Call for Good Practices for Reducing Maternal and Neonatal Mortality Based on Primary Health Care

Second Phase

Pan American Health Organization (PAHO/WHO)

June 2026

PAHO Pan American Health Organization World Health Organization Americas Region

Background

Addressing maternal and neonatal health issues in international forums is not new. The periodic reappearance of this topic on the global agenda is a clear sign that our efforts have not achieved at least the first goal of eliminating preventable maternal and neonatal mortality (MNM). The most recent are the Call to Action *Strategy to Accelerate the Reduction of Maternal Mortality in the Region of the Americas, Based on Primary Health Care* (*1)* and *Access to Sexual and Reproductive Health Services in the Region of the Americas* (*2)* launched in 2024 by the Pan American Health Organization (PAHO) and the World Health Day 2025 campaign *Healthy Beginnings, Hopeful Futures* (*3)* which calls for intensified efforts to end preventable deaths of mothers and newborns and to prioritize the long-term health and well-being of women.

The importance of primary health care (PHC) in the health systems development agenda for the Region was emphasized in 2023 during the Regional Forum "*Alliance for Primary Health Care in the Americas" (4).* PHC was recognized as an effective strategic approach to regaining lost ground in public health, as well as to expanding access and reducing health inequalities in the Region. The *Alliance for Primary Health Care in the Americas (A4PHC) (5)* presented during the forum seeks to address challenges and promote the acceleration of PHC in all countries of the Americas through better investment and the implementation of innovative practices. The priority of PHC on the technical cooperation and financing agenda is also fully shared by the academic community and development banks.

In 2015, after several rounds of intergovernmental negotiations with input from a wide range of stakeholders, the 2030 Agenda for Sustainable Development was adopted during the 2015 United Nations Summit on Sustainable Development at the 70th General Assembly *(6).* The agenda includes the 17 Sustainable Development Goals (SDGs). SDG 3 focuses on health; target 3.1 calls for the world to achieve a rate of less than or equal to 70 maternal deaths per 100,000 live births by 2030, and target 3.2 aims to end preventable deaths of newborns and children under 5, reducing them to 12 per 1,000 live births and 25 per 1,000 live births, respectively. This global target stems from agreements reached previously during the development of the *Strategy to End Avoidable Maternal Mortality,* as well as specific reduction targets for countries in 2014 (7*).* In that same year, the 67th World Health Assembly approved the document *Every Newborn,* highlighting the importance of addressing neonatal and fetal mortality in order to reduce under-5 mortality (*8,9).*

PAHO has developed multiple initiatives and programs in the Region to improve maternal and neonatal health. To be highlighted is the interdepartmental project "*Zero Maternal Deaths from Hemorrhage*," developed in 2015. This project focused its actions on strengthening the capacity of health systems and services, empowering women, families, and communities, and improving public policies, laws, and plans or programs that protect maternal health (*10).* In 2016*,* the *Regional Strategy and Plan of Action for Neonatal Health within the Continuum of Maternal, Newborn, and Child Care* highlighted the need to intervene on factors such as prematurity, congenital defects, sepsis, and asphyxia (*11).* This was followed by the *Sustainable Health Agenda for the Americas 2018-2030: A Call*

to Action for Health and Well-being in the Region (12), approved during the 29th Pan American Health Conference, PAHC/6, Rev.3 in September 2017*.*

Along the same lines, PAHO approved resolution CD54/9, Rev. 2, entitled *Strategy and Plan of Action on Strengthening the Health System to Address Violence against Women,* which includes a special section on obstetric violence (*13),* in line with the technical document *Prevention and Eradication of Disrespect and Abuse during Childbirth in Health Care Settings: WHO Statement* (*14).*

In September 2018, PAHO Member States approved the *Plan of Action for the Health of Women, Children, and Adolescents 2018-2030*, which seeks to comprehensively address maternal, sexual, and reproductive health care in LAC countries. Its strategic lines of action include aspects such as formulating transformative policies to reduce inequalities, promoting universal health and well-being, expanding access to comprehensive health services, and strengthening information systems. It should be noted that many other resolutions of the organization on strategies and/or plans contribute directly or indirectly to the improvement of maternal and neonatal health (*15)*.

To raise awareness of the importance of caring for newborns in their first 28 days, PAHO, through CLAP, launched the campaign *Eight Days—Time to Care and Love*, disseminating information on good practices and promoting assertive decision-making to reduce neonatal mortality *(16).*

The reduction of maternal and neonatal mortality is also the subject of coordinated action by PAHO with other institutions such as the Regional Working Group for the Reduction of

Maternal Mortality (RWG)[1] and the Neonatal Health Alliance for Latin America and the Caribbean[2]. In 2021, the RWG published the *Interagency Strategic Consensus for the Reduction of Maternal Morbidity and Mortality: Strategic Guidelines for the Decade 2020-2030.* In 2023, they published *Joint Declaration in Favor of the Reduction of Maternal Morbidity and Mortality* at the launch of the *Zero Maternal Deaths* campaign *Preventing the preventable* (*17,18).* The Neonatal Alliance, at the regional, national, and local levels, develops and supports initiatives to reduce newborn morbidity and mortality through the promotion and dissemination of evidence-based, cost-effective interventions and technical support and advocacy for newborns and their mothers, with an emphasis on vulnerable populations (*19).*

The concept of good practice

PAHO defines good practices as those initiatives, interventions, solutions, methodologies, or procedures implemented during the execution of activities and projects at regional,

[1] Founded and led in 1998 by PAHO, its initial members included the United Nations Population Fund, the United Nations Children's Fund, the World Bank, the Inter-American Development Bank, and the United States Agency for International Development.

[2] Founded in 2005, it brings together multilateral cooperation agencies, scientific and professional societies, foundations, and civil society organizations.

subregional and local levels which have produced results that could be adapted and/or replicated in different contexts and by different countries, territories, or organizations.[3]

PAHO's intention is not to validate (or guarantee) the success of an experience, initiative, or lesson learned, but rather to ensure the systematic documentation of all practices using a validated methodology.

Relevance of the call

PAHO seeks to highlight and disseminate replicable experiences that contribute to reducing maternal and neonatal mortality in the Region by promoting the health and well-being of populations. This call for proposals is highly relevant and in keeping with the six strategic lines described in the Call to Action Zero Preventable Maternal Deaths in the Americas issued by the Director of PAHO in June 2024 (15).

Disseminating successful experiences and fostering cooperation among countries are crucial to scaling up effective solutions and adapting them to a range of different contexts, maximizing the impact of public health actions. Focusing these initiatives on primary care ensures broader, more equitable, and sustainable access, in line with the principles of universal coverage.

Furthermore, progress in reducing maternal and neonatal mortality contributes directly to the achievement of the Sustainable Development Goals (SDGs), particularly:

- **SDG 3**: Good health and well-being.

[3] PAHO initiative. Good Practices in Public Health: Experiences and Lessons Learned from the Americas: https://portalbp.paho.org/es/acerca2/ About | Good Practices in Public Health Portal.

- **SDG 1**: No poverty
- **SDG 2**: Zero hunger
- **SDG 4**: Quality education
- **SDG 6**: Clean water and sanitation
- **SDG 8**: Decent work and economic growth
- **SDG 10**: Reduced inequalities
- **SDG 16**: Peace, justice, and strong institutions.

This joint effort makes it possible to build more resilient health systems and healthier communities throughout the region.

Purpose of the call

The purpose of this call for proposals is to recognize, document, and disseminate good practices in reducing maternal and neonatal mortality in the Americas. The aim is to foster cooperation among countries, promote the replication of successful experiences, and contribute to progress toward more equitable and sustainable health systems, in line with the Sustainable Development Goals (SDGs).

The key areas of focus are:

1. Strengthening governance and stewardship in health and maternal and neonatal health management.
2. Expanding and strengthening primary care.
3. Strengthening health service networks, with an emphasis on maternal, neonatal, sexual, and reproductive health care.
4. Quality of maternal, neonatal, sexual, and reproductive health care in integrated health service networks.

5. Well-distributed, trained, equipped, and motivated human resources for health.
6. Empowerment of women, families, and communities for health care and the enforceability of sexual and reproductive rights.

Eligibility and participation

Who can submit a good practice?

For this second phase of the call, the following entities and actors are invited to submit proposals related to M&NM:

a) National authorities, including at the subnational and local levels, which may include:
   - Public health institutions and other related sectors, such as health, finance, labor, among others.
   - Academic institutions.
   - Civil society organizations.

b) International agencies and organizations, including those with subregional scope, as well as other strategic actors, such as:
   - Non-governmental organizations, including foundations, religious institutions, and charitable organizations.
   - Media organizations.
   - Research institutions.

c) Experts from the Region, including:
   - Professionals.
   - Policymakers.
   - Researchers with publications or involvement in research on maternal and neonatal mortality

Note: *PAHO Member States require that collaborations with non-State actors be subject to due diligence review and risk assessment in accordance with the Framework of Engagement with Non-State Actors (FENSA). In general, FENSA does not apply to engagements with governmental entities or intergovernmental organizations. However, engagements with State-owned enterprises, foundations, or universities, both public and private, remain subject to review under the framework. Accordingly, non-State actors participating in this Call are requested to review and complete the forms "Information requested from non-State actors for engagement with PAHO/WHO" and "Tobacco and arms-related disclosure statement for non-State actors," together with their attachments (ANNEX IV), and to submit them at the Institutional Review step of the Portal submission form.*

Deadlines and Submission of Proposals

Deadlines

- **Call opens:** June 10, 2026, at 11:59 p.m. (Washington, D.C. time).
- **Call closes**: August 16, 2026, at 11:59 p.m. (Washington, D.C. time).
- **Announcement of results**: October/November 2026, through the PAHO Good Practices in Public Health Portal.

Applications received after the closing date will not be considered. See Instructions for Submitting Proposals, Annex I.

Submission of proposals

1. Create an account on the PAHO Good Practices in Public Health Portal (https://portalbp.paho.org/).
2. Document and submit your proposal following the instructions described in the "Submitter Guide" available on the portal.

Only proposals submitted through the PAHO Good Practices Portal will be accepted. Proposals submitted otherwise will not be considered.

Each author may submit a maximum of two (2) proposals under this call.

Accepted languages

Proposals may be submitted in Spanish, French, English, or Portuguese.

Main topics and subtopics

The purpose of this call for good practices is to contribute to the exchange of knowledge among Member States and different actors in the Region of the Americas on the six strategic lines proposed in the call to action. The scope of each topic is described below,

along with examples.

1. ***Strengthening governance and stewardship in health and maternal and neonatal health management***

   This line of action includes proposals directly linked to the stewardship of health authorities with the leadership capacity needed to drive innovation and achieve improvements in the health system. This group includes experiences involving:

   a) Formulation and implementation of national and subnational actions to improve maternal health.

   b) definition of governance mechanisms and structures.

   c) management and planning of financial, human, and technological resources.

   d) implementation of comprehensive interventions that guarantee access to quality maternal health services and sexual and reproductive health services; and

   e) improvement of information systems that enable follow-up and monitoring of the strategy and accountability processes.

   - Establishment of audit committees to monitor adverse outcomes, for example maternal near miss.

2. ***Expansion and strengthening of primary care, prioritizing areas, and populations with high MMRs and NMRs.***

   This line of action emphasizes the need to expand primary care, ensuring access for all women, with priority given to those living in conditions of higher risk of maternal and neonatal morbidity and mortality. The aim is to disseminate proposals that focus on or prioritize territories and populations

with high MM and NM ratios, and those that seek to deploy health teams in the territories with the necessary resources to provide essential maternal, neonatal, sexual, and reproductive health services.

- Use of eHealth strategies
- Intercultural approach to monitoring and care during pregnancy, childbirth, the postpartum period, and newborn care
- Pregnancy checkups
- Immunization of pregnant women and newborns
- Reproductive planning counseling

3. ***Strengthening of health service networks, with an emphasis on maternal, neonatal, sexual, and reproductive health care***

   These proposals are aimed at expanding maternal health service networks to ensure continuity and complementarity between the various levels of health care. Also noteworthy are those proposals and experiences that develop referral and counter referral mechanisms, and timely diagnosis and treatment of pregnant women with high obstetric risk or in cases of maternal morbidity.

   - Referral of high-risk pregnant women to a higher level of care.

4. ***Quality of maternal, neonatal, sexual, and reproductive health care in integrated health service networks***

   This line of action aims to promote and implement quality standards in maternal health services that ensure all women receive safe, effective, respectful, and culturally relevant care. Experiences and proposals that have implemented safety tools or clinical guidelines that impact the quality of care

are welcome.

- Monitoring of quality indicators such as patient safety and client satisfaction.
- Implementation of evidence-based protocols and standards.

5. ***Well-distributed, trained, equipped, and motivated human resources for health.***

   This line of action emphasizes national health human resources policies or plans such as: competency profiles, recruitment and retention, working conditions, professional careers and staff distribution, and information systems in accordance with the needs of PHC-based health systems toward universal health care for maternal, neonatal, sexual, and reproductive health.

   - Training of health personnel in the care of pregnant women, childbirth, the postpartum period, and newborns.
   - Strategies for continuing education of clinical professionals in the care of pregnancy, childbirth, the postpartum period, and newborns.
   - Training of non-clinical personnel in the care of pregnant women, childbirth, the postpartum period, and newborns.

6. ***Empowerment of women, families, and communities for health care and the enforcement of sexual and reproductive rights.***

   This line of action aims to raise awareness in society about the seriousness of the current situation of maternal and neonatal mortality so that it is compelled to participate in actions to accelerate the reduction of preventable maternal deaths.

Initiatives that enable people to make informed, free, and safe decisions about their health and strengthen their ability to speak up, participate, and defend their rights.

- Use of simplified technologies to monitor pregnant women and newborns in areas far from health care facilities.
- Use of cell phones to monitor pregnant women and newborns in areas far from health care facilities.
- Training community leaders to raise awareness about the importance of monitoring pregnancy and newborns.
- Training in self-care activities for sexual and reproductive health care.

Assessment and selection procedure

PAHO uses a framework of eight fundamental attributes to guide the documentation and assessment of good practices:

- Effectiveness: Evidence that the good practice in question achieves its objectives. This evidence may include sustained results over time, tangible products, and methodologies.
- Cost-effectiveness: Evidence that there is a realistic economic approach in financial terms and accessible to the necessary actors.
- Efficiency: Evidence that there is a fiscally responsible approach to using resources in pursuance of the desired results.
- Sustainability: Evidence that the results achieved can be maintained over time. The good practice in question must be able to generate the necessary tools to face future challenges.

- Replicability/adaptability: Evidence of the potential to replicate the good practice or adapt it to other contexts and situations.
- Innovation: Evidence that the good practice in question promotes or creates a technology, adopts a completely new approach to solving a problem, or encourages innovation by its users for the collaborative development of new solutions to common problems.
- Participation: Evidence that stakeholders and key partners (especially the main beneficiaries) are involved in decision-making and important actions related to the intervention and the adoption of a participatory approach.
- Cross-cutting themes: PAHO's current Strategic Plan 2020-2025 addresses cross-cutting themes as part of PAHO's technical cooperation. The good practice proposal should demonstrate that it serves to analyze and propose changes in vulnerable aspects, diversity, or gaps that interfere with the health status of the population. Cross-cutting themes will be updated as the PAHO Strategic Plan is updated.

Annex III, *Understanding the attributes*, details the relevant information to be submitted for each attribute.

Assessment of proposals

The portal (https://portalbp.paho.org/) allows PAHO entities, Member States, and counterparts that have had good practices approved by PAHO to document experiences, initiatives, and lessons learned using a standardized process that evaluates proposed good practices according to specific criteria. Good practices serve as an example that stakeholders can learn from, share, and apply in their own initiatives.

The appraisal process consists of two steps: initial review and technical assessment:

- The initial review will be conducted to verify that all requirements set forth in the call for proposals are met. First, all fields will be checked to verify that the information provided is valid and to ensure that the proposal includes basic information such as the title, relevance to the topic of the call for proposals, language, and name of the institution. Participants may be asked to provide additional information or to make some adjustments in order to proceed with the technical assessment.

- The objective of the technical evaluation is to assess a proposal for good practices based on the eight fundamental attributes of PAHO's good practices methodology. The technical evaluation will be carried out by the technical review committee, composed of the following members:
    - Rodolfo Gómez Ponce de León, Advisor on Maternal, Sexual and Reproductive Health, Life Course Unit, Women's Health and Child Health, Department of Health Systems and Services, PAHO.
    - Pablo Durán, Advisor on Neonatal Health, Women's, Maternal, Neonatal, and Reproductive Health Unit, Department of Health Systems and Services, PAHO.
    - Claudio Sosa, Consultant in Maternal Health, Women's, Maternal, Neonatal, and Reproductive Health Unit, Department of Health Systems and Services, PAHO.
    - Thais A. Forster, Consultant in Women's Health, Women's, Maternal, Neonatal, and Reproductive Health Unit, Department of Health Systems and Services, PAHO.

- Lorena Binfa, Full Professor, Department of Women's and Newborn Health Promotion, School of Medicine, University of Chile.

If any problems are found or additional information is required, the person responsible for the proposal will be notified by email. After providing the requested information, the good practice proposal may be submitted again for re-evaluation.

Annex I. Conceptual Framework

In December 2023, the Pan American Health Organization, the Inter-American Development Bank, and the World Bank launched the Alliance for Primary Health Care in the Americas (A4PHC) with the aim of supporting countries in regaining the health gains lost due to the COVID-19 pandemic through increased investment, innovation, and implementation of primary health care (PHC) (5*0).*

In Latin America and the Caribbean, the maternal mortality ratio (MMR) increased by 16% between 2016 and 2020. In 2020, nearly one woman died every two minutes during pregnancy or childbirth, reaching an MMR of 68.0/100,000 live births, a figure not seen in the region since 2000. While target 3.1 of the Sustainable Development Goals sets a goal of an MMR of less than 70 maternal deaths per 100,000 live births, the Sustainable Health Agenda for the Americas 2018-2030 (*12)* makes an adjustment to the situation in the region and proposes *to reduce the regional maternal mortality ratio to less than 30 per 100,000 live births in all population groups, including those at highest risk of maternal death (such as adolescents, women over 35, and indigenous, Afro-descendant, Roma, and rural women, among others, as applicable in each country).*

In 2024, the Director of PAHO called for action to reduce maternal mortality, proposing a strategy aimed primarily at the most vulnerable women that account for the highest burden of maternal mortality, in order to accelerate the reduction of maternal mortality in the Region of the Americas, based on the expansion and strengthening of PHC *(1).*

Although neonatal mortality rates in the region have declined between 1990 and 2023, showing significant variations across the Americas, (*20)*, target 1.3 of the ASSA 2018-2030 *has not been achieved.* This target establishes the need *to reduce the neonatal mortality rate to less than 9 per 1,000 live births in all population groups, including those at highest risk (such as indigenous, Afro-descendant, and Roma groups, and rural populations, among others, as applicable in each country), and the under-5 mortality rate to less than 14 per 1,000 live births (12).*

Other documents of importance to this topic include the Action Plan for the Health of Women, Children, and Adolescents 2018-2030 *(15)*, Zero Maternal Deaths: Preventing the Preventable (*18),* Strategies to End Preventable Maternal Mortality (EPMM) (*7),* Prevention and Eradication of Disrespect and Abuse during Childbirth in Health Facilities: WHO Statement (*14),* Strategy for Universal Health Access and Universal Health Coverage (*21),* Strategy and Action Plan on eHealth (*22),* Standards for Improving Quality of Maternal and Newborn Care in Health Facilities (*23).*

Annex II. Instructions for submitting proposals

Before submitting a proposal

Ensure that you have any necessary authorizations before submitting your good practice proposal. This includes obtaining permission to use institutional data and any copyrighted material.

You can consult the terms and conditions of the PAHO Good Practices in Public Health Portal at the following link: https://portalbp.paho.org/.

Annex III. Understanding the core attributes

As part of this initiative, it has been identified that eight attributes must be present in a proposal for it to be considered a good practice worth documenting. To better understand the task ahead, please refer to Table 1, which describes the information that will be useful to include for each attribute to shape your good practice proposal and ease the evaluation process. However, this does not mean that the information should be solely limited to what is indicated in the table: feel free to highlight any aspects of your good practice proposal that you consider important and that are not included in the list.

The information presented in a good practice proposal should be supported by evidence obtained from a scientific literature review or by data derived from practice activities, as appropriate.

Table 1. Information by attribute

Attribute	Description	Information	Observations
Effectiveness	Evidence that the good practice achieves its objectives. This evidence may include results obtained over time, tangible products, or methodologies. Seek the best balance between lower cost and better results.	• Degree to which the practice achieves its objectives. • Activities of the proposed practice. • Impact of the practice.	• [Add any additional information necessary for the technical evaluation here, next to the field in the submission form where it is expected to be received].
Cost-effectiveness	Evidence that there is a realistic economic approach in financial terms and accessible to the necessary actors.	• Financial management structure of the proposed practice. • Budgeting process for the proposed practice. • Self-assessment of the budget's capacity to achieve the objectives.	
Efficiency	Evidence of a Fiscally responsible approach to using resources to achieve the desired results.	• Management of resources for the proposed practice. • Strategies to increase/ensure efficiency.	
Replicability/ Adaptability	Evidence of the potential to replicate the good practice or adapt it to other contexts and situations.	• Assessment of the potential for replicability and/or adaptability of the practice to other contexts. • Limitations on the potential for replicability and/or adaptability of the practice.	

Innovation	Evidence that the good practice promotes or creates a new product, service, or technology, adopts a completely new approach to solving a problem, or encourages innovation by its users for the collaborative development of new solutions to common problems.	• Description of any innovation, defined as any product, action, service or association that has the potential to improve health outcomes. • How the proposed elements are considered innovative, either in the national or international context.	
Participation	Evidence that key stakeholders and partners (particularly those who will benefit most) are involved in Important decisions and actions related to the intervention and the adoption of a participatory approach.	• Degree of participation of key stakeholders or partners. • Description of the participation strategy. • Degree of involvement of the main beneficiary.	

Focus on cross-cutting issues (equity, gender, ethnicity, and human rights)	The Strategic Plan of the PAHO 2020-2025 Addresses four cross-cutting themes: equity, gender, ethnicity, and human rights. Given the relevance of these themes to PAHO's technical cooperation, the proposed good practice should demonstrate that it is useful to analyze and propose changes in relation to vulnerabilities, diversity, or gaps that interfere with the health status of the population.	• How the practice addresses any of these cross-cutting themes. • Impact that the practice may have had on the cross-cutting themes.	

Annex IV. FENSA documentation

During the "Institutional Review" step of the Portal submission form, Non-State Actors participating in this Call will be required to upload, in PDF format, the forms "Information requested from Non-State Actors for engagement with PAHO/WHO" and "Tobacco and arms-related disclosure statement for Non-State Actors," together with their supporting attachments, as applicable. These forms will also be available for download from the Portal at this stage. All information submitted will be treated as confidential and will only be made available to the PAHO Office of the Legal Counsel (LEG) for review. The forms to be completed and submitted are provided below:

Information Requested from Non-State Actors for Engagement with PAHO/WHO

You are being asked for certain information to assist the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (hereinafter "PAHO" or "PAHO/WHO") in its review under the Framework of Engagement with Non-State Actors (FENSA), which was adopted by PAHO Governing Bodies by Resolution CD55.R3 (September 2016). Thank you for your assistance.

Please provide the following:

1. Full name, address, and website of the entity:
2. The entity's mission statement and/or charter:
3. Governance structure and bylaws and composition of governance/decision making body (e.g., Board, Council, Assembly, etc.) (please attach when responding):
4. Latest financial statement showing funding sources (e.g., audited financial statement) (please attach when responding).
5. List of funding partners and sources.
6. If applicable, a copy of the entity's registration certificate.
7. Does the entity you represent have any formal association, affiliation, or links with the following industry sectors?

	No	Yes	Details
Alcohol			
Chemical			
Food and beverages			
Health care			
Pharmaceutical			

PAHO/WHO reserves the right to request additional information from the entity you represent relevant to its proposed engagement with PAHO/WHO.

In addition to the above, you are asked to sign the attached Tobacco/Arms Related Disclosure Statement for Non-State Actors.

TOBACCO /ARMS RELATED DISCLOSURE STATEMENT FOR NON-STATE ACTORS[1]

Pursuant to the Framework of Engagement with Non-State Actors (FENSA), the Pan American Health Organization, Regional Office for the Americas of the World Health Organization (hereinafter "PAHO" or "PAHO/WHO") does not engage with the tobacco industry or non-State actors that work to further the interests of the tobacco industry. PAHO/WHO also does not engage with the arms industry.

For the purposes of this statement:

- tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity; and

- arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.

This disclosure statement needs to be provided by any nongovernmental organization, private sector entity, philanthropic foundation and/or academic institution prior to engaging with PAHO/WHO.

In view of the foregoing, please answer the following questions:

1. Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)?

   |___| Yes |___| No Unable to answer |___|

2. To the best of your entity's knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? This includes, but is not limited to, supply contracts, contract work, services and lobbying.

   |___| Yes |___| No Unable to answer |___|

[1] Nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

3. To the best of your entity's knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above)? This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

|___| Yes |___| No Unable to answer |___|

4. If you have answered yes to any of the above or are unable to answer one or more questions, please provide a general statement of explanation.

Please note that PAHO/WHO reserves the right to request additional information from your entity in this regard.

By providing this statement, your entity commits to promptly inform PAHO/WHO of any change to the above information and to complete a new statement that describes the changes.

*Signature:*_____
(duly authorized representative)

Name and Title of duly authorized representative:

Name of *entity:*
Date:

References

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