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K. STATUS OF THE PAN AMERICAN CENTERS

Introduction

1. This document was prepared in response to the mandate from the Governing Bodies of the Pan American Health Organization (PAHO) to conduct periodic evaluations and reviews of the Pan American Centers and report on institutional matters or technical progress of strategic importance to the Organization.

Background

2. The Pan American Centers have been an important PAHO technical cooperation modality for almost 60 years. During this period, PAHO has created or administered 13 centers,¹ closed nine,² and transferred the administration of one of them to its own Governing Bodies.³ This document presents up-to-date strategic information on the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR), and the Pan American Foot-and-Mouth Disease Center (PANAFTOSA).

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

3. BIREME is a specialized center of PAHO founded in 1967 to channel the cooperation that the Organization provides to Member States in relation to scientific and technical information and the sharing of knowledge and evidence that contribute to the ongoing improvement of health systems, education, and research.

4. Under the organizational structure of the Pan American Sanitary Bureau (PASB), BIREME is situated in the Department of Evidence and Intelligence for Action in Health and has a specific Biennial Work Plan 2018-2019 approved by the Director of PASB.

¹ BIREME, CAREC, CEPANZO, CEPIS, CFNI, CLAP/WR, CLATES, ECO, INCAP, INPPAZ, PANAFTOSA, PASCAP, and the Regional Program on Bioethics in Chile.

² CAREC, CEPANZO, CEPIS, CFNI, CLATES, ECO, INPPAZ, PASCAP, and the Regional Program on Bioethics in Chile.

³ INCAP.

Institutional Structure of BIREME

5. BIREME's institutional framework was established by the Agreement on Maintenance and Development of the Center ("Maintenance Agreement"), signed by PAHO and the Ministries of Health and Education of Brazil, the Ministry of Health of the State of São Paulo, and the Federal University of São Paulo (UNIFESP) in 2004.

6. In 2009, recognizing that BIREME's institutional framework did not adequately meet the Center's current and future governance, management, and financing needs, the 49th Directing Council of PAHO adopted Resolution CD49.R5 approving a new Statute for BIREME and requesting the Director of PASB to undertake negotiations with the Government of Brazil to draw up a new Headquarters Agreement for BIREME that defines the responsibilities of the Government with regard to the maintenance of BIREME, as well as its privileges and immunities in that country.

7. The 2004 Maintenance Agreement expired on 1 March 2015.

Current Status of the Institutional Frameworks

Facilities and operations agreement

8. Efforts are under way to fully implement BIREME's new institutional framework, with the PAHO/WHO Representative in Brazil and the BIREME Director continuing the negotiations on the Headquarters Agreement with the Government of Brazil. Meanwhile, a specific five-year cooperation agreement (*Termo de Cooperação para o desenvolvimento e aprimoramento da BIREME*) was signed with the Ministry of Health of Brazil on 2 February 2017. This new agreement recognizes BIREME's legal status as a Pan American Center that is an integral part of PAHO, pursuant to the basic agreements signed between the Organization and the Government of Brazil. It also stipulates the financial contributions to be made by the Government of Brazil for BIREME's maintenance.

Recent Progress at BIREME

9. The third session of the BIREME Scientific Committee was held from 6 to 7 December 2017, attended by recognized experts in information and knowledge management and related fields from Brazil, Colombia, Costa Rica, Cuba, Jamaica, and Mexico. The main recommendations were to: *a*) support and promote open science policies and practices (open access, open data, metrics, and alternative metrics); *b*) evaluate public policies for the implementation of Sustainable Development Goals 6 and 7 of the 2030 Agenda for Sustainable Development; and *c*) promote information exchange among countries on successful projects and experiences.

10. Within the context of the 50th Anniversary of BIREME, lines of action were developed to strengthen its technical cooperation at the local, national, and regional levels.

Short-term Objectives for BIREME

11. The objectives include:
- a) continuing negotiations with the Government of Brazil to finalize the Headquarters Agreement, which will contribute to the effectiveness of BIREME as an institution and strengthen the Center both operationally and financially;
 - b) implementing the recommendations of the BIREME Advisory Committee, as agreed in its sixth session on 2 February 2017; the Committee will cooperate in the institutional consolidation of BIREME as a reference center on scientific evidence and information for the Latin American and Caribbean countries;
 - c) implementing the recommendations of the BIREME Scientific Committee, as agreed upon in the third session of the Committee, to strengthen the Center's technical cooperation program, considering its products and services in the area of scientific communication and networks;
 - d) holding the 10th Regional Congress on Health Sciences Information (CRICS10) in Brazil from 23 to 25 October 2018, in coordination with the host country;
 - e) developing and implementing BIREME's Financial Resources Mobilization Plan, pursuant to PASB's internal policy for the Center's financial sustainability.

Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR)

12. The Latin American Center for Perinatology, Women and Reproductive Health (CLAP/WR) was created in 1970 through an agreement between the Government of Uruguay, the University of the Republic of Uruguay, and PAHO. The Center merged with PAHO's Women's Health unit in 2005, and at the same time began operating as a decentralized unit linked with the Department of Family, Health Promotion and Life Course. The general objective of CLAP/WR is to promote, strengthen, and improve country capacities in the Region of the Americas in terms of health care for women, mothers, and newborns.

Recent Progress at CLAP/WR

13. The strategic approach taken by CLAP/WR has focused on South-South cooperation, the sharing of good practices, and a community-based approach to reduce maternal and neonatal mortality. The Center has *a)* participated in priority interdepartmental projects in areas such as Argentina's Chaco region; *b)* increased access and improved the quality of health care in maternal-neonatal services in post-conflict areas in Colombia; and *c)* promoted healthy birthing homes (*Casas Maternas Saludables*) in

Nicaragua to reduce inequities in the accessibility and quality of services—especially for rural women and children, indigenous and Afro-descendent populations, and other groups.

14. The CLAP/WR Network’s capacities in terms of the monitoring and care of women have been strengthened in 60 sentinel centers in 16 countries, with emphasis on maternal near-miss and post-obstetric contraception and the project for women who have had an abortion/miscarriage (the project *Mujeres en situación de aborto-MUSA*), including post-obstetrical event contraception (post-partum and post-abortion). Nearly 4,000 professionals have been trained to serve as trainers and build capacity in obstetric emergencies, maternal death surveillance and response, midwifery, auditing of neonatal deaths, contraception, and use of the Perinatal Information System (SIP) through in-person and virtual workshops

15. As a result of the inter-programmatic project on zero maternal deaths from hemorrhage supported by the Director, twelve countries are building technical capacities to manage obstetric emergencies: Bolivia, Brazil, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru and Suriname. Six countries have trained personnel in obstetric care (Brazil, Colombia, Dominican Republic, Mexico, Trinidad and Tobago, and Uruguay) and five countries have developed national plans to promote maternal health and reduce maternal mortality (Belize, Dominican Republic, Grenada, Jamaica, and Trinidad and Tobago).

16. The new Perinatal Information System (SIP PLUS) will enable countries to improve and simplify implementation of the different types of electronic clinical registry and reporting systems. The Perinatal Information System is currently being implemented at different levels in 22 countries, eight of them in the English-speaking Caribbean.

17. A new Basic Agreement on CLAP/WR’s current institutional and strategic structure was signed by the Organization with the Government of Uruguay in October 2017.

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

18. PANAFTOSA is a PAHO center located in the Brazilian state of Rio de Janeiro. It was created in 1951 through an agreement signed by the Government of Brazil and PAHO. Its initial purpose was to execute the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA). In 2005, zoonotic reference, research, and technical cooperation activities in food safety were transferred from PAHO’s former Pan American Institute for Food Protection and Zoonoses (INPPAZ) to PANAFTOSA.

Recent Progress at PANAFTOSA

19. The Center underwent an administrative review in September 2016 and an external technical evaluation in September 2017. The technical evaluation recommendations were submitted to PASB Executive Management and approved by the Director in December

2017. The evaluation concluded that although areas for strengthening had been identified, PANAFTOSA should capitalize on its intersectoral and interdisciplinary “One Health” collaboration strategies to optimize technical cooperation and provide the Americas with a powerful champion in veterinary public health. The recommendations, presented to the Director, will be implemented during the current biennium (2018-2019) through a road map that has been developed.

20. Regarding the elimination of human rabies transmitted by dogs, PANAFTOSA has worked with the PAHO/WHO Representative Office in Haiti to provide training to over 250 health professionals from the 10 departments in the country on the clinical case management of people exposed to dog bites. Some 15,000 doses of human rabies vaccine donated by Brazil and Paraguay are available in more than 140 medical health centers. Mass national canine rabies vaccination campaigns were jointly planned in Guatemala and Haiti.

21. The 16th Meeting of Rabies Program Directors of the Americas (REDIPRA 16) was held from 29 to 30 November 2017 in Guatemala to discuss the challenges of eliminating human rabies transmitted by dogs in the Americas. The main recommendations were to: *a*) strengthen PANAFTOSA’s technical cooperation in priority countries (Bolivia, the Dominican Republic, Guatemala, and Haiti); *b*) promote strategies for rabies surveillance and control in border areas; and *c*) ensure that all REDIPRA’s participating countries have the basic laboratory capabilities for rabies diagnosis by the end of 2018.

22. During 2017, PANAFTOSA continued to coordinate the South American Initiative for the Control and Surveillance of Cystic Echinococcosis/Hydatidosis, including the publication of a protocol for local hydatidosis prevention and control.

23. Regarding venomous snake and arthropod poisoning, the Center has increased its collaboration with the Butantan Institute in Brazil and the Clodomiro Picado Institute in Costa Rica to measure the impact on health and determine technical cooperation needs, such as epidemiological information and the availability of antivenins.

24. In response to the foot-and-mouth disease outbreak in Colombia (June 2017), PANAFTOSA provided technical cooperation to the country to strengthen its response capacity. It also held the Sixth Extraordinary Meeting of the South American Commission for the Fight against Foot-and-Mouth Disease (COSALFA) in July 2017, attended by representatives from 13 countries, to discuss and recommend measures to address the risks to the Region. The agreement on a regional foot-and-mouth disease antigen and vaccine bank was completed and submitted to the countries for consideration.

25. PANAFTOSA has strengthened its technical cooperation in food safety risk analysis and antimicrobial resistance (AMR). The Food Safety Risk Analysis Consortium was established with support from various institutions and experts to prepare the countries to improve food safety risk analysis. The Center has been heading an interagency group that coordinates action on AMR in animals. In 2017, technical cooperation activities in

food safety were conducted in Argentina, Chile, Colombia, Costa Rica, the Dominican Republic, Guyana, Paraguay, and Suriname.

Cooperation Agreements and Resource Mobilization

26. The annual contribution of Brazil's Ministry of Agriculture, Livestock, and Supply (MAPA) fully covers the Center's maintenance costs. In addition, PANAFTOSA has been able to mobilize voluntary contributions for foot-and-mouth disease eradication in South America that support the Center's technical cooperation for the regional coordination of PHEFA. The Center has also been able to mobilize voluntary contributions for food safety and zoonosis from government agencies in the animal health sector, including Ecuador's Agricultural Quality Assurance Agency (Agrocalidad) and Paraguay's National Service for Animal Health and Quality (SENACSA). Finally, through PANAFTOSA, PAHO has renewed the technical cooperation agreement signed with the Health Surveillance Secretariat (SVS)/Ministry of Health of Brazil as well as one signed with that country's National Health Surveillance Agency (ANVISA), both of which support foodborne and zoonotic disease control and food safety. PANAFTOSA also collaborates with the World Organization for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO), and the Inter-American Institute for Cooperation on Agriculture (IICA) to support Member States.

Action by the Executive Committee

27. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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