
STRATEGY FOR STRENGTHENING THE ESSENTIAL PUBLIC HEALTH FUNCTIONS TO ACCELERATE HEALTH SYSTEMS TRANSFORMATION 2024–2034

Introduction

1. Achieving universal access to health and universal health coverage relies on leadership, stewardship, and governance at all levels,¹ and on the reorienting of health systems toward a comprehensive approach based on primary health care (PHC) (1, 2). The essential public health functions (EPHF) provide a basic framework for this effort. A core component of PHC, the EPHF are the capacities of health authorities, at all institutional levels, to act with civil society to strengthen health systems and ensure the full exercise of the right to the highest attainable standard of health. By clarifying responsibilities, enabling multisectoral collaboration, and ensuring accountability, the EPHF support health authorities to effectively lead and coordinate policies and actions that promote health and well-being (3, 4).
2. The experience gained before and during the COVID-19 pandemic underscores the need to build the institutional capacities of health authorities in leadership, stewardship, and governance (5, 6). Toward this end, this strategy provides a framework that will support actions by Member States of the Pan American Health Organization (PAHO) in strengthening the EPHF at national, subnational, and local levels to accelerate health system transformations.

Background

3. Multiple mandates have affirmed the commitment of PAHO Member States to strengthen leadership, stewardship, and governance through implementation of the EPHF to achieve universal health. These include the Strategy for Universal Access to Health and Universal Health Coverage (Resolution CD53.R14) (7) and the Strategic Plan of the Pan American Health Organization 2020–2025 (8). Additionally, Member States of the World Health Organization (WHO) approved the document on Strengthening Essential Public Health Functions in Support of the Achievement of Universal Health Coverage through Resolution WHA69.1 during the 69th World Health Assembly in 2016 (9).
4. The urgency to adopt a comprehensive approach to PHC through a renewed focus on the EPHF is reaffirmed in the Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains, adopted by the 59th Directing Council of PAHO

¹ Leadership guides the strategic direction, policies, and programs in public health, while stewardship fosters collaboration and drives improvements in health system governance. Governance involves institutional arrangements that regulate key actors and resources to ensure availability and access to health interventions (2, 3).

through Resolution CD59.R12 in 2021 (10). Other PAHO policies and documents propose actions to strengthen the EPHF for health systems based on PHC, including the PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (11); Better Care of NCDs: Acceleration Action in Primary Health Care (12); the Sustainable Health Agenda for the Americas 2018–2030 (13); and the Policy on Integrated Care for Improved Health Outcomes (14).

5. This strategy directly builds upon the foundational work outlined in *The Essential Public Health Functions in the Americas: A Renewal for the 21st Century*, published by PAHO in 2020 (4). That document sets out the 11 EPHF and calls for strengthening them through a policy cycle of assessment, policy development, resource allocation, and access (see Table 1). Assessment involves understanding community health needs. Policy development entails creating health and social policies with input from stakeholders, and resource allocation involves enacting laws to prioritize health system resources. Access focuses on ensuring universal and equitable access to health interventions. Member States have applied the methodology and tools derived from this document (15), revealing different stages of capacity development among countries (11). The current strategy leverages the principles and methodologies outlined in the 2020 document to further advance health systems transformation in the Region of the Americas. It aims to deepen the implementation of the EPHF, address emerging public health challenges, and improve resilience over the next decade.

Table 1. The Renewed Essential Public Health Functions

EPHF	Policy cycle	Description
1	Assessment	Monitoring and evaluation of health and well-being, equity, social determinants of health, and health system performance and impact
2		Public health surveillance; control and management of health risks and emergencies
3		Promotion and management of health research and knowledge
4	Policy development	Development and implementation of health policies and promotion of legislation that protects the health of the population
5		Social participation and social mobilization, inclusion of strategic actors, and transparency
6	Allocation of resources	Development of human resources for health
7		Access to and rational use of quality, safe, and effective essential medicines and other health technologies
8		Efficient and equitable health financing
9	Access	Equitable access to comprehensive, quality health services
10		Equitable access to interventions that seek to promote health, reduce risk factors, and promote healthy behaviors
11		Management and promotion of interventions on the social determinants of health

Situation Analysis

6. The Region of the Americas faces challenges in meeting the health needs of the entire population. Even before the COVID-19 pandemic, inequalities in capacity to address access barriers were a concern (16). An analysis across 17 countries estimated that approximately 34.4% of the population had unmet health care needs, disproportionately affecting those in the poorest income quintile compared to the richest (36.9% versus 30.0%) (17). Demand-side access barriers play a significant role, including poverty and inequities in social condition, the perception that seeking health care services is unnecessary, acceptability barriers such as distrust of health care personnel, insufficient intercultural approaches, and linguistic barriers (17).
7. The COVID-19 pandemic worsened access to health service in the Region, affecting both supply and demand. The provision of services and the availability of health personnel decreased, while fewer people sought needed health care. Household surveys across eight countries showed a rise in unmet health care needs, from 34.1% before the pandemic to 41.5% by the end of 2020, especially among low-income groups, individuals with lower levels of education, and rural residents (16, 18). Access barriers varied by country and population, emphasizing the need for tailored approaches to address these barriers within specific areas or territories. Despite a service coverage index of 80 points and low catastrophic out-of-pocket health spending at 7.8% in the Region, concerns have emerged regarding service coverage trends (18). Tracking of Sustainable Development Goal indicator 3.8.1, coverage of essential health services, showed no increase in the Region between 2019 and 2021 (18).
8. Assessments in countries have revealed significant gaps in institutional capacities for implementing the EPHF with respect to policy frameworks, evidence generation, public health workforce competency, and monitoring and accountability mechanisms. The deficiencies cut across all EPHF and all types of capacities, but they particularly affect those EPHF related to resource allocation and access (15). The pandemic worsened this situation, exposing the fragmentation of health systems and limitations in the capacity of health authorities, both of which hindered effective and equitable pandemic response activities (6). Pandemic-induced inequalities resulted from weaknesses in leadership and coordination capacities, the politicization of response activities, and lack of subnational and local capacities. Preexisting social and institutional structural deficiencies and inadequate attention to stewardship and governance in some countries compounded the situation, emphasizing the need to prioritize public health actions in agendas for health system strengthening (6).
9. With a renewed focus on strengthening the EPHF, many countries in the Region have collaborated with PAHO to assess capacities and facilitate policy discussions among health authorities. By 2024, 14 Member States had carried out baseline assessments, with 10 successfully completing all EPHF phases and developing strategic action plans (15). Adaptations of the methodology supported the development of regional action plans for PHC and for capacity-building of subnational health authorities. Additionally, some countries have integrated the EPHF approach into their national PHC strategies. The EPHF have also played a crucial role in regional dialogues aimed at strengthening public health systems and protecting regional economies (19, 20). Several Member States have expressed interest in leading EPHF initiatives within their jurisdictions, intending to implement the approach at both national and subnational levels. These initiatives are pivotal in

guiding health systems transformation within the framework of PHC principles. Furthermore, the EPHF approach has been extensively used for training, engaging over 17 000 public health professionals across the Region. Collaboration with academic institutions has enabled the training of university students from various disciplines (15).

Proposal

10. This strategy proposes three strategic lines of action to guide Member States in strengthening the EPHF for health systems based on primary health care.

Strategic Line of Action 1: Strengthen leadership, stewardship, and governance for primary health care-based health systems through implementation of the essential public health functions

11. The EPHF should be recognized as capacities, rather than as a list of health interventions. Accordingly, their implementation calls for systematic enhancements across formal, structural, supervisory, and performance-related areas of health systems (15). Formal capacity pertains to legal and normative enabling capacities that health authorities require to lead and make decisions regarding the EPHF. Structural capacity refers to organizational and decision-making frameworks supporting EPHF execution, while supervisory capacity encompasses accountability, ensuring implementation and compliance with the EPHF. Performance capacity refers to the availability and effectiveness of financial, technological, and human resources for EPHF execution (21). To strengthen these capacities, a whole-of-government and whole-of-society approach is needed, with meaningful engagement of civil society stakeholders at national, subnational, and local levels, as applicable to each context (4, 11, 12).

12. Effective stewardship and governance in an ever-changing health landscape requires balancing the interests of diverse actors, especially in decentralized health systems with varying degrees of autonomy (22). Strengthening capacities to implement the EPHF in this context demands an understanding of the policy framework, current practices, resource flows, power dynamics, and stakeholder interests (2). Establishment of functioning organizational structures within the health system is essential for EPHF implementation. Prioritizing territories with less capacity and strengthening collaborative governance structures at all levels, including national, subnational, and local, help address inequities in health and are vital steps toward comprehensive EPHF development.

13. The PAHO EPHF framework calls for a policy cycle comprising four stages: assessment, policy development, resource allocation, and access (4). To mitigate fragmentation, an integrated approach is key. Strengthening the assessment process necessitates community mobilization to comprehensively assess health needs and address access barriers, social determinants, and health system performance with an emphasis on equity. Policy development requires an intersectoral approach to address health system issues and the broader determinants of health. This requires establishment of sound policy frameworks, decision-making forums, coordination and collaboration mechanisms, and reporting and monitoring systems. For comprehensive EPHF execution, health authorities must develop technical and policymaking skills, advocate for health priorities in policy agendas, and involve civil society and other stakeholders in policy development and implementation. The allocation of sufficient financial, human, and technological resources is vital for bridging gaps in EPHF implementation. To promote universal and equitable access to public health interventions,

especially for population and territories in conditions of vulnerability, policies and resource allocation must prioritize the first level of care, health promotion, disease prevention, and emergency response measures. Digital transformation, integrating information and communication technologies (ICT), can revolutionize data management, decision-making, patient engagement, and overall health system resilience (23). Moreover, incorporating intercultural health perspectives into health policies and programs is crucial for addressing the diverse needs and preferences of multicultural populations.

14. The effective functioning of the EPHF is pivotal in advancing the key provisions being negotiated in an accord on pandemic prevention, preparedness, and response (24, 25). These include enhancing alert systems, ensuring equitable access to pandemic tools, fostering whole-of-society collaboration, and improving governance and accountability. The EPHF encompass a wide range of critical activities that directly support the accord's focus areas (26, 27). Strengthening the EPHF at national, subnational, and local levels significantly bolsters global readiness to prevent, prepare for, and respond to future pandemics, given sufficient investment in infrastructure, resources, and stakeholder collaboration. Integrating the EPHF into emergency response protocols and institutional structures requires developing essential competencies for risk assessment and coordinated response under the leadership of health authorities (26). Prioritizing these efforts helps safeguard population health, enhance resilience, and effectively mitigate the impact of future public health crises.

Strategic Line of Action 2: Strengthen capacity for evaluation of the essential public health functions to serve as a basis for improved policymaking and decision-making

15. To enhance the EPHF, it is necessary to assess existing capacities, establish baselines, and address gaps. Standardized measurements are important for institutionalizing the evaluation of capacities. This requires committing to repeated evaluation cycles and incorporating findings into policy to formulate targeted action plans, providing a strategic roadmap for health system investment. Analysis of institutional and policy frameworks is also necessary to understand their influence on health system performance and public health outcomes. Using findings from evaluations of the EPHF to define national, subnational, and local health objectives can improve health efforts and EPHF execution. Clearly defined plans facilitate consensus-building around a shared public health agenda, focusing on population health through agreed objectives and prioritizing evidence-based interventions. Aligning EPHF evaluations with health system planning and budget cycles and securing political commitment is essential for implementation.

16. Strategies for enhancing EPHF development vary based on national, subnational, and local contexts, requiring tailored approaches that consider public health priorities, health system characteristics, and population demographics in each context. Therefore, PAHO's EPHF assessment tools must also be adapted to the needs and context of each country. Evaluation and strengthening efforts must encompass all decision-making levels, including national, subnational, and local, as appropriate. Within this context, it is important to acknowledge the diversity and asymmetry between the central and subnational levels in their capacity to implement the EPHF.

Strategic Line of Action 3: Strengthen public health workforce competencies to effectively implement the essential public health functions

17. A capable, motivated, and well-equipped public health workforce is needed to effectively implement the EPHF at all levels—national, subnational, and local. Public health professionals must be available in adequate numbers, with clearly defined roles and responsibilities and a balanced skill set. Workforce training and development should focus on technical, managerial, leadership, and political skills, in alignment with PHC principles. In addition, there is a need to strengthen information management skills within the public health workforce. Given the prevalence of misinformation and disinformation in health-related matters, particularly during public health emergencies, it is essential to equip public health professionals with the necessary skills to identify and rebut false or misleading information and communicate reliable information effectively (28). Additionally, enhancing skills to strengthen intersectoral collaboration is crucial to advancing population health needs (28).

18. To achieve this, competency-based education and training must be developed at national, subnational, and local levels, addressing identified knowledge and skill gaps mapped using the EPHF. Regulation of public health worker training should be strengthened with standards and criteria for undergraduate, residency, and graduate-level education, along with continuing education and professional training. This necessitates enhanced and ongoing coordination between health and education authorities, academic institutions, and communities. Schools of public health play a pivotal role in educating a competent public health workforce, so it is imperative to build networks and collaboration between academic institutions and health authorities. PAHO's Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (29) calls for Member States to establish formal mechanisms to strengthen stewardship in developing national policies on human resources for health.

19. Improving working conditions in health is a high priority. This includes addressing remuneration disparities and providing incentives to attract and retain skilled public health professionals. Actions should be taken to ensure fair compensation for the public health workforce, commensurate with their skills and responsibilities, to enhance motivation and job satisfaction. Additionally, nonfinancial incentives such as career development opportunities, recognition programs, and a supportive work environment should be implemented to promote employee well-being and performance. These measures can help maintain a motivated and productive public health workforce dedicated to achieving EPHF objectives effectively.

Monitoring and Evaluation

20. The proposed time frame for this strategy is 10 years. The monitoring and assessment of the strategy will be aligned with the results-based management framework of PAHO and with their performance, monitoring, and assessment processes. The Governing Bodies of PAHO will be informed of the progress made and challenges encountered in the implementation of the strategy through a progress report in 2029 and a final report in 2035.

Financial Implications

21. Member States should prioritize the allocation of resources toward the implementation of this strategy as appropriate. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this strategy to support Member States (see Annex B).

Action by the Directing Council

22. The Directing Council is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

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Proposed Resolution

STRATEGY FOR STRENGTHENING THE ESSENTIAL PUBLIC HEALTH FUNCTIONS TO ACCELERATE HEALTH SYSTEMS TRANSFORMATION 2024–2034

The 61st Directing Council,

(PP1) Having reviewed the *Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034* (Document CD61/9);

(PP2) Mindful of the urgency to advance in the development of more resilient, equitable, and inclusive health systems based on primary health care (PHC);

(PP3) Recognizing the case for a renewed focus on the essential public health functions (EPHF), given their central role in supporting the full exercise of the right to the enjoyment of the highest attainable standard of health, addressing social determinants of health, ensuring universal access to integrated individual and collective health interventions, and fostering collaboration in the implementation of public health actions;

(PP4) Acknowledging that achieving universal access to health and universal health coverage requires bolstering the leadership, stewardship, and governance capacities of health authorities;

(PP5) Considering that action by Member States is essential to strengthen leadership, stewardship, and governance through a renewed emphasis on the EPHF,

Resolves:

(OP)1. To approve the *Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034* (Document CD61/9).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) promote the implementation of the strategic lines of action contained in the strategy;
- b) strengthen leadership, stewardship, and governance for PHC-based health systems through the implementation of the EPHF at all decision-making levels;
- c) strengthen capacity in the evaluation of the EPHF for improved policy and decision-making;
- d) promote the institutionalization of standardized EPHF assessments, followed by systematic actions to incorporate findings into policy and investment priorities;

- e) strengthen public health workforce competencies for the EPHF through policies, training, and collaborations.

(OP)3. To request the Director to:

- a) provide technical cooperation to Member States to support the implementation of the strategic lines of action contained in the strategy;
- b) support regional cooperation and dialogue in health, facilitating the sharing of knowledge and experiences to enhance the capacities of Member States to evaluate and implement the EPHF effectively, as well as collaborative and intersectoral efforts to share best practices in health system strengthening based on PHC;
- c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the strategy through a progress report in 2029 and a final report in 2035.

Analytical Form: Programmatic and Financial Implications

<p>1. Agenda item: 4.6 - Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034</p>
<p>2. Responsible unit: Health Systems and Services</p>
<p>3. Preparing officer: Dr. James Fitzgerald</p>
<p>4. List of collaborating centers and national institutions linked to this Agenda item:</p> <ul style="list-style-type: none"> • Brazilian Association of Collective Health (ABRASCO), Brazil • School of Business Administration of São Paulo, Getulio Vargas Foundation, São Paulo, Brazil • Department of Family and Community Health, University of Toronto, Canada • Centre for Epidemiology and Health Policy, Faculty of Medicine, Universidad del Desarrollo, Chile • Colombian Association of Public Health, Colombia • University of the West Indies, Kingston, Jamaica • Task Force for Global Health, Atlanta, United States of America • Department of International Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, United States of America • Milken Institute School of Public Health, George Washington University, Washington, D.C., United States of America
<p>5. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030:</p> <p>Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention</p> <p>Goal 2: Strengthen stewardship and governance of the national health authority, while promoting social participation</p> <p>Goal 3: Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health</p> <p>Goal 4: Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families</p> <p>Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks and emergencies and disasters that affect the health of the population</p> <p>Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders</p> <p>Goal 10: Reduce the burden of communicable diseases and eliminate neglected diseases</p>

Goal 11: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health

6. Link between Agenda item and the [Strategic Plan of the Pan American Health Organization 2020–2025](#):

Outcome 1: Access to comprehensive and quality health services

Outcome 4: Response capacity for communicable diseases

Outcome 5: Access to services for NCDs and mental health conditions

Outcome 7: Health workforce

Outcome 9: Strengthened stewardship and governance

Outcome 10: Increased public financing for health

Outcome 17: Elimination of communicable diseases

Outcome 18: Social and environmental determinants

Outcome 23: Health emergencies preparedness and risk reduction

Outcome 24: Epidemic and pandemic prevention and control

7. Time frame for implementation and evaluation: This strategy covers the period 2024–2034.

8. Financial implications:

a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):

Areas	Estimated cost
Human resources	6 500 000
Training	1 210 000
Consultants/service contracts	1 110 000
Travel and meetings	1 250 000
Publications	500 000
Supplies and other expenses	1 200 000
Total	11 770 000

b) Estimated cost for the 2024–2025 biennium (including staff and activities): US\$ 2 354 000.

c) Of the estimated cost noted in b) above, what can be subsumed under existing programmed activities?

All estimated costs noted in b) above can be subsumed under existing programmed activities.