

**Call for Good Practices in the Use of Telehealth during the COVID-19 pandemic**

**Pan American Health Organization**

**PAHO/WHO**

## Background

In 2005, the World Health Organization (WHO) defined telehealth services as the “cost-effective and secure use of Information and Communication Technologies in support of health and health-related fields, including health care services, health surveillance, health literature, and health education, knowledge and research”.

In March 2020, COVID-19 was declared as a pandemic by WHO. The lockdown measures accelerated the adoption of digital technologies in the provision of health care. The pandemic has brought an unprecedented explosion of interest in digital health technologies to support health care (further information in ANNEX I).

The experiences, initiatives, and lessons learned surrounding the use of telehealth to support patients in an emergency setting, such as the COVID-19, can provide a wealth of knowledge to advancing the digital transformation of health within the Region of the Americas. Moreover, this is a crucial opportunity to identify, document, and disseminate expertise as Good Practices (GPs) learned from the field.

The Pan American Health Organization (PAHO) will define GPs as **the initiatives, interventions, solutions, methodologies, or procedures undertaken during the implementation of activities and projects at regional, sub-regional and local levels, that have yielded results that could be adapted and/or replicated in different contexts and by different countries and territories or organizations.**

The present Call for GPs aims to contribute to knowledge sharing among Members States and different actors in the Region of the Americas in the Use of Telehealth during the COVID-19 pandemic.

**PAHO's intention is not to validate (or guarantee) the success of an experience, initiative, or lesson learned but to ensure that GPs are systematically documented using a validated methodology.**

While the term Good Practices (GPs) has varying definitions, at its core, it involves the documentation of methods, processes, and aspects that could be beneficial for another institution or country as a means of knowledge sharing.

To submit a GP, a comprehensive documentation process must be followed that covers all the necessary elements for its assessment against the criteria outlined in PAHO's GP methodology. A Technical Review Committee, composed of members experienced in the field and represented by different geographical sub-regions of the Region of the Americas or worldwide, will evaluate the proposed GPs and only those that meet the specific criteria will be published on PAHO's GP Portal.

Most evidence about digital health comes from high-income countries that may pose difficulties for replicability and/or adaptability in Low-Middle Income Countries, opening the need to diversify the information on digital health usage to be more representative of the totality of the Region of the Americas. The systematization of good practices on the use of telehealth can help bridge the gap between subregions in the Americas in developing and implementing digital health practices by promoting the sharing, learning, and application of good practices.

## Purpose

To strengthen knowledge sharing through the documentation of Good Practices (GP) in the use of telehealth during the COVID-19 pandemic in PAHO's Good Practices in Public Health Portal.

## Submission of a Good Practice

To submit a proposal, follow the instructions outlined in [ANNEX II](#). PAHO uses a framework of eight **Core Attributes** to guide the documentation and assessment of GPs:

- **Effectiveness:** Evidence of successfully achieving its objectives. This evidence may include results sustained over time, tangible products, and methodologies.
- **Cost-Effectiveness:** Evidence of an economic approach that is financially realistic and accessible to the necessary actors.
- **Efficiency:** Evidence of a responsible and fiscal approach to implementing resources toward achieving the desired results.
- **Sustainability:** Evidence of maintaining the results achieved over time. It should generate the essential tools needed to confront future challenges.
- **Replicability/Adaptability:** Evidence of the potential to replicate or adapt to other contexts and situations.
- **Innovation:** Evidence of taking, promoting, or creating an entirely new technology or approach to a problem or encouraging innovation by its users to collaboratively develop new solutions to common issues.
- **Participation:** Evidence of the involvement of key stakeholders and partners (particularly the primary beneficiaries) in important decisions and actions related to the intervention and the adoption of a participative approach.
- **Focus on Cross-Cutting Themes (equity, gender, ethnicity, and human rights):** PAHO's Strategic Plan 2020-2025 addresses four cross-cutting themes: equity, gender, ethnicity, and human rights. Given the centrality of the themes to PAHO's technical cooperation, the Good Practice should demonstrate the capacity to analyze and propose changes in the vulnerabilities, diversities, or gaps that interfere with the population's health conditions. The Cross-Cutting Themes will be updated in accordance with each iteration of PAHO's Strategic Plan.

## Who can submit a Good Practice?

National Authorities from PAHO Member States (Region of the Americas) and PAHO/WHO Collaborating Centers are invited to submit their experiences in the use of telehealth during the COVID-19 pandemic.

These include:

1. Public health institutions involved in the implementation and/or management of telehealth services or in the supply of telehealth services.
2. PAHO/WHO Collaborating Centres involved in the study, planning, implementation, management, and/or monitoring and evaluation of telehealth services are invited to submit their experiences in the use of telehealth during the COVID-19 pandemic.

*Note: PAHO's Member States require that engagements with non-State actors undergo due diligence review and risk assessment under 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 companies, foundations or state universities remain subject to FENSA. Consequently, non-State actor participants of this Call are requested to review and fill out the "Information Requested from Non-State Actors for Engagement with PAHO/WHO" and "Tobacco/Arms Related Disclosure Statement for Non-State Actors" forms ([ANNEX III](#)) and submit these in the "Institutional Review" step of Portal's submission form.*

# Main topics and subtopics

The Call for Good Practices includes four subtopics of interest: (1) Telehealth Services Infrastructure, (2) Telehealth Services and its Users, (3) Legislative & Regulatory Aspects, and (4) Continuity of Telehealth Services. Below each one, proposed subtopics are presented to guide the ideation of submission(s).

The outlined topics and subtopics are non-exhaustive. While submissions may not align with the topics outlined, they must align with the main topic of the call: Usage of Telehealth during the COVID-19 pandemic.

**Table 1.** Main topics and subtopics of the Call.

<b>Topic 1</b>	<b>Telehealth Services Infrastructure</b>
	<p>Structure and implementation strategies of telehealth services.</p> <p>Proposed GPs could include experiences on:</p> <ul style="list-style-type: none"> <li>❖ Telehealth software</li> <li>❖ Portfolio of Telehealth services</li> <li>❖ Hardware (Informatic &amp; Biomedical)</li> <li>❖ Interoperability of data and digital health systems</li> <li>❖ Physical space</li> <li>❖ Access to routine and specialized laboratory and imaging tests</li> <li>❖ Access to medications</li> <li>❖ Internet access &amp; quality (cable/cellphone network)</li> <li>❖ Electricity access</li> </ul>
<b>Topic 2</b>	<b>Telehealth Services and its Users</b>
	Relationship between Telehealth Services and the General Population.
	<p>Proposed GPs could include experiences on:</p> <ul style="list-style-type: none"> <li>❖ Trust building with general population for telehealth services usage</li> <li>❖ Population engagement in telehealth services</li> <li>❖ Population access to telehealth services</li> <li>❖ Ease of usage of patient’s front-end software</li> <li>❖ Socio-cultural sensibility within telehealth systems</li> <li>❖ Digital literacy and capacity building in telehealth for the community</li> </ul>
	Relationship between Telehealth Services and Human Resources in Health.
	<p>Proposed GPs could include experiences on:</p> <ul style="list-style-type: none"> <li>❖ Integration of multidisciplinary teams: health, biomedical, information technology, etc.</li> <li>❖ Perceptions and trust of telehealth by human resources</li> <li>❖ Workflow integration</li> <li>❖ Capacity building on telehealth for Human Resources in Health</li> </ul>

	<ul style="list-style-type: none"> <li>❖ Digital literacy of Human Resources in Health</li> <li>❖ Ease-of-usage of front-end software for Human Resources in Health.</li> </ul>
<b>Topic 3</b>	<b>Legislative and Regulatory Aspects</b>
	Legislations and/or regulatory protocols for telehealth services.
	<p>Proposed GPs could include experiences on:</p> <ul style="list-style-type: none"> <li>❖ General and health electronic data usage and privacy policies</li> <li>❖ The future of legislations waived during the COVID-19 pandemic (if applicable)</li> <li>❖ Protocols for NCD patient care through Telehealth services</li> <li>❖ Artificial Intelligence usage policies</li> <li>❖ Legal ecosystems on telehealth including Human rights aspects</li> <li>❖ Cybersecurity, Open-source code, and Open data</li> <li>❖ Partnerships, public-private relationships to bolster digital health</li> <li>❖ Integration of telehealth in health professional contracts</li> <li>❖ Medical accountability within digital health</li> <li>❖ Innovation and Knowledge gaps</li> </ul>
<b>Topic 4</b>	<b>Continuity of Telehealth Services</b>
	Strategies to ensure the sustainability and continuity of telehealth services
	<p>Proposed GPs could include experiences on:</p> <ul style="list-style-type: none"> <li>❖ Financing</li> <li>❖ Program continuity</li> <li>❖ Monitoring and evaluation</li> <li>❖ Scalability of telehealth services after the COVID-19 pandemic</li> <li>❖ Universal Health Coverage and Telehealth (leaving no one behind)</li> <li>❖ IT/Biomedical issue resolution</li> <li>❖ Research and Development (R&amp;D)</li> <li>❖ Innovation and knowledge gaps</li> </ul>

## Timeframe

Proposals must be submitted between 14 December 2023 and 14 January 2024 23:59 EST.

Decisions are expected to be finalized by March 2024 through PAHO's Good Practices in Public Health Portal. All participants will receive updates through their email and the Portal regarding these decisions. Only the GPs that have passed the evaluation process will be published on the Portal.

## Languages

Proposals can be submitted in English or Spanish.

## Evaluation of proposals

The Portal (<https://portalbp.paho.org>) enables PAHO entities, Member States, and stakeholders to document experiences, initiatives, and lessons learned using a standardized process that evaluates proposed GPs against specific criteria. A GP may serve as an example for interested parties to learn, share, and apply practices to their initiatives.

The evaluation process consists of two steps: **Basic Screening** and **Technical Assessment**.

**Basic Screening** will be conducted to ensure all requirements outlined by the Call are met. GP proposals will first be checked for compliance with the FENSA requirement (see [Who Can Submit](#)). All fields will be reviewed to verify that all information provided is valid and to ensure that the proposal includes all necessary basic details such as the title, alignment to the Call's theme, language, and name of the institution. Further information and/or revisions may be requested of the participants to proceed with the Technical Assessment.

**Technical Assessment** aims to evaluate a proposed GP based on the eight attributes specified by PAHO's GP methodology. The Technical Assessment will be conducted by the Technical Review Committee, which is composed of the following members:

- Analía Baum, Pan American Health Organization.
- Analía López, acting on an individual capacity, Center for Implementation and Innovation in Health Policies, El Salvador.
- Cinthia Cejas, acting on an individual capacity, Institute for Clinical Effectiveness in Health, Argentina.
- Fernando Plazzotta, Pan American Health Organization.
- Ian Brooks, PAHO/WHO Collaborating Center for Information Systems for Health, UK.
- Katri Kontio, Pan American Health Organization.
- Luiz Messina, acting on an individual capacity, Rede Nacional de Ensino e Pesquisa RNP, Brazil.
- María Celeste Savignano, acting on an individual capacity, Hospital de Pedriatría SAMIC, Argentina.
- Walter Curioso, acting on an individual capacity, Universidad Continental, Perú.

If any issues are found, or additional information is required, the submitter will receive an email notification. After providing the necessary information, the proposed GP can be resubmitted for a new evaluation.



## ANNEX I. Conceptual Framework

### PAHO's Framework on Telehealth

Telehealth (also known as eHealth) is defined by the World Health Organization as being the “cost-effective and secure use of Information and Communication Technologies in support of health and health-related fields, including health care services, health surveillance, health literature, and health education, knowledge and research”. The strategic and innovative use of Telehealth services are an essential enabling factor towards achieving Sustainable Development Goal (SDG) 3 “Ensure healthy lives and promote well-being for all at all ages”, with particular attention to target 8 “Achieve universal health coverage”.<sup>1</sup> As WHO states, these goals cannot be achieved without the support of digital health.<sup>2</sup>

In these agendas, Telehealth is approached from its different facets starting with one of the core elements being health information systems that go beyond simply managing patient clinical records, towards rendering data to augment the efficiency of health services and resource allocation within the health system.

The Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) outlines the need to strengthen health information systems to support the development of evidence-based policies and decision-making (Goal 6), including aspects of information system interoperability, health system assessment, and capacity for data to be used in decision-making.<sup>3</sup> These systems are intertwined with the mission to develop capacities for the generation, transfer, and use of evidence and knowledge in health, promoting research and innovation, and the use of technology (Goal 7) which seeks to strengthen strategies and plans on digital health (Goal 7.3).

The use of telehealth to improve access to health services and offer a potentially economically viable, wide-reaching, and sustainable solution to mitigate health care disparities (e.g., urban-rural divide) for vulnerable populations aligns with PAHO's interests (Goal 4.2). This is an important

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<sup>1</sup> United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. Geneva: UN; [Unknown] [Cited 31 October 2022]. Available from: <https://sdgs.un.org/2030agenda>.

<sup>2</sup> World Health Organization. Global diffusion of eHealth: making universal health coverage achievable: report of the third global survey on eHealth. Geneva; 2016. Available from: <https://www.who.int/publications/i/item/9789241511780>

<sup>3</sup> Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030 (CSP29/6, Rev. 3). Washington; 2017. Available from: <https://iris.paho.org/handle/10665.2/49170>

aspect of telehealth considering that the rural population of Latin America and the Caribbean represents 122 million people (2021).<sup>5,4</sup>

Telehealth rose a promising tool to accelerate PAHO's goals in the improvement of patient management such as those with NCDs and providing solutions for the rising demand of mental health services (Goals 9.1, 9.6) by improving access to follow-up consultations and to specialist consultations, particularly for populations that face access barriers.<sup>5</sup> Furthermore, PAHO's Strategic Plan 2020-2025 encourages the implementation of interoperable health information systems with subnational disaggregation (Outcome 20) and the capacity to produce and utilize evidence (Outcome 21.a, 21.b).<sup>5</sup>

There is a need to strengthen the structural foundation of telehealth within healthcare in the Region. Key guidelines, such as the "Eight Guiding Principles for Digital Transformation of the Health Sector: A Call to Pan American Action"<sup>6</sup>, provide a set of recommendations towards paving the path for the digital transformation in the Americas. Further, initiatives such as the Information Systems for Health (IS4H) toolkits<sup>7</sup>, are crucial for the assessment of the maturity level of health institutions to implement telemedicine services in healthcare.<sup>8</sup>

### Telehealth in the Americas during COVID-19

Telehealth initiatives in the Region have proliferated within the last three decades, albeit with considerable fluctuations in the success of the implementation and their overall performance.<sup>9</sup> The COVID-19 pandemic has brought an unprecedented upsurge in the use of digital health technologies to support healthcare.

Considering COVID-19's transmissibility, telehealth provided a solution for contact-less healthcare. Early implementations focused on the use of video conferencing software between the health

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<sup>4</sup> The World Bank. Rural population – Latin America & Caribbean. Washington, DC: The World Bank; 2022 [Cited 31 October 2022]. Available from: <https://data.worldbank.org/indicator/SP.RUR.TOTL?end=2021&locations=ZJ&start=1960>

<sup>5</sup> Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020-2025. Washington, DC; 2019. Available from: <https://www.paho.org/en/documents/paho-strategic-plan-2020-2025>

<sup>6</sup> Pan American Health Organization. Eight Guiding Principles of Digital Transformation of the Health Sector. A Call to Pan American Action (PAHO/EIH/IS/21-0004). Washington, DC; 2021. Available from: <https://iris.paho.org/handle/10665.2/54256>

<sup>7</sup> Pan American Health Organization. Information Systems for Health (IS4H) Toolkit. Washington, DC: PAHO; 2019 [Cited 31 October 2022]. Available from: <https://www.paho.org/ish/index.php/en/toolkit>

<sup>8</sup> Pan American Health Organization, Inter-American Development Bank. Tool for assessing the maturity level of health institutions to implement telemedicine services. Washington, DC; 2021. Available from: <https://www.paho.org/en/documents/tool-assessing-maturity-level-health-institutions-implement-telemedicine-services>

<sup>9</sup> Pan American Health Organization. Framework for the Implementation of a Telemedicine Service. Washington, DC; 2016. Available from: <https://iris.paho.org/handle/10665.2/28414>

professional and the patient. Despite its limitations, it proved to be a valuable tool for patient follow-up and to provide specialized care (e.g., mental and physical rehabilitation).<sup>10</sup>

Digital health solutions of varying complexities emerged as potential solutions to continue providing care to patients during the pandemic restrictions. These tools included inter-professional specialist consultations and collaborations, telemonitoring, tele-education, and research networks. These initiatives aimed to deliver integral care required and provide for the needs of patients with NCDs.<sup>3,13</sup>

The pandemic has served as a catalyst to promote telehealth initiatives, policies, and programs. It is imperative to tap the wealth of knowledge, expertise, and lessons learned and to translate these into Good Practices to foster the sharing, learning, and application of knowledge in the Region of the Americas.

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<sup>10</sup> Pan American Health Organization. COVID-19: Salud digital facilitando la telerehabilitación. Washington, DC; 2021. Available from: <https://iris.paho.org/handle/10665.2/53023>

## ANNEX II. Instructions for Submitters

### Before Submitting

Please ensure you have the necessary authorization(s) before documenting your proposed GP. This includes obtaining permission to use institutional data and any copyrighted material.

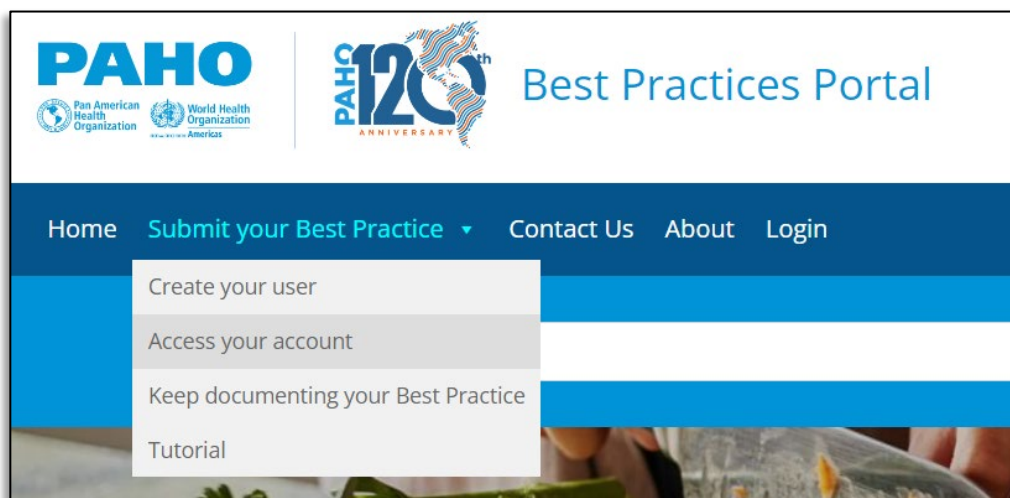
The [Terms and Conditions of PAHO's Good Practices in Public Health Portal](https://portalbp.paho.org) are here: <https://portalbp.paho.org>.

### How To Submit Your Proposal

Create an account on [PAHO's Good Practices in Public Health Portal \(https://portalbp.paho.org\)](https://portalbp.paho.org). Once your account has been activated, you can document and submit your proposed GP.

For a detailed guide on how to use the Good Practices Portal and submit your proposal, please refer to the [Submitter Guide \(click here\)](#).

Figure 1. PAHO's Good Practices Portal homepage.



# Understanding the Attributes

The Initiative has identified eight attributes that a proposal must display for it to be considered a Good Practice to be documented. To better understand the task ahead, [Table 2](#) outlines what information per attribute will be of use to shape your Good Practice proposal and ease the evaluation process. However, this does not mean the information that can be presented is exclusively limited to what’s outlined in the table. Please feel free to highlight unlisted aspects of your Good Practice proposal that you consider important.

The information submitted on a Good Practices proposal is expected to be supported by evidence as a result of scientific literature review and/or the data generated by the activities of the proposal as applicable.

**Table 2.** Expected information per attribute.

Attribute	Description	Information	Observations
Effectiveness	Evidence of successfully achieving its objectives. This evidence may include results sustained over time, tangible products, and methodologies.	<ul style="list-style-type: none"> <li>Level of achievement of the proposal based on its objectives.</li> <li>Proposal’s activities. Impact of the proposal.</li> </ul>	
Cost-Effectiveness	Evidence of an economic approach that is financially realistic and accessible to the necessary actors.	<ul style="list-style-type: none"> <li>Proposal’s financial management structure.</li> <li>Budgeting process of the proposal.</li> <li>Self-assessment of the budget’s ability to reach objectives.</li> </ul>	
Efficiency	Evidence of a responsible and fiscal approach to implementing resources toward achieving the desired results.	<ul style="list-style-type: none"> <li>Proposal’s resource management.</li> <li>Strategies to augment/ensure efficiency.</li> </ul>	
Sustainability	Evidence of maintaining the results achieved	<ul style="list-style-type: none"> <li>Solutions to mitigate recidivist and/or new issues in the future.</li> <li>Monitoring and evaluation strategies.</li> </ul>	

	over time. It should generate the essential tools needed to confront future challenges.	<ul style="list-style-type: none"> <li>• Evaluation of the scalability potential of the proposal.</li> <li>• Strategies to secure the required resources during the intended lifespan of the proposal.</li> </ul>	
Replicability/ Adaptability	Evidence of the potential to replicate or adapt to other contexts and situations.	<ul style="list-style-type: none"> <li>• Evaluation of the proposal's potential to be replicated and/or adapted to other contexts.</li> <li>• Limitations on the replicability and/or adaptability potential of the proposal.</li> </ul>	
Innovation	Evidence of taking, promoting, or creating an entirely new technology or approach to a problem or encouraging innovation by its users to collaboratively develop new solutions to common issues.	<ul style="list-style-type: none"> <li>• Description of any innovation – defined as any product, action, service, partnership that has the potential to enhance health outcomes.</li> <li>• How the proposed elements are to be considered innovative either in the national and/or international context.</li> </ul>	
Participation	Evidence of the involvement of key stakeholders and partners (particularly the primary beneficiaries) in important decisions and actions related to the intervention and the adoption of a participative approach.	<ul style="list-style-type: none"> <li>• Participation of key stakeholders and/or partners.</li> <li>• Engagement strategy.</li> <li>• Level of engagement of the primary beneficiary.</li> </ul>	
	<a href="#">PAHO's Strategic Plan 2020-2015</a> addresses four cross-cutting	<ul style="list-style-type: none"> <li>• How the practice addresses any of these cross-cutting themes.</li> <li>• Impact that the practice might have had on cross-cutting themes.</li> </ul>	

<p>Focus on Cross-Cutting Themes (Equity, Gender, Ethnicity, and Human Rights)</p>	<p>themes: equity, gender, ethnicity, and human rights. Given the centrality of the themes to PAHO's technical cooperation, the Good Practice should demonstrate the capacity to analyze and propose changes in the vulnerabilities, diversities, or gaps that interfere with the population's health conditions.</p>		
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## ANNEX III. FENSA Documentation

**Important:** During the "Institutional Review" step, the Portal submission form will require Non-State Actors to upload two forms in PDF format. These forms will also be downloadable from the Portal during this step. All submitted information will remain confidential.

### 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<sup>1</sup>

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 Good 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

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<sup>1</sup> Nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions.

3. To the Good 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 changes 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:*