

PAHO and WHO in the Americas



Dr. Ciro Ugarte
Pan American Health Organization/
World Health Organization

Pan American Health Organization

- Established in 1902 by resolution of the Second International Conference of the Pan American States.

"it shall be the duty of the International Sanitary Bureau to lend its best aid and experience toward the widest possible protection of the public health of each of the Republics"



Pan American
Health
Organization

THE EVENING STAR
TUESDAY, DECEMBER 2, 1902

SANITARY CONVENTION

Delegates Represent the
American Republics

TOPICS DISCUSSED

OPENING ADDRESS BY DR. WY-
MAN, PRESIDING OFFICER

Secretary Shaw and Assistant Secre-
tary Hill Welcome the Visitors—
Proceedings Today.

The first international sanitary conference of the American Republics convened at 10 o'clock this morning in the north hall of the New Willard, when the delegates from the South American republics and from the

WHO Regional Office for the Americas

In 1949, the Director-General of the World Health Organization and the Director of the Pan American Sanitary Bureau signed the agreement recognizing the Pan American Sanitary Bureau as the Regional Office of the World Health Organization for the Americas.



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THE EVENING STAR
Washington, D.C.
TUESDAY, MAY 24, 1949

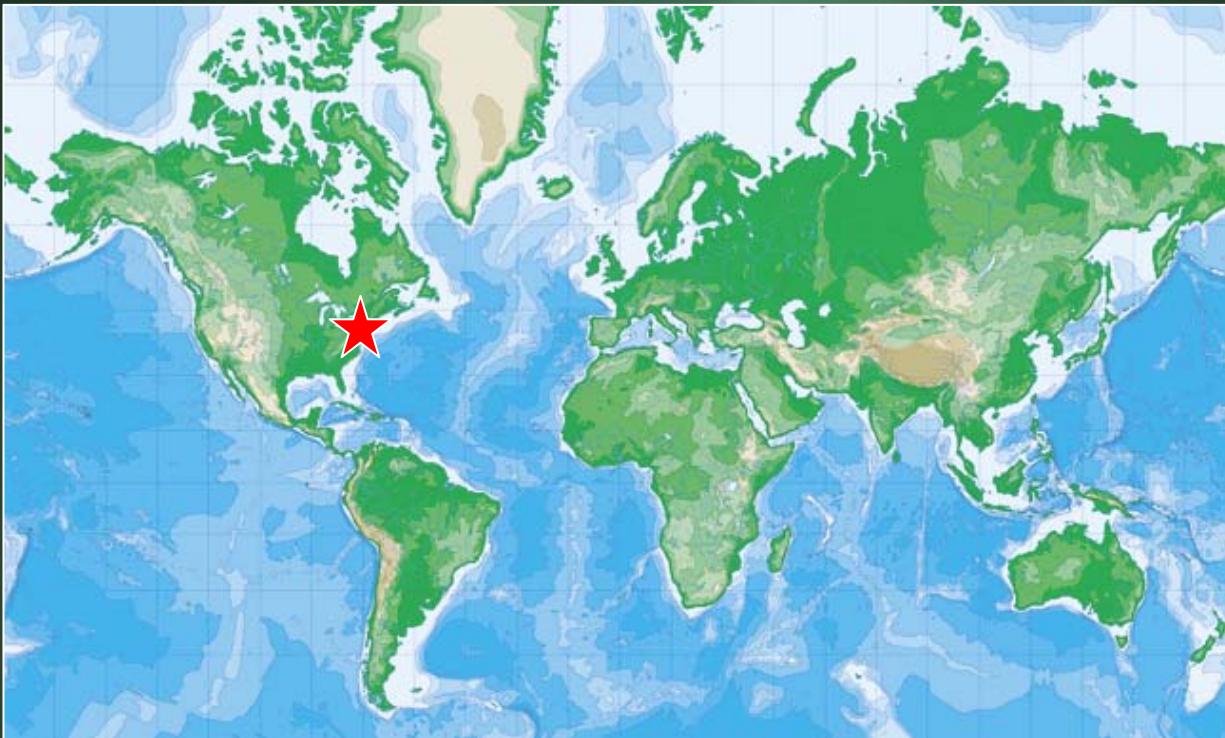
Agreement to Make Bureau Hemisphere Health Office

The Pan American Sanitary Bureau today is expected to sign an agreement to become the "regional office" for this hemisphere of the World Health Organization, officials announced.

Dr. Brock Chisholm, WHO director general, is here for the ceremony, attending part of a week-long session of an interim executive committee of the Pan American Sanitary Conference, which meets once a year.

The bureau, representing 21 American republics, was set up shortly after the turn of the century to work on international aspects of public health, particularly affecting jurisdictions of more than one nation. Dr. Fred L. Soper, director, will sign the WHO agreement on behalf of the bureau.

PAHO serves as the Regional Office for the Americas of the World Health Organization



Pan American
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2006

PAHO Governing Bodies

Pan American Sanitary Conference

- The Conference is the supreme governing authority of the Organization and meets every five years. Elects the Director of the Pan American Sanitary Bureau (Regional Director of the World Health Organization for the Americas) and approves the Strategic Plan.

Directing Council

- The Council meets once a year in those years when the Conference does not meet. It acts on behalf of the Conference between sessions of the Conference.

Executive Committee

- The Executive Committee acts as a working party of the Conference or Council and is composed of nine Member States of the Organization, elected for overlapping periods of three years.



Pan American
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PAHO's Five Strategic Objectives for Organizational Change

- Respond Better to Country Needs
- Foster Innovative Modalities of Technical Cooperation
- Establish a Regional Forum
- Create a Learning Knowledge-Based Organization
- Enhance Management Practices



Pan American
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2006

Subregional coordination

Southern Cone:

MERCOSUR, Working Group 11 and Ministries of Health.

Andean Countries:

Andean Community, REMSAA, ORAS-CONHU, CAPRADE

Central America:

SICA, RESSCAD, CEPREDENAC

Caribbean:

CARICOM, ACS, CDERA



Pan American
Health
Organization

Especial focus on:

- Priority Countries
 - Bolivia, Haiti, Honduras, Guyana and Nicaragua.
- Primary Health Care
- Malaria
- Tuberculosis
- HIV/AIDS
- Influenza (Task Force on Epidemic Alert and Response)
- Emergency Preparedness and Disaster Reduction



Pan American
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PAHO & Influenza Pandemic Preparedness

- Development of Strategic and Operational Plan to direct Technical Cooperation activities to prepare the Region for an influenza pandemic.
- Assisting countries in their development of national influenza pandemic preparedness plans and response to plans
- To assist countries in the implementation of plans



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Emergency Preparedness Scope



Pan American
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Emergency Preparedness and Disaster Reduction

- Institutional strengthening
- Training
- Safe Hospitals
- Supplies management
- Regional Disaster Information Center
- Regional Disaster Response Team
- Emergency Operation Center



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PAHO Network

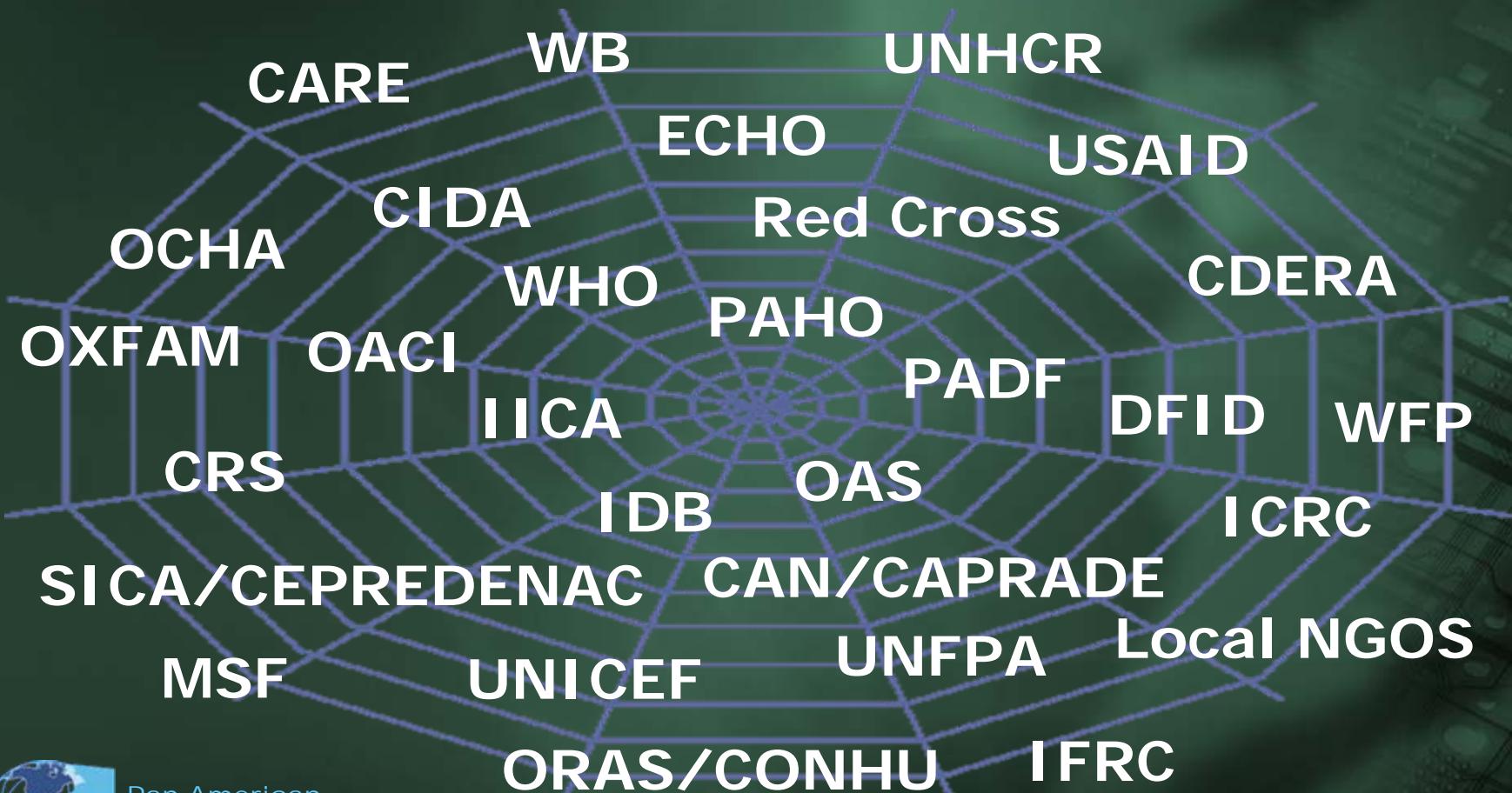
- **Country offices in almost every country**
- **Focal points for every technical area**
- **PAHO Centers**
- **Collaborating Centers**



Pan American
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2006

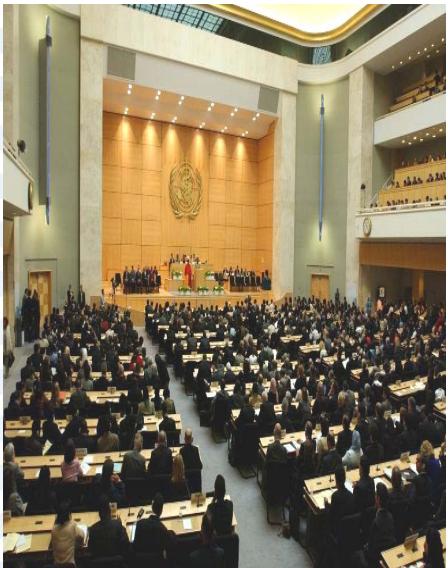
Assistance to countries



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Implementación del Reglamento Sanitario Internacional en Las Américas

Reglamento Sanitario Internacional (2005)



Vigente desde el 15 de junio de 2007*

Compromiso legal firmado por
194 countries y la OMS

10 Capítulos
66 Artículos
9 Anexos

Tres cambios de paradigma

- Del control fronterizo → a la contención en el foco
CAPACIDAD BÁSICA PARA TAREAS DE VIGILANCIA Y RESPUESTA Y PARA PUNTOS DE ENTRADA
- De la lista de enfermedades → a todos los riesgos para la salud pública
INSTRUMENTO DE DECISIÓN PARA LA EVALUACIÓN Y NOTIFICACIÓN DE EVENTOS QUE PUEDEN SER ESPII
- De medidas predefinidas → a medidas adaptadas a los riesgos
LISTA DE EXPERTOS DEL RSI; COMITÉ DE EMERGENCIA Y COMITÉ DE EXAMEN

Cumplimiento de compromisos

(Estados Miembros)



- 35/35 CNE designados
- 26/35 CNE operando 24/7
- 30/35 con Capacidades básicas de vigilancia y respuesta evaluadas

- 18/35 con capacidades en puntos de entrada evaluadas
- 19/35 elaboraron planes de acción correspondiente



Cumplimiento de compromisos

(Oficina Regional)

Designar Puntos de Contacto para el RSI. ihr@paho.org	✓
Desempeñar funciones de alerta y respuesta a nivel regional.	✓ 243 eventos
Colaborar con Estados Miembros en detección, evaluación y respuesta a eventos.	✓ 100% respuesta
Establecer una Lista de Expertos del RSI. (Mundial)	✓ 35% son de Región OPS

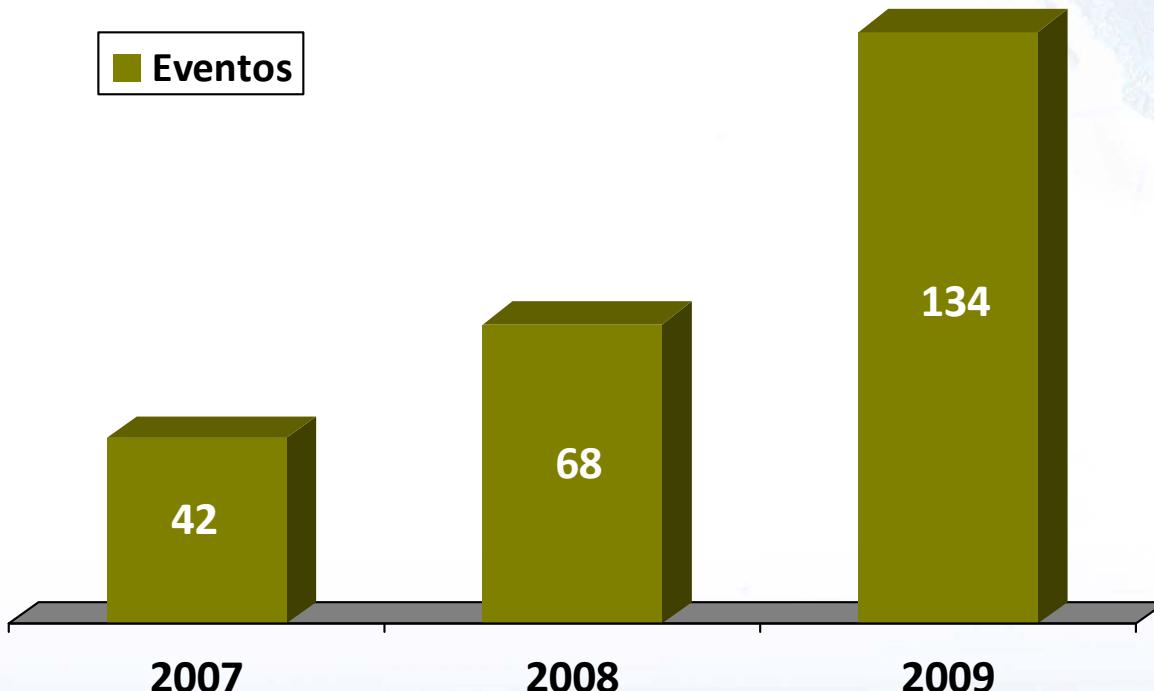


Cómo ha operado: detección

Número de Eventos Registrados en el EMS

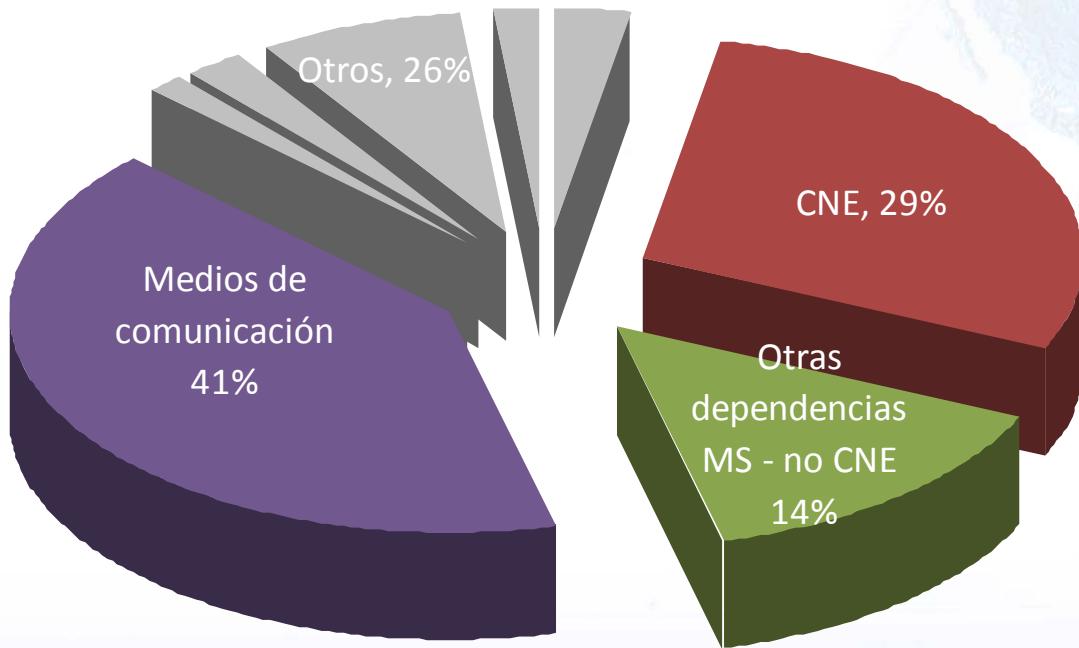
Región de las Américas

(15 Jun 2007 - Nov 2009)



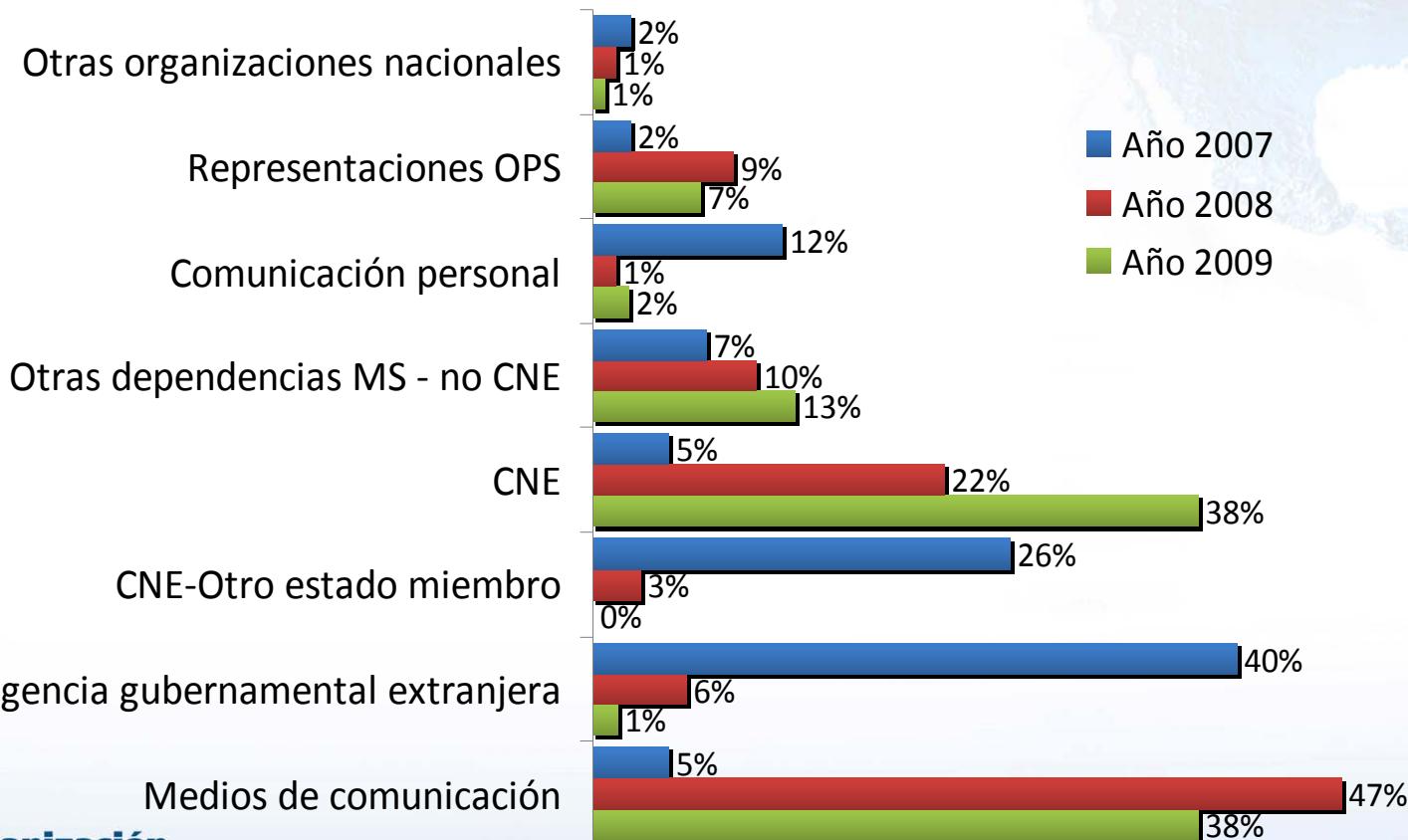
Cómo ha operado: Fuente

Fuente de Información Inicial de Eventos,
Total 2007-2009



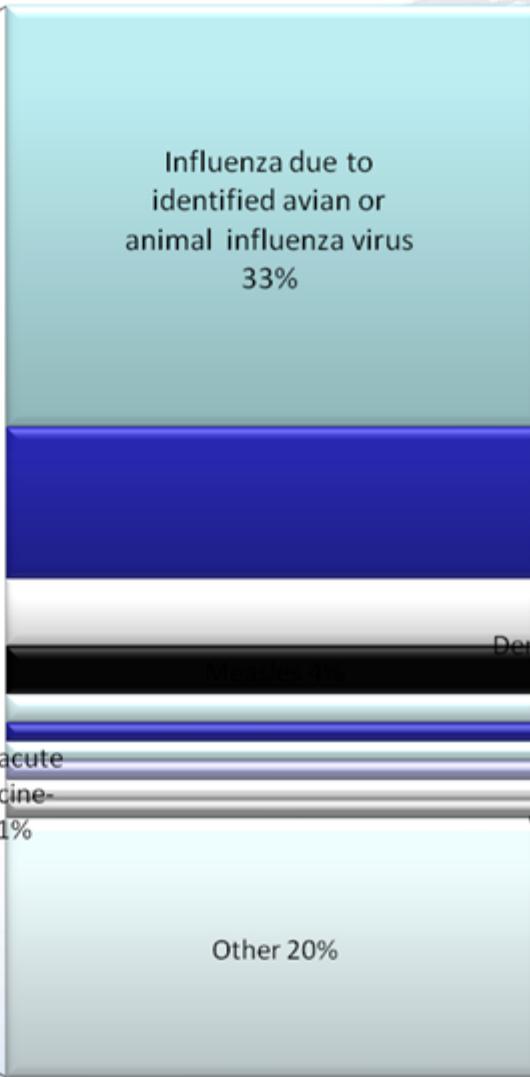
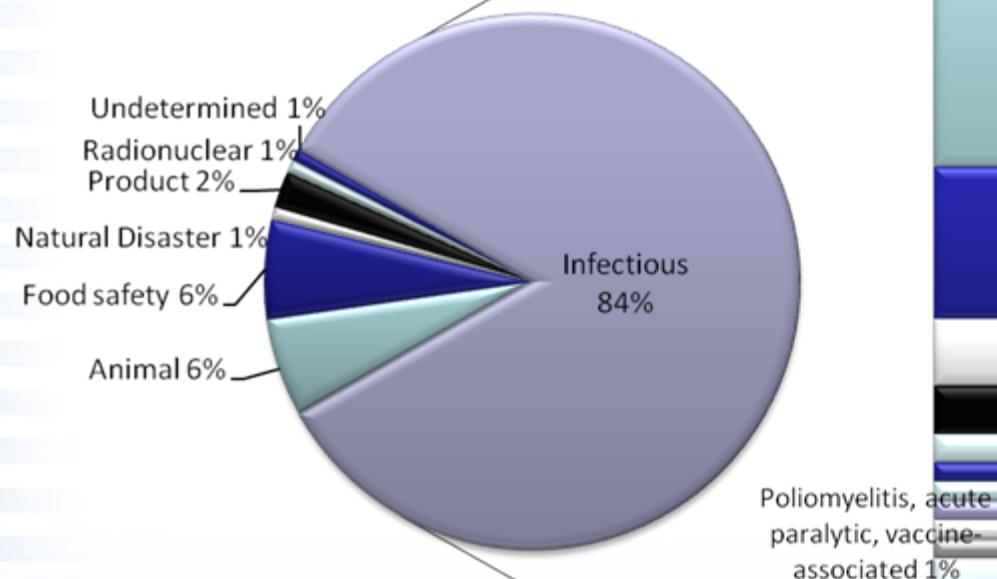
Cómo ha operado: Fuente

Fuente de Información Inicial del Evento (por año de detección)



Cómo ha operado: tipos de eventos

Hazards and Diseases, 2009





Interventions at Points of Entry



3	Strengthen public health security in travel and transport	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.
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- **CORE CAPACITIES**
- **At all times**
 - **Access to medical service**
 - **Transport of ill travellers**
 - **Inspection of conveyances**
 - **Ensure safe environment at PoE facilities**
 - **Control of vectors / reservoirs**
- **For responding to events**
 - **Public health emergency contingency plan**
 - **Arrangement for assessment, medical care and isolation for travellers or animals**
 - **Space for interview / quarantine travellers**
 - **Apply entry-exit control or other specific control measures**

Annex 1B



IHR implementation at ports, airports and ground crossings

PREVENTION

Containing known public health risks



Routine control of “Sanitary conditions” at points of entry and conveyances **including vector control**

Risk management

Conveyances inspection programmes and control measures

EARLY WARNING

Detecting relevant health events



Inspection, screening, Information and verification

Risk assessment

RESPONSE

Responding to public health emergencies



Support to investigation and contingency plans to adopt control measures

Event management



Gracias

↑ Baggage Claim
Terminal



www.paho.org