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M. 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 modality of PAHO technical cooperation for almost 60 years. During this period, PAHO has created or administered 13 centers,¹ eliminated nine, and transferred the administration of one of them to its own Governing Bodies. 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's 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. Within the Pan American Sanitary Bureau (PASB)'s organizational structure, BIREME is situated in the Office of Knowledge Management, Bioethics, and Research, and has a specific Biennial Work Plan (BWP) 2016-2017 approved by the Director of PASB.

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

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 2004.²

6. In 2009, recognizing that the institutional framework of BIREME did not adequately meet BIREME'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 conclude a new Headquarters Agreement regarding 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 in progress for the full implementation of the new institutional framework of BIREME, as the PAHO/WHO Representative in Brazil and the BIREME Director are in the process of continuing the negotiations initiated with the Government of Brazil regarding the Headquarters Agreement. Meanwhile, a specific five-year cooperation agreement (*Termo de Cooperação para o desenvolvimento e aprimoramento da BIREME*) was signed on 2 February 2017 with the Ministry of Health of Brazil. This new agreement recognizes BIREME's legal status as a Pan American Center that is an integral part of PAHO, in accordance with the basic agreements signed between the Organization and the Government of Brazil. It also stipulates the financial contributions that the Government of Brazil should make for the maintenance of BIREME in 2017 and 2018.

Recent Progress at BIREME

9. The opening of the new facilities for BIREME took place on 1 February 2017. The sixth session of the BIREME Advisory Committee was held on 2 February 2017 with the participation of representatives from Argentina, Jamaica, Panama, Peru, and Trinidad and Tobago to make recommendations to support financial sustainability and technical cooperation of the Center. A session was also held to select and appoint representatives to the BIREME Scientific Committee.

10. The third session of the Scientific Committee will be held in the first week of December 2017. The selected members are recognized specialists in the areas of

² The first agreement was signed on 3 March 1967 and the last one on 2 December 2004.

information and knowledge management and related areas from Brazil, Colombia, Costa Rica, Cuba, Jamaica, and Mexico.

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 operationally and financially;
 - b) developing lines of action in the context of the 50th Anniversary of BIREME (2017) to strengthen the Center institutionally;
 - c) implementing the recommendations of the BIREME Advisory Committee, as agreed upon in the sixth session of the Committee on 2 February 2017;
 - d) holding the third session of the BIREME Scientific Committee in the first week of December 2017;
 - e) holding the 10th edition of the Regional Congress on Information in Health Sciences (CRICS10) in coordination with the host country on 7 to 10 May 2018 in Panama;
 - f) developing and implementing BIREME's Financial Resources Mobilization Plan, in accordance with PASB' internal policy for the Center's financial sustainability.

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

12. The Latin American Center for Perinatology (CLAP) was created in 1970 through an agreement between the Government of the Eastern Republic of Uruguay, the University of the Republic of Uruguay, and PAHO. In a process of decentralization, the Center merged with the Women's Health unit in 2005, when it became the Latin American Center for Perinatology/Women's and Reproductive Health (CLAP/WR), and also began operating as a decentralized unit linked to the Department of Family, Gender and Life Course (FGL). The general objective of CLAP/WR is to promote, strengthen, and improve the capacities of the countries of the Region of the Americas with regard to health care for women, mothers, and newborns.

Recent Progress at CLAP/WR

13. A comprehensive external evaluation of CLAP/WR was performed at the end of 2016. The final results of the evaluation confirm that, within the framework of national efforts made by the countries of Latin America and the Caribbean to improve access to and quality of care in the areas of maternal and neonatal health and sexual and reproductive health (SRH), CLAP/WR adds value and is widely recognized by the ministries of health of the Region as a valuable PAHO asset that boosts national response

capacities. The technical cooperation provided through CLAP/WR is recognized as excellent and well adapted to the specific needs of the countries. CLAP/WR promotes working partnerships with regional actors (professional associations, nongovernmental organizations, United Nations agencies, donor agencies, organized groups, and others) and with PAHO units and departments. A positive aspect highlighted by the evaluation was the expansion of technical coordination to the countries of the English-speaking Caribbean, increasing from two countries served in the 2014-2015 biennium to 10 in the current biennium (2016-2017).

14. The evaluation concluded that there is a need to progressively strengthen CLAP/WR while seeking to optimize technical cooperation. As part of the recommendations, four scenarios were presented to strengthen the Center in a strategic and structured manner to ensure its sustainability. A 30-month time frame was established for FGL to establish specific short- and medium-term lines of work aimed at maximizing the technical cooperation provided by CLAP/WR. The evaluation emphasized that the international and regional commitments made in light of the 2030 Agenda for Sustainable Development provide an opportunity to progressively improve the effectiveness of technical cooperation. It is suggested that efforts should focus on countries' key priorities, while also strengthening advocacy in order to contribute to the sustainability of national efforts in maternal and neonatal health and SRH.

15. CLAP's Basic Agreement signed between The Government of the Eastern Republic of Uruguay, the University of the Republic of Uruguay and PAHO expired on 28 February 2016. A new Basic Agreement for CLAP/WR's current institutional and strategic structure is being negotiated with the Government of the Eastern Republic of Uruguay.

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

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

Recent Progress at PANAFTOSA

17. The Center had an administrative review in September 2016 and an external technical evaluation of PANAFTOSA is to be performed in early 2018. The terms of reference and the selection of the evaluation team are in progress.

18. With the support of PANAFTOSA, the surveillance, prevention, and control of rabies cases, both in humans and animals, have been strengthened in 18 countries (Belize, Bolivia, Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela).

19. In Haiti, the availability of human pre-exposure prophylaxis was increased within the country, following the donation of human rabies vaccines from Brazil and Paraguay. In addition, over 160 health professionals from 84 medical health centers in 63 municipalities were trained on the clinical case management of people attacked by dogs, in accordance with the protocols and guidelines recommended by PAHO/WHO, adapted to the country situation. Specific support was also provided for the development of a project proposal to eliminate dog-mediated rabies on the Island of Hispaniola (Dominican Republic and Haiti). Canine rabies surveillance has been strengthened in coordination with the United States Centers for Disease Control and Prevention.

20. PANAFTOSA has contributed to improving the surveillance, preparedness and response for highly pathogenic avian influenza, continued to support the hidatidosis/echinococcosis South American Initiative and promoted and executed inter-programmatic actions among the sectors of health, agriculture and environment, for the surveillance of epizootics in non-human primates and vectors for yellow fever in the Region. Additionally, technical cooperation was provided to countries for other zoonotic diseases such as glanders, equine encephalitis, bovine tuberculosis.

21. With regard to Foot-and-mouth Disease (FMD), PANAFTOSA continues to coordinate with PHEFA for eradication efforts. While the Region enjoyed four consecutive years without notifications of FMD, the recent outbreak of the disease in Colombia (24 June 2017) demonstrates the continuing risk in the Region and the ongoing need to strengthen the national FMD prevention and eradication programs.

Cooperation Agreements and Resource Mobilization

22. The annual contribution of the Ministry of Agriculture, Livestock, and Supply of Brazil (MAPA Portuguese acronym) fully covers the maintenance costs of the Center. In addition, PANAFTOSA has been able to mobilize voluntary contributions for FMD eradication in South America, and these contributions support the Center's technical cooperation for regional coordination of PHEFA. This has permitted PANAFTOSA to use regular financial resources for technical cooperation in zoonoses and food safety. The Center has also been able to mobilize voluntary contributions for food safety and zoonosis from government agencies in the animal health sector, including from Ecuador's Agricultural Quality Assurance Agency (Agrocalidad) and Paraguay's National Service for Animal Health and Quality (SENACSA Spanish acronym). Finally, PAHO, through PANAFTOSA, renewed the technical cooperation agreement signed with the Health Surveillance Secretariat (SVS)/Ministry of Health Brazil as well as one signed with the

National Health Surveillance Agency (ANVISA Portuguese acronym) Brazil, both of which support foodborne and zoonotic diseases and food safety.

Action by the Pan American Sanitary Conference

23. The Conference is invited to take note of this report and to formulate any recommendations it deems necessary.

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