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PAHO DISEASE ELIMINATION INITIATIVE: A POLICY FOR AN INTEGRATED SUSTAINABLE APPROACH TO COMMUNICABLE DISEASES IN THE AMERICAS: PROGRESS REPORT

Background

1. In 2019, the 57th Directing Council of the Pan American Health Organization (PAHO) approved a policy for an integrated sustainable approach to communicable diseases in the Americas (1–3), known as the Elimination Initiative (EI). The EI promotes a life-course, person-centered approach with four dimensions: interrupting endemic transmission, ending mortality, ending morbidity, and preventing disability. These dimensions are addressed through four strategic lines of action: *a*) strengthening the integration of health systems and service delivery, *b*) strengthening health surveillance and information systems, *c*) addressing environmental and social determinants of health, and *d*) strengthening governance, stewardship, and finance. The vision is of a future free of the burden of more than 30 communicable diseases and related conditions in the Region of the Americas, beginning no later than 2030.

2. Diseases targeted by the EI cause public health, societal, and economic impacts in the affected populations, but their elimination is scientifically and technically feasible. Most of the targeted diseases have their greatest impact on populations that live in situations of vulnerability, are marginalized socioeconomically, and/or experience difficulties in accessing health services, including women and girls, Indigenous peoples, Afro-descendants, people in rural areas, LGBTQI+¹ persons, migrants, prisoners, and other stigmatized groups. The EI also targets the elimination of two key environmental determinants of health related to communicable diseases—namely open defecation and the use of polluting biomass cooking fuels—both of which lead to acute and chronic adverse health effects. The EI proposes different degrees and modalities of elimination depending on the disease in question, including elimination as a public health problem, elimination of

¹ PAHO uses the acronym LGBT according to Resolution CD52.R6 (2013), Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons. It is important to note that the acronym has changed over the years to include other sexual orientations and gender identities. For example, the United Nations uses LGBTQI+ for Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, and (+). The symbol (+) intends to reach a broader range of sexual orientations and gender identities (asexual, pansexual, among others).

transmission, and eradication. The EI is aligned with the primary health care approach, with a gender and ethnicity focus, throughout the life course.

Analysis of Progress Achieved

3. Countries and territories in the Region of the Americas have made significant progress toward the elimination of important communicable diseases in recent decades. Smallpox was eradicated in 1980, followed by the elimination of polio from the Region in 1994. Within the past decade, rubella, congenital rubella syndrome, and neonatal tetanus were eliminated from the Region as well. By early 2021, 18 countries and territories were free of malaria, eight had eliminated mother-to-child transmission of HIV and congenital syphilis, four eliminated onchocerciasis, four eliminated foot-and-mouth disease, three eliminated lymphatic filariasis, one eliminated trachoma, and one eliminated human rabies transmitted by dogs. The Region has made progress toward the elimination of leprosy, Chagas disease, soil-transmitted helminthiasis, schistosomiasis, and hepatitis B. Even during the COVID-19 pandemic, one country was certified for the elimination of mother-to-child transmission of HIV and congenital syphilis (Dominica) and another for elimination of malaria (El Salvador). This is remarkable, considering that the Region has experienced a significant and disproportionate impact of the COVID-19 pandemic, with 55% of essential health services disrupted on average and 67% of countries reporting disruptions to the supply chain system (4).

4. The Region has steadily reduced its dependence on biomass fuel for cooking in the past decade, a period in which almost 10 million additional people gained access to clean energy and cooking technologies. By 2021, 15 countries and territories had achieved access to clean household energy for over 95% of their population (5).

5. Despite these achievements, significant challenges persist. Progress toward cervical cancer elimination, by increasing coverage of human papillomavirus (HPV) vaccination, HPV testing, and ablative treatment, has been severely impeded by many factors, above all the limited funding and resources being invested in this area. Cholera resurged on the island of Hispaniola in early October 2022 after a three-year period without confirmed cases. Preliminary findings suggest that this resurgence originated from an environmental source, which may signify new setbacks to the effort to eliminate cholera as a public health problem in the short term. Nonetheless, swift actions have been implemented to control cholera transmission in both the Dominican Republic and Haiti (including mass deployment of oral cholera vaccines), and to enhance surveillance and early detection elsewhere in the Region.

6. This report summarizes the progress made by Member States and the actions taken by the Pan American Sanitary Bureau (PASB or the Bureau) in each strategic line of action of the policy and recommends key actions to accelerate efforts, mainly within countries, to achieve elimination of the targeted communicable diseases.

Strategic Line of Action 1: Strengthening the integration of health systems and service delivery

7. The COVID-19 pandemic accelerated the uptake of innovations in health service delivery, such as the provision of home-based care through telemedicine; novel prescribing and dispensing approaches for medicines, such as multi-month prescriptions for HIV antiretroviral therapy; task shifting or role delegation; and integration of several services into a single visit. Also, together with Member States, PASB established a Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and Other Health Technologies in the Americas. These innovations offer opportunities to accelerate progress toward the disease elimination targets. Member States adopted a series of key strategies and policies in 2021 to increase regional capacity to develop and produce medicines and other health technologies (6) and to build resilient health systems and post-COVID-19 recovery to sustain and protect public health gains (7).

8. In 2022, the Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund) supported countries with access to purchased and donated health products for the diagnosis, prevention, and treatment of populations affected by the diseases included in the EI. It is estimated that more than 20 million people in the Region benefited through this mechanism. Furthermore, the Strategic Fund facilitated horizontal collaboration, bilateral loans, and donations between Member States through a PAHO web-based platform, which helped avoid stock-outs of critical medicines. This exemplified solidarity and pan-Americanism among Member States and their commitment to the EI. The Strategic Fund supported Member States to strengthen pharmaceutical supply management capacities and to improve the demand quantification, planning, regional consolidation, and procurement of essential medicines. PAHO established the Network of Public Laboratories Manufacturing Antivenoms in Latin America (RELAPA, Spanish acronym) to improve the quality, access, distribution, and availability of antivenoms, which is expected to help countries maintain the supply of this essential health product (8).

9. With the Bureau's support, countries have made progress in the evaluation of the essential public health functions (EPHF) to guide the development of public health policies (9). Four countries in the Region successfully completed the evaluation of EPHF in 2022, eight countries are set to complete it in 2023, and five more are beginning the process in the first half of 2023. Countries in the Region have developed strategies to strengthen the first level of care and the integration of care networks with a primary health care approach, addressing inequity in access to health services (10). This approach is key to achieving the EI targets.

Strategic Line of Action 2: Strengthening strategic health surveillance and information systems

10. Countries in the Region have implemented innovative approaches for the surveillance of communicable diseases. These include integrated serosurveillance using laboratory platforms such as multiplex bead assay (MBA), which allows the monitoring of multiple biomarkers (50 to 500) for multiple pathogens in a single dried blood sample. Three countries already have the capacity to use MBA for integrated serosurveillance,

while two countries have integrated the collection of blood samples as part of neglected infectious disease (NID) surveys to better understand the transmission of communicable diseases in selected populations (11). Countries are making steady progress in building capacity to monitor and contain antimicrobial resistance (AMR), which is one of the factors hampering the control and elimination of communicable diseases. Twenty-one countries are participating in the Latin American Network for Antimicrobial Resistance Surveillance (ReLAVRA, Spanish acronym), providing routine data to monitor the magnitude and trend of AMR. ReLAVRA makes possible the introduction and scale-up of new technologies for tracking AMR mechanisms and characterization of their epidemiology under a One Health approach (12).

11. Tools have been developed for integrated monitoring of jointly delivered public health interventions, such as immunizations and deworming against soil-transmitted helminthiasis (13). A virtual course on this topic was launched in 2022 and by February 2023 had enrolled health workers in 23 countries in the Region (14). In 2022, PAHO Member States adopted a strategy on regional genomic surveillance for epidemic and pandemic preparedness and response (15). By expanding on the network built and on experiences during the COVID-19 pandemic, the strategy enhances genomic surveillance capacities along the human-animal-environmental interface and will broadly benefit the surveillance and control activities of the pathogens included in the EI.

12. The national and regional entomological surveillance system has been strengthened through the Health Information Platform for the Americas (PLISA, Spanish acronym) and cooperation among countries, enabling progress in the integrated analysis of indicators and sharing of entomological information on the main vectors of diseases in the Region. In addition, the countries, with support from PASB, have produced dashboards with graphics and dynamic maps that guide decision making for the integrated management of vectors, and five countries are participating in these virtual collaboration spaces.

13. For cervical cancer elimination, while information systems capture HPV vaccination well, there continue to be large gaps in capacities to capture screening and treatment coverage. This requires integrating the core indicators into existing health information systems.

14. Countries in the Region have made progress in strengthening information systems for health (16). However, challenges on data reliability, protection, timeliness, and completeness arose during the COVID-19 pandemic, showing the need to reinforce capacities in countries to produce and use better data for decision making, policy formulation, monitoring, and evaluation. PASB and Member States have worked together to improve information system management and governance, data management and information technologies, and information and knowledge management while promoting innovation, integration, and convergence. Robust and reliable information systems and high-quality data are critical to achieving the elimination targets of the EI in the Region.

Strategic Line of Action 3: Addressing the environmental and social determinants of health

15. In 2021, Member States adopted One Health as a comprehensive approach to prevent and prepare for current and future health challenges at the human-animal-environment interface in the Region (17). A virtual course titled “Water, Sanitation, and Hygiene (WASH) and Health: Working Together,” which drew participants from five countries, was the first attempt to promote integrated work between national staff responsible for water, sanitation, and NID actions to accelerate efforts toward the elimination targets (18). Developed through a participatory process by the Quadripartite (Food and Agriculture Organization, United Nations Environment Programme, World Health Organization, and World Organisation for Animal Health), the One Health Joint Plan of Action 2022–2026, proposes six tracks for practical actions in zoonotic, neglected tropical, and vector-borne diseases, many of which are also covered under the EI (19). PAHO also launched a document on approaches to key interventions to address the environmental determinants of health through vector surveillance and control strategies (20). Additionally, a virtual course on surveillance and control of vectors of public health importance was offered and by February 2022 had enrolled 1,240 participants from 24 countries.

16. From 2019 to 2021, PASB supported four countries in using the WHO Household Energy Assessment Rapid Tool (HEART) for accelerating the transition to clean household energy, with the participation of multiple sectors. On World Health Day 2022, two countries, Honduras and Panama, launched their HEART reports (21, 22) and announced the concerted actions and commitments made by their ministries of health, environment, and energy in support of PAHO’s initiative to eliminate solid fuels and kerosene for cooking. A regional roadmap for implementing the strategy to eliminate polluting fuels for cooking and heating is planned for 2023.

Strategic Line of Action 4: Strengthening governance, stewardship, and finance

17. The Bureau has continued the advocacy campaign for implementation of the EI with ministries of health, academia, civil society, and other stakeholders. This campaign urges countries to commit to and accelerate their elimination efforts, framed by the four dimensions of the EI (end transmission, morbidity, mortality, and disability). Countries that have completed action plans to strengthen the EPHF have committed to include those actions within their national health plans and other health planning instruments. This will ensure that the strategies to fulfill the EPHF standards can be budgeted and implemented. This in turn will help to strengthen health systems, including governance and stewardship, and improve health systems resilience in the areas of evaluation, policy implementation, resource allocation, and universal access to health, with a view to the eventual elimination of communicable diseases.

18. In 2021, the first meeting of the Strategic and Technical Advisory Group (STAG) on Disease Elimination provided recommendations to PAHO on approaches to overcome the challenges imposed by COVID-19 and accelerate disease elimination efforts in the Region (23). A second meeting of the STAG was held in November 2022 in order to

consolidate and reposition the EI after the COVID-19 pandemic. The STAG recommended that PAHO develop a comprehensive and synergistic implementation plan for the EI, including actions to step up advocacy, strengthen partnerships, address resource mobilization, improve access to public health commodities, promote innovative financing, and expand the armamentarium of tools to facilitate elimination efforts. The recommendations also called for implementation of a newly developed monitoring and evaluation framework; integration of disease elimination into health services, with a strengthened primary health care approach; engagement by the community and researchers; and steps to document the value of the EI.

19. The Bureau has advanced on cross-cutting actions to support Member States in relation to the EI. These include *a)* creating and sustaining an interdepartmental group to coordinate efforts to provide technical cooperation aligned with the integrated approaches of the EI; *b)* completion of a monitoring and evaluation framework for the EI (a document and dashboards will be ready in 2023 to share with PAHO Member States); *c)* maintaining actions on communication and advocacy for the EI, with a dedicated website to access all available resources (24); *d)* development of guidance to elaborate country profiles on the diseases targeted for elimination; and *e)* publication of a paper on the EI in *The Lancet Regional Health* (25). The Special Program for Research and Training in Tropical Diseases funded seven projects in six countries in 2021 and opened a second call for proposals in 2022 (26).

Lessons Learned

20. The launch of the EI has galvanized disease elimination efforts in the Region. Although the COVID-19 pandemic halted the advance of its implementation in countries and territories of the Region, the EI has been the driver of more integrated, effective, efficient, and equitable health services in the Americas to accelerate multi-disease elimination. To advance in the implementation of this initiative in the Region, leadership at the highest level of government is required to guarantee a national and subnational multisectoral response. Monitoring progress and making decisions about necessary adjustments throughout its implementation requires an innovative and integrated monitoring framework to evaluate cross-cutting indicators to ensure and accelerate progress toward Universal Health.

Action Needed to Improve the Situation

21. To further advance communicable diseases elimination, several key actions are required, particularly at country level. These include actions to:

- a) Leverage existing capacity and tailor the regional policy to specific country contexts and priorities to accelerate national elimination efforts.
- b) Build political and financial support for disease elimination and for addressing the social and environmental determinants of health as part of a more ambitious vision for health and development in the wake of the COVID-19 pandemic.

- c) Reinforce the governmental commitment to strengthen intersectoral action and social participation to promote health equity and remove systemic barriers to integrated health services in the context and needs of the communities most affected by communicable diseases.
- d) Strengthen primary health care approaches with an emphasis on providing integrated health services closer to people, families, and communities, and on reinforcing the resolution capacity of the first level of care, prioritizing groups in conditions of vulnerability.
- e) Accelerate the availability, analysis, and use of data and information by reinforcing, restructuring, and innovating health information systems needed for decision making on disease elimination efforts.
- f) Reinforce governance and collaboration across programs inside and outside of government, including strong engagement with communities, civil society, and the private sector.
- g) Promote partnerships between provincial and municipal governments and civil society for more decentralized decision making and service delivery, and ensure local ownership and engagement.

Action by the Directing Council

22. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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