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STRATEGY AND PLAN OF ACTION ON KNOWLEDGE MANAGEMENT AND COMMUNICATION: FINAL REPORT

Background

1. In 2012, the 28th Pan American Sanitary Conference approved the Strategy and Plan of Action on Knowledge Management and Communications (Document [CSP28/12, Rev.1](#) and Resolution [CSP28.R2](#)) (1). With this Strategy, the Americas became the first Region of the World Health Organization (WHO) to establish a specific framework to foster actions on knowledge management, information access, and health communication. It consolidated the Americas as the pioneer region for implementing new paradigms related to the generation, circulation, preservation, and dissemination of public health information.
2. The Strategy set goals to facilitate the establishment of appropriate conditions for responding to the challenge of improving public health through the adoption of standards, policies, and other knowledge management and communication-related mechanisms—for example: formulation/adoption of standards and tools; promotion of interprogrammatic dialogue and knowledge sharing among institutions; support for generating scientific information and making it visible through databases and repositories; encouragement of information access to reduce the digital divide; strengthening of internal communication strategies and activities to promote health; and assistance to Member States during emergencies and outbreaks.
3. This report presents the achievements, limitations, and lessons learned during implementation of the Strategy, and it also includes recommendations for the Pan American Sanitary Bureau (PASB) and Member States on innovations needed and ways to address the challenges that continue to exist in the Region.

Analysis of Progress Achieved

4. The period covered by the Strategy (2013-2018) saw progress in the use of information and communication technologies (ICT); in the number of Member States with policies/programs in place to facilitate transparency and access to research financed with
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public funds; and in the adoption of open access/open source concepts. Also, there was an increase in the volume of scientific literature produced by Member States and made available in databases such as LILACS and Medline through the Virtual Health Library (VHL). The Virtual Campus of Public Health (VCPH)—the e-learning platform adopted by PASB to share courses, resources, and educational activities as well as information and strategies for knowledge management—and the PALTEX Program also made significant strides in this area (2, 3).

5. In 2017, PASB approved a new institutional strategy for its organizational and public health communication, recognizing the critical importance of communication in all health contexts—from vaccine programs, health advocacy, health emergencies, public health campaigns, media engagements, and community education all the way to measuring progress toward universal health and meeting the Sustainable Development Goals (SDGs). Effective health communication programs can underpin health interventions with sound behavioral analysis and dialogues that prioritize the populations most affected by specific health challenges.

6. Progress toward fulfilling the indicators for the four strategic goals in the Plan of Action is summarized in Table 1 (see Annex). In 2018, PASB will launch a regional portal which will include country profiles of all Member States regarding knowledge management. The inputs were captured by PASB through the technical areas and PAHO/WHO Representative Offices (PWR Offices), including brief consultations with national authorities.

<i>Goal 1: Promote formulation, execution, and evaluation of public policies, standards, and guidelines for development and circulation of health information and health knowledge based on scientific data</i>		
Objective	Indicator, baseline, and target	Status
1.1 Support the Member States in the processes of formulation and adoption of public policies, standards, and guidelines with regard to knowledge management and communications on health.	1.1.1 Number of Member States that have a policy on subjects related to knowledge management and communications on health. Baseline: 3 Target: 15 by 2017	15 Member States have public health policies in place that address issues related to information access, knowledge management, or health communication.
1.2 Help define policy priorities for the local, national, and regional levels related to knowledge management and communications on health.	1.2.1 PAHO will have an advisory technical committee with regard to knowledge management and communications. Baseline: 0 Target: 1 by 2013	Indicator not achieved. Advisory committee to be established in the future.

Objective	Indicator, baseline, and target	Status
	<p>1.2.2 PAHO and the Member States will have defined priorities at the local, national, and regional levels for development of policies with regard to knowledge management and communications on health.</p> <p>Baseline: No Target: Yes by 2016</p>	12 Member States have initiatives underway or have assigned priority to information access, research, or communication.
<p>1.3 Consolidate a regional system for evaluation and analysis of the policies of the Member States with regard to knowledge management and communications on health.</p>	<p>1.3.1 By 2014, a regional observatory for the countries of the Americas will be operative for analysis, evaluation, and development of policies, with methodologies and tools to provide support for implementation of policies with regard to knowledge management and communications on health.</p> <p>Baseline: 0 Target: 1 by 2014</p>	<p>Regional portal and country profiles on knowledge management to be available in 2018. Eight methodologies on knowledge management implemented and available in English and Spanish.¹</p>

Goal 2: Support public health initiatives by effective collaboration and establishment of environments that facilitate creation, access and circulation of health knowledge

Objective	Indicator, baseline, and target	Status
<p>2.1. Promote a continuous learning process so that the health authorities become an authorized source of information and knowledge on health.</p>	<p>2.1.1 PAHO and the Member States will have established an institutional learning methodology based on a digital literacy program in order to integrate in their institutional models the lessons learned and experience acquired in development of activities; administrative policies and procedures, which include appropriate practices, successful projects, and innovative ideas on networks and regional, national and thematic communities of practice.</p> <p>Baseline: 0 Target: 1 by 2017</p>	<p>Virtual Campus of Public Health has been adopted as a learning platform by PASB and 18 Member States with national nodes (the Caribbean subregion is working on a single node); more than 390,000 subscriptions were granted for online courses with 6,700 participants in courses related to information access/social networks.</p>

¹ The methodologies are available at:
<http://iris.paho.org/xmlui/browse?type=serie&value=Methodologies+for+Information+Sharing+and+Knowledge+Management+in+Health%3B>.

Objective	Indicator, baseline, and target	Status
	<p>2.1.2 PAHO and the Member States will have established a framework that strengthens training for professionals and health workers, managers, and policymakers on use of scientific information for health-related decision-making.</p> <p>Baseline: 0 Target: 1 by 2015</p>	<p>Hinari Program, with 17 eligible Member States, and the Virtual Health Library (VHL) have been adopted as platforms for disseminating scientific literature on public health.</p>
	<p>2.1.3 PAHO and the Member States will have established a framework that strengthens training for development of national capacity for production, management, access, use, and evaluation of information and communications technologies in order to support the health priorities.</p> <p>Baseline: 0 Target: 1 by 2015</p>	<p>PASB is creating an agenda with Member States that prioritizes VHL, LILACS methodology, scientific communication, Hinari, among others. More than 40 on-site training sessions were organized in partnership with 13 Member States on these topics (2016-2017). PALTEX Program with distribution centers in 20 Member States (619,000 copies of didactic materials sold in 2013-2017).</p> <p>Additionally, until 2017, 109 VHLs initiatives were established in 30 Member States. In 2017, the Regional VHL received approximately 55 million of accesses/queries to its collection which was formed by more than 27 million of bibliographic records (average of 10 million in the full text).</p>

Objective	Indicator, baseline, and target	Status
<p>2.2 Promote use of virtual collaboration platforms and methodologies that facilitate knowledge exchange and effective collaboration.</p>	<p>2.2.1 PAHO and the Member States will have established a common methodology to promote use of platforms that facilitate communication, knowledge exchange and effective collaboration.</p> <p>Baseline: 0 Target: 1 by 2014</p>	<p>Distribution lists (using ®ListServ and ®MailChimp platforms) created by PASB to circulate information and share best practices. 90 lists are available on various public health topics.</p>
	<p>2.2.2 Number of Member States that use virtual collaboration platforms to achieve their objectives.</p> <p>Baseline: 20 Target: 35 by 2017</p>	<p>30 Member States have at least one type of virtual collaboration platform for exchanging knowledge, mainly with PASB support through the PWR Offices.</p>
<p>2.3 Transform the archives, libraries, and documentation centers into knowledge management areas in order to encourage promotion of health and democratic access to knowledge based on conservation of the scientific, technical, and cultural heritage of public health and use of new technologies for digital inclusion.</p>	<p>2.3.1 PAHO and the Member States will have established a common framework for transformation of the archives, libraries, and documentation centers in the health area into knowledge management areas.</p> <p>Baseline: 0 Target: 1 by 2016</p>	<p>Indicator not achieved. Libraries/documentation centers in the Region faced challenges due to the digital impact, downsizing of collections, and budget constraints.</p>
<p>2.4 Improve the visibility of research on health in the countries of the Region.</p>	<p>2.4.1 PAHO and the Member States will have established a methodology that facilitates public access to an electronic version of the contents resulting from research activities financed primarily by public funds.</p> <p>Baseline: 0 Target: 1 by 2016</p>	<p>PASB adopted an open access policy for the <i>Pan American Journal of Public Health</i> (PAJPH) in 2017 which published 760 papers in the period of 2013-May 2018)² 14 countries/territories have national policies aimed at facilitating public access to content resulting from research financed with public funds.</p>

² PAJPH open access policy details are available at http://www.paho.org/journal/index.php?option=com_content&view=article&id=24:about-the-journal&Itemid=122.

Objective	Indicator, baseline, and target	Status
	<p>2.4.2 Number of Member States that have increased the number of health journals in regional networks such as LILACS and MEDLINE (Baseline: LILACS 19 countries, 836 journals; MEDLINE, 13 countries, 84 journals.</p> <p>Baseline: Lilacs 19 countries, 836 journals; Medline, 13 countries, 84 journals Target: 7% annual increase in the number of journals in these networks.</p>	<p>In the period of 2014-2017 there was 10% increment in the number of journals indexed in LILACS (836 to 924) and 13% in MEDLINE (84 to 95). The acceptance of a journal in a bibliographic database depends on the investment of its publisher to fulfill international editorial standards required by LILACS and MEDLINE databases. This is the reason this indicator has not been achieved.</p>

Goal 3: Promote and facilitate horizontal collaboration that establishes partnerships and strategic relationship networks among the countries of the Region in order to strengthen activities in the field of knowledge management and communications on health

Objective	Indicator, baseline, and target	Status
<p>3.1 Support establishment of an intersectoral network (civil society/public network/private network) that participates in the policy-making processes, standards, identification of collaborating centers, and decision-making with regard to knowledge management and communications.</p>	<p>3.1.1 Number of Member States that have created institutional mechanisms for establishment of national partnerships between sectors of civil society, the public administration, and private entities with regard to knowledge management and communications.</p> <p>Baseline: 4 Target: 15 by 2015</p>	<p>16 Member States have established institutional partnership mechanisms for knowledge management and health communication with different types of stakeholders.</p>
	<p>3.1.2 By 2015, a regional Network of collaborating centers of the WHO specialized in information, knowledge, and communications on health will be operative in the countries of the American continent.</p> <p>Baseline: 0 Target: 1 by 2015</p>	<p>PAHO/WHO Collaborating Centers (CC) on knowledge management have been established in 3 countries and 3 more are being negotiated in 2018. In addition, efforts are being made with Brazil and WHO Regional Office for Africa Region (AFRO) to revitalize the ePORTUGUESe Network in coordination with the CC.</p>

Objective	Indicator, baseline, and target	Status
<p>3.2 Promote actions and activities that support integration and interchange between national, subregional, regional, and international networks of knowledge management and communications on health.</p>	<p>3.2.1 Number of Member States that have provided information on integration and exchange activities with regard to knowledge management and communications on health.</p> <p>Baseline: 1 Target: 16 by 2016</p>	<p>12 Member States have integrated or established an Exchange of activities on knowledge management and health communication.</p> <p>Also, since 2015, PASB has been the moderator of the forum Healthcare Information for All-Portuguese ((HIFA-pt)).³</p>
<p>3.3 Adopt new technologies that allow access to information and its circulation as well as knowledge exchange in electronic formats, and promote interoperability between them.</p>	<p>3.3.1 PAHO and the Member States will have defined a common framework oriented toward the interoperability of their sources of information.</p> <p>Baseline: 0 Target: 1 by 2017</p>	<p>Effective interoperability was established among PASB's digital library (Institutional Repository for Information Sharing [IRIS]), the regional database LILACS/VHL (a cooperative database to provide bibliographic control and disseminate health scientific-technical literature from Latin American and Caribbean countries) and WHO's Global IRIS. PASB's digital library has more than 45,000 document including its scientific and technical literature and the Governing Bodies documents. In addition, PASB is supporting the initiative to revamp the <i>Global Index Medicus</i> (GIM) where LILACS database will represent the Region of the Americas.⁴</p>

³ HIFA-Portuguese has more than 2,000 subscribers from Brazil, the Portuguese speaking countries, and others worldwide. More information available at: <http://www.hifa.org/forums/hifa-portuguese>.

⁴ GIM is a WHO initiative aimed at providing visibility to biomedical/public health literature produced by the regions. Source: www.globalhealthlibrary.net.

Goal 4: Promote strategies and programs with regard to information and communications on health that are effective to obtain the individual, social, and policy changes necessary for achievement and maintenance of health		
Objective	Indicator, baseline, and target	Status
4.1 Provide support for development processes and adoption of public policies with regard to health communications, allow timely access to information and communication materials to the relevant public through a variety of communication platforms, and establish procedures for management of risk communication during disasters and public health emergencies.	4.1.1 Number of Member States that have a national strategy or plan of action on health communications clearly articulated for the principal communicable and chronic diseases. Baseline: 0 Target: 5 by 2014	13 Member States have national strategies (or similar) on health communication articulated for communicable or chronic diseases.
	4.1.2 PAHO and the Member States will have established a common framework for management of risk communication and information during disasters and public health emergencies, including preparation of methodologies and standards that facilitate systematization of the lessons learned from these events. Baseline: 0 Target: 1 by 2016	PASB has developed a methodology with recommendations on how to manage communication, the media and planning work during an emergency response, supplementing other PAHO/WHO efforts at management of risk communication. ⁵ The RELACIGER Network brings together 11 Member States, represented by their documentation centers, on risk communication during disasters.
4.2 Strengthen the capacity to communicate health information to the general public.	4.2.1 PAHO and the Member States will have established a framework to strengthen the corresponding staff with regard to the capacity to communicate health information to the general public. Baseline: 0 Target: 1 by 2016	15 Member States have established a framework to strengthen capacity to communicate health information to the general public, basically through trainings provided to health workers in the countries, and communication professionals.

⁵ Pan American Health Organization. Information management and communication in emergencies and disasters: manual for disaster response teams [Internet]. Washington, D.C.: PAHO; 2009. Source: <http://iris.paho.org/xmlui/handle/123456789/34886>.

Objective	Indicator, baseline, and target	Status
<p>4.3 Promote evaluation of health communication initiatives, including development of messages, tools, and an effective impact on health targets.</p>	<p>4.3.1 PAHO and the Member States will have established a methodology to identify and evaluate the impact of the communications plans and campaigns and their benefit for public health.</p> <p>Baseline: 0 Target: 1 by 2015</p>	<p>This methodology has not yet been developed.</p>

Action Necessary to Improve the Situation

7. The United Nations 2030 Agenda for Sustainable Development and its SDGs, adopted in September 2015, called on nations to promote knowledge transfer and sharing, to increase research, and to make data and information available for decision-making (4). In 2016, the United Nations recognized that knowledge management is still “work in progress” and declared that it plays a key role in ensuring the consolidation of efforts by international agencies and Member States to meet the SDG goals and targets for achieving better health for all. Indeed, the success of international cooperation depends in large part on the exchange of information on best practices, lessons learned, capacity-building, and access to information (5).

8. Clear deficits are still seen in the funding and in the realization of current health communication efforts across the Region, due in part to the complexity of many health issues, debates around “what counts” as evidence, and the need for more effective learning and capacity-building in health communication. This overall situation needs to change if the public health community is to take full advantage of the power of communication and all its available tools, including digital, broadcast, print, news and social media, to increase awareness of health risks, promote healthy behaviors, and position health within overall government and social progress toward human development.

9. In light of the advances and limitations cited in this report, and considering the persistent challenges and inequities in access to information in the Region, PASB and Member States are encouraged to:

- a) Continue to invest in the objectives beyond the timeframe of this Strategy, especially in the case of Member States that have reported slower progress, and foster initiatives in knowledge management, information sharing, and health communication, such as the Virtual Health Library, the Virtual Campus of Public Health, the Latin American and Caribbean Center on Health Sciences Information (BIREME), the Hinari Program, and the PAHO/WHO Collaborating Centers.
- b) Lay out a roadmap for the role of knowledge management and health communication within the framework of the SDGs.

- c) Continue to promote opportunities for the sharing and generation of knowledge as well as the dissemination of information and communication at the national level in order to strengthen Pan-Americanism and South-South Cooperation.
- d) Encourage documentation centers and/or libraries to pursue their mission to support digital literacy and open access movements and also to facilitate access to scientific and technical information.
- e) Continue to advocate for the implementation of institutional and national strategies in support of health communication.

Action by the Executive Committee

10. The Executive Committee is invited to take note of this final report and make any comments it deems pertinent.

Annex

References

1. Pan American Health Organization. Strategy and plan of action on knowledge management and communications [Internet]. 28th Pan American Sanitary Conference, 64th session of the Regional Committee of WHO for the Americas; 2012 17-21 Sep, Washington, DC. Washington, DC: PAHO; 2012 (Document CSP28/12, Rev. 1) [cited 2018 Feb 6]. Available from: <http://iris.paho.org/xmlui/handle/123456789/4455>
2. Pan American Health Organization. Strategy for health personnel competency development in primary health care-based health systems [Internet]. 52nd Directing Council of PAHO, 65th session of the Regional Committee of WHO for the Americas; 2013 Sep 30-Oct 2; Washington, DC. Washington, DC: PAHO; 2013 (Document CD50/11) [cited 2018 Feb 6]. Available from: https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8006&Itemid=270&lang=en
3. Pan American Health Organization. Expanded Textbook and Instructional Materials Program (PALTEX) [Internet]. 28th Pan American Sanitary Conference, 64th session of the Regional Committee of WHO for the Americas; 2012 Sep 17-21, Washington, DC. Washington, DC: PAHO; 2012 (Document CSP28/15) [cited 2018 Feb 6]. Available from: <http://iris.paho.org/xmlui/handle/123456789/4458>

4. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development [Internet]. General Assembly, Seventieth Session of the General Assembly of the United Nations; 2015 Sep 11-18; New York. New York: UN; 2015 (Resolution A/RES/70/1) [cited 2018 Feb 6]. Available from:
www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E
5. United Nations. Knowledge management in the United Nations system [Internet]. General Assembly, Seventy-second Session of the General Assembly of the United Nations; 2017 Sep 12-25; New York. New York: UN; 2017 (Document A/72/325) [cited 2018 Feb 6]. Available from:
https://digitallibrary.un.org/record/1301102/files/A_72_325-EN.pdf

Annex

Table 1: Overview of programs, projects, and platforms related to knowledge management and information access in the Region of the Americas

Country/Territory ¹ /Indicator	1.1.1	2.1.1	2.1.2		2.1.3	2.2.2	2.4.2		3.1.2	3.3.1	4.1.2
	Policies/frameworks on subjects related to KM and communication ²	VCPH national nodes ³	HINARI/Research4Life ⁴	PALTEX Program/distribution centers ⁵	Onsite trainings organized by PASB ⁶	Use of virtual collaboration platforms ⁷	LILACS contributor ⁸	National VHL implemented ⁹	PAHO/WHO Collaborating Centers ¹⁰	PWR Offices Uploading Documents to IRIS ¹¹	RELACIGER Network ¹²
Anguilla											
Antigua & Barbuda			Group B								
Argentina	X	X		54	X	X	X	X	14, 1 in KM	X	
Aruba											
Bahamas						X	X				
Barbados						X	X				
Belize			Group A	1		X	X	X			
Bermuda											
Bolivia (Plurinational State of)			Group B	31		X	X	X	1		X
Bonaire, Sint Eustatius, and Saba											
Brazil	X	X		44	X	X	X	X	20	X	
British Virgin Islands											
Canada	X					X			30		
Cayman Islands											
Chile		X		30		X	X	X	5		X
Colombia		X		29	X	X	X	X	5	X	X
Costa Rica		X		7		X	X	X	2		X
Cuba	X	X				X	X	X	10,1 in KM	X	

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Country/Territory ¹ /Indicator	1.1.1	2.1.1	2.1.2		2.1.3	2.2.2	2.4.2		3.1.2	3.3.1	4.1.2
	Policies/frameworks on subjects related to KM and communication ²	VCPH national nodes ³	HINARI/Research4Life ⁴	PALTEX Program/distribution centers ⁵	Onsite trainings organized by PASB ⁶	Use of virtual collaboration platforms ⁷	LILACS contributor ⁸	National VHL implemented ⁹	PAHO/WHO Collaborating Centers ¹⁰	PWR Offices Uploading Documents to IRIS ¹¹	RELACIGER Network ¹²
Curaçao											
Dominica			Group B								
Dominican Republic	X	X		12		X	X	X		X	
Ecuador		X		25	X	X	X	X		X	X
El Salvador		X	Group B	10		X	X				X
French Guiana, Guadeloupe, and Martinique											
Grenada			Group B						1		
Guatemala	X	X	Group B	6	X	X	X	X			X
Guyana	X		Group B	1	X	X		X			
Haiti			Group A			X					
Honduras	X	X	Group B	6	X	X	X	X	1	X	X
Jamaica			Group B			X	X		1		
Mexico	X	X		45	X	X	X	X	12	X	
Montserrat											
Nicaragua	X		Group A	19	X	X	X	X			X
Panama		X		10	X	X	X	X			X
Paraguay	X	X	Group B	19	X	X	X	X		X	
Peru	X	X		24		X	X	X		X	X
Puerto Rico		X			X	X		X	1		
Saint Lucia			Group B				X				
Saint Kitts and Nevis			Group B								
Saint Vincent and the Grenadines			Group B								
Sint Maarten											

Country/Territory ¹ /Indicator	1.1.1	2.1.1	2.1.2		2.1.3	2.2.2	2.4.2		3.1.2	3.3.1	4.1.2
	Policies/frameworks on subjects related to KM and communication ²	VCPH national nodes ³	HINARI/Research4Life ⁴	PALTEX Program/distribution centers ⁵	Onsite trainings organized by PASB ⁶	Use of virtual collaboration platforms ⁷	LILACS contributor ⁸	National VHL implemented ⁹	PAHO/WHO Collaborating Centers ¹⁰	PWR Offices Uploading Documents to IRIS ¹¹	RELACIGER Network ¹²
Suriname			Group B			X					
Trinidad and Tobago						X	X	X			
Turks and Caicos Islands											
United States of America	X					X	X		82, 1 in KM	N/A	*(NL M)
Uruguay	X	X		9		X	X	X	1	X	
Venezuela (Bolivarian Republic of)	X	X		14	X	X	X		1	X	
Totals	15	18	17 countries	20 countries, 396 dist. centers	13 countries, 40 courses	30	26	22	187 CC, 3 in KM	12	11

¹ Countries/territories listed as the [Health in the Americas+, 2017 edition. Summary: Regional Outlook and Country Profiles](#).

² Some countries/territories reported having policies, programs or any other similar framework on knowledge management (KM) or communication.

³ PASB is working with the Member States in the Caribbean to implement a sub-regional node of the Virtual Campus of Public Health (VCPH).

⁴ Hinari/Research4Life Program. Group A = free access; Group B = low cost. In the period of 2012-2018 the following countries left the program due to the eligibility criteria: Argentina, Costa Rica, Dominican Republic, Ecuador, and Panama. Source: www.who.int/hinari/eligibility/en/.

⁵ Data related to the geographic distribution centers. Source: <http://bit.ly/2piEgmn>.

⁶ On-site trainings provided in 13 countries/territories during the period of the Strategy (2013-2018) on the VHL, LILACS methodology, scientific writing, and HINARI.

⁷ It is known that almost all countries/territories in the Region use some form of virtual collaboration platform to organize virtual meetings, webinars, or knowledge sharing initiatives. In some cases, the PWRs/Centers provide those platforms for the national authorities.

⁸ LILACS contribution by country/territory (2014-2017). Source: <http://metodologia.lilacs.bvsalud.org/estadisticas/I/Ililbvs5.htm>.

- ⁹ Twenty-two countries/territories in the Americas with national virtual health libraries (VHLs) in place. Also, BIREME provides technical cooperation to Spain, Portugal, and the Portuguese-speaking countries: Angola, Cabo Verde, Guinea-Bissau, Mozambique, São Tomé and Príncipe, and Timor-Leste. Source: <http://bvsalud.org/en/>.
- ¹⁰ The complete list of the PAHO/WHO Collaborating Centers is available from: <http://iris.paho.org/xmlui/handle/123456789/34049>.
- ¹¹ PWRs using IRIS to index the literature produced at the local level (including coedited/coauthored publications with national authorities), as well as PANAFTOSA and CLAP.
- ¹² The RELACIGER network receives support from several organizations, including PASB, the National Library of Medicine (USA), and the Regional Center for Disaster Information for Latin America and the Caribbean (CRID). Source: www.relaciger.org/wordpress/?page_id=2.

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