovascular field. A special session on HEARTS is being prepared for the upcoming XXIX InterAmerican Congress of Cardiology to be held 8-11 June, 2022. Finally, PAHO partnered with SIAC for the development and production of a virtual course on Hypertension Management for Primary Care Teams. This course has been one of the most successful courses with over 71,000 enrolled health professionals and students since its inception.

***Latin American Association of Pharmaceutical Industries***

Founding member of the Pan American Network for Drug Regulatory Harmonization (PANDRH). Support for *a)* the development and implementation of a new operation model of the PANDRH, *b)* PAHO/WHO to promote regulatory system strengthening in the Region, *c)* the adoption of international recognized standards, *d)* initiatives of capacity building for national regulatory authorities in the areas of expertise, and *e)* the development of common principles across the Region for the recognition of regulatory decisions from other jurisdictions (regulatory reliance).

***Latin American Confederation of Clinical Biochemistry***

- Sustainable implementation of quality management towards voluntary accreditation.
- Strengthening of national regulations for medical laboratory.
- Incorporation of laboratory quality management, biosafety and leadership within pre- and post-graduate academic education programs, including training trainers.
- Support for sustainable external quality assessment systems within laboratory networks.

Member States and national laboratory networks will be the beneficiaries of this effort.

***Mundo Sano Foundation***

Annual meetings with PAHO subregional initiatives with participation of country national authorities, partners and stakeholders.

***World Resources Institute Ross Center for Sustainable Cities***

- Promoting intersectoral collaboration for the creation of mass transit systems to help diminish the individual use of motor vehicles and encourage the use of safer, cleaner modes of transportation in order to reduce the risk of road traffic injuries, reduce diseases caused by motor vehicle emissions, and increase physical activity (City of Buenos Aires).
- Promoting the development of infrastructure conducive to safe transit for all users of roads and highways, particularly pedestrians, cyclists, and motorcyclists, who are the most vulnerable road users (City of Buenos Aires).

**8. Financial implications of this Agenda item:**

The collaborative work plans of most of these NSAs in official relations with PAHO are financed by the approved budget of the relevant technical areas or by the NSA's budgets; there are no financial implications beyond the approved Biennial Work Plan in excess of US\$ 20,000.

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