



Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health



Pan American Health Organization



World Health Organization
REGIONAL OFFICE FOR THE Americas

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Organization**



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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
DALYs	Disability-Adjusted Life Years
DOTS	Directly Observed Treatment, Short-course (internationally recommended tuberculosis control strategy)
GEMS	United Nations Environmental Programme – Global Environment Monitoring System
HALE	Healthy Life Expectancy
HIV	Human Immunodeficiency Virus
HNI	Health Needs Index
ICD-10	International Classification of Diseases, 10th Revision
IPCS	International Programme on Chemical Safety
JMP	WHO/UNICEF Joint Monitoring Program for Sanitation
LAC	Latin America & the Caribbean
MAHR	Mortality Amenable to Health Care
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
NCDs	Noncommunicable Diseases
NGO	Nongovernmental Organization
PAHO	Pan American Health Organization, Regional Office of the World Health Organization
PASB	Pan American Sanitary Bureau
PRAIS	Regional Platform on Access and Innovation for Health Systems
SAICM	Strategic Approach to International Chemicals Management/UNEP
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNEP	United Nations Environmental Programme
UNFPA	United Nations Population Fund
USAID	United States of America Agency for International Development
WHO	World Health Organization

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PREFACE

In *The Future We Want*, the outcome document of the United Nations Conference on Sustainable Development (Rio+20), the UN Member States called for the establishment of a transparent and inclusive intergovernmental Open Working Group (OWG) to develop and propose a set of sustainable development goals (SDGs) and requested the Secretary-General to present a progress report on the subject.

The Governing Bodies of the World Health Organization and the Pan American Health Organization have followed the process, evaluated progress, and taken steps to participate actively in this new cycle of global commitment to sustainable development, including the Global Thematic Consultations, especially one on health held in Botswana (2012) and the Regional Latin American and Caribbean Meeting held in Bogotá (2013).

In December 2014, the Secretary-General presented his synthesis report on the post-2015 Sustainable Development Agenda in the document *The Road to Dignity by 2030: Ending Poverty, Transforming All Lives, and Protecting the Planet*. The report adopted the new repertoire of 17 goals proposed by the Open Working Group, which includes a stand-alone goal for health: **SDG 3: Ensure healthy lives and promote well-being for all at all ages.**

This process represents a unique opportunity to renew government commitments to public health and seek intersectoral synergies to advance sustainable development goals and implement the technical and political priorities already established in the *Pan American Health Organization Strategic Plan 2014-2019 “Championing Health: Sustainable Development and Equity.”*

The present document has been prepared at the request of the Ministries of Health. It represents a joint effort of all technical units in PAHO, working under the coordination of the Special Program on Sustainable Development and Health Equity (SDE). This is an easy-to-use reference document that provides an easy cross-reference between SDG 3 and the existing programmatic and technical resources available at PAHO and in the countries, such as the most relevant mandates and technical documents of its organizational entities, as well as the bases for their numerous partnerships with related institutions, including the network of PAHO/WHO Collaborating Centers.

This document is the first effort to support implementation of the sustainable development goals, especially SDG 3. It is intended to facilitate intersectoral dialogue and prepare the Region of the Americas for the launching of the SDG process, as well as during the implementation of activities that will be under way in January 2016. In the



Dr. Carissa F. Etienne
Director

future, similar documents will be prepared addressing other SDGs that are essential contributors to health outcomes, including the eradication of poverty, the reduction of inequities, the achievement of food and nutritional security and safety, and the prevention, preparation for, and mitigation of the effects of climate change. In addition, in partnership with other agencies, SDE is preparing a set of proposed indicators to be considered by the Member States to measure progress toward the fulfillment of SDG 3 and the achievement of social inclusion.

We are confident that fulfilling both SDG 3 and the Strategic Plan will enable the Region of the Americas to become more sustainable, just, and equitable, and that its people will achieve a higher level of health.

We are once again ready to attend the global call for action.

Dr. Carissa F. Etienne
Director

INTRODUCTION

During the 53rd Directing Council of the Pan American Health Organization (PAHO) in October 2014, a roundtable was held to analyze and discuss the post-2015 sustainable development agenda in order to identify the role of PAHO and how to implement it (Document CD53/16, Add. II).

In the context of the roundtable deliberations, the Member States requested the Pan American Sanitary Bureau (PASB) to disseminate a roadmap for attaining the sustainable development goals (SDGs) and prepare a document “comparing the targets and indicators of the proposed SDGs with the targets and indicators of the [PAHO] Strategic Plan 2014-2019, the Health Agenda for the Americas, and the current mandates of PAHO. This document should highlight the challenges that could face the different countries and subregions of the Americas in the process of achieving the SDGs.”

The present document seeks to respond to these requests from the Member States. The SDGs provide a comprehensive multisectoral roadmap for pursuing a world that is “just, equitable, and inclusive, and committed to work together to promote sustained and inclusive economic growth, social development and environmental protection and thereby to benefit all, in particular the children of the world, youth and future generations of the world, without distinction of any kind such as age, sex, disability, culture, race, ethnicity, origin, migratory status, religion, economic, or other status” (Open Working Group report).

Health, as an indispensable contributor to a more sustainable and equitable world, as well as an outcome thereof, is necessarily inherent in all the SDGs. For present purposes, however, this document will focus specifically on SDG 3. Separate documents are being prepared on the themes of other SDGs that contribute to health, such as the eradication of poverty, the reduction of inequities, the achievement of food and nutrition security and safety, and the prevention, preparation for, and mitigation of the effects of climate change.

In preparing this document, the PAHO Special Program on Sustainable Development and Health Equity (SDE) analyzed the full report of the Open Working Group on Sustainable Development Goals (document A/68/970), as well as many other documents, mandates, strategies, and action plans that guide the work of PAHO, the World Health Organization (WHO), the United Nations, and other strategic global and regional partners. In addition, all the PAHO technical units were consulted. The final document is the result of all these inputs.

To assist the reader in finding references that can be used as input for implementation of the SDGs in the Region, this document is divided into two parts.

PART 1

The first part is a set of fact sheets organized according to the nine SDG 3 targets and their four means of implementation. They have been organized taking into account the 25 technical themes, or “key issues,” included under each target (underlined in Box 1). Each of the 25 key issues has been analyzed and for each of them the fact sheet contains the following elements:

- A brief report on the status of the issue in the Region of the Americas.
- A brief introduction to “the way forward” for action on the issue.
- PAHO’s goals and outcomes, based on the PAHO Strategic Plan 2014-2019, that are related to the SDG 3 target or means of implementation.
- A list of selected PAHO/WHO mandates related to the issue.
- A list of selected strategic partners and programs related to the issue.
- A list of selected technical documents from PAHO and partners related to the issue.
- One selected indicator that contributes to measuring the fulfillment of the SDG target and PAHO’s goals and outcomes.
- An icon to represent the issue, which can be used for communication when addressing this topic during the SDG process.

To emphasize the link between the SDGs and the PAHO Strategic Plan 2014-2019, the first page corresponding to each target refers to the Categories and Program Areas listed in the PAHO Strategic Plan 2014-2019 (for a brief summary of the Plan and its six categories, see Box 2).

This structural framework is intended to serve as a starting point of reference and guidance to build regional and national plans and programs to achieving both the SDG 3 targets and the PAHO Strategic Plan 2014-2019 goals and outcomes.

PART 2

In the second part of the document, we prepared a table that compares the SDG 3 targets and the outcome indicators of the proposed SDG 3 targets and means of implementation and the PAHO Strategic Plan 2014-2019 (impact goals and targets, categories, program areas, outcomes, and outcome indicators).

To facilitate the handling of this material and to maintain consistency with other PAHO documents, especially the compendium of indicators from the Strategic Plan 2014-2019 approved by Member States, the category, outcome, outcome indicators, and baseline target have been provided for each topic, using the same codes as in the Plan.

This organizational structure is intended to help the development and application of regional and national indicators to measure progress toward the achievement of both the SDG 3 targets and the PAHO Strategic Plan 2014-2019.

Box 1

Proposed targets within Sustainable Development Goal 3*

Goal 3: Ensure healthy lives and promote well-being for all at all ages*

Nine targets:

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age.
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases.
- 3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well being.
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents.
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.

Four means of implementation:

- 3a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries as appropriate.
- 3b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.
- 3c Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
- 3d Strengthen the capacity of all countries, particular developing countries, for early warning, risk reduction, and management of national and global health risks.

Source: United Nations General Assembly. Report of the Open Working Group on Sustainable Development Goals. UN General Assembly, 68th session, Document A/68/970. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27369&Itemid=270&lang=en

*The 25 key issues for health that are covered in this document are underlined.

Box 2

Brief summary of the Strategic Plan 2014-2019 of the Pan American Health Organization

The PAHO Strategic Plan 2014-2019, titled “Championing Health: Sustainable Development and Equity” (hereinafter “the Plan”), represents a balance between PAHO’s response to the regional priorities, other regional mandates, the collective national priorities identified in PAHO’s Country Cooperation Strategies, and the programmatic alignment with the WHO Twelfth General Program of Work.

With a vision focused on healthy living and well-being, the Plan seeks to transcend the traditional disease-oriented approach. Toward this end, the Plan addresses emerging health issues linked to current changes in the Region, advances a new development model based on equity and environmental sustainability, and reaffirms health as a key element in sustainable development.

The Plan focuses on reducing health inequities, both within and between countries and territories. Specific actions to tackle these inequities include a multisectoral approach to address the “social determinants of health.” “Health in all policies” is also a key strategy that emphasizes coordinated planning and interventions across all sectors and between levels of government, to influence the social determinants that are beyond the direct responsibility of the health sector. The Plan also outlines key public health strategies, such as health promotion, primary health care, and social protection in health.

The Plan also embraces the progressive realization of universal coverage as a central approach. This will enable the Region to consolidate advances in maternal and child health and control of communicable diseases, reduce the burden of chronic diseases with innovative models of care that include prevention and health promotion, and reduce gaps in access to and utilization of health services.

The Plan highlights four cross-cutting themes (CCTs): gender, equity, human rights, and ethnicity. These programmatic approaches will be applied across all six categories and program areas to improve health outcomes and reduce inequities in health. The six categories are as follows:

- I. Communicable diseases: Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; and vaccine-preventable diseases.
- II. Noncommunicable diseases and risk factors: Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.
- III. Determinants of health and promoting health throughout the life course: Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.
- IV. Health systems: Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal health coverage; organizing people-centered, integrated service delivery; promoting access to and rational use of health technologies; strengthening health information and research systems and the integration of evidence into health policies and health care; facilitating transfer of knowledge and technologies; and developing human resources for health.
- V. Preparedness, surveillance, and response: Reducing mortality, morbidity, and societal disruption resulting from epidemics, disasters, conflicts, and environmental and food-related emergencies by focusing on risk reduction, preparedness, response, and recovery activities that build resilience and use a multisectoral approach to contribute to health security.
- VI. Corporate services/enabling functions: Fostering and implementing the organizational leadership and corporate services that are required to maintain the integrity and efficient functioning of the Organization, enabling it to deliver effectively on its mandates.

Box 3

Sustainable Development Goals

- GOAL1** End poverty in all its forms everywhere
- GOAL2** End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- GOAL3** Ensure healthy lives and promote well-being for all at all ages
- GOAL4** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- GOAL5** Achieve gender equality and empower all women and girls
- GOAL6** Ensure availability and sustainable management of water and sanitation for all
- GOAL7** Ensure access to affordable, reliable, sustainable and modern energy for all
- GOAL8** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- GOAL9** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- GOAL10** Reduce inequality within and among countries
- GOAL11** Make cities and human settlements inclusive, safe, resilient and sustainable
- GOAL12** Ensure sustainable consumption and production patterns
- GOAL13** Take urgent action to combat climate change and its impacts*
- GOAL14** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- GOAL15** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- GOAL16** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- GOAL17** Strengthen the means of implementation and revitalize the global partnership for sustainable development

* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.



PART 1
FACT SHEETS

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.1 By 2030, reduce the global maternal mortality* ratio to less than 70 per 100,000 live births

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 1: Communicable Diseases.

Program Area 1.1: HIV/AIDS and STIs.

Category 3: Determinants of Health and Promoting Health throughout the Life Course.

Program Area 3.1: Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health.

Reduce maternal mortality

The Region has made great strides in reducing the maternal mortality ratio (MMR). Over the last 20 years, the MMR has dropped 43% in Latin America and 30% in the Caribbean. However, this outcome falls short of meeting the goal of MDG 5 – namely, to reduce the MMR by three-quarters. Maternal mortality is linked to poverty and low levels of education. Most deaths in Latin America and the Caribbean (over 35%) occurred in the least educated quintile, while the most educated quintile had fewer than 10%. Although coverage of family planning programs in LAC has grown, reaching contraception rates of 67%, there is still a gap between supply and demand. Every year, 1.2 million unplanned pregnancies occur in the Region, 49% of them among adolescents. Prenatal care coverage in LAC is not low, since pregnant women receive an average of four to five checkups, but these services are not necessarily of good quality and greater efforts are still needed.

The way forward includes adopting national policies and programs that increase women's access to quality, culturally appropriate health services, including primary health care provided by skilled personnel. These services should integrate care at all stages – preconception (including family planning) – pregnancy, delivery, and postpartum (including prevention and treatment of HIV infection) – and also provide abortion care, particularly in pregnancies resulting from sexual violence. For the most vulnerable populations they should be provided free of charge. Further consideration should be given to the overuse of cesarean section.

PAHO Goals and Outcomes

3 – Ensure safe motherhood; OCM 1.1 – Increased access to key interventions for HIV and STI prevention and treatment; OCM 3.1 – Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults

Ensuring sexual and reproductive education and providing access to quality health services through all stages of pregnancy

SDG Sustainable Development Goals

Target 3.1 – By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 3 – Determinants of Health and Promoting Health throughout the Life Course
- » CD51.R12 – Plan of action to accelerate the reduction in maternal mortality and severe maternal morbidity
- » CD50.R12 – Strategy and plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis

Strategic partners and programs

- » Commission on Information and Accountability for Women's and Children's Health
- » IBP Initiative: Scaling up what works in family planning/reproductive health
A partnership headed by the WHO Department of Reproductive Health and Research, USAID, and UNFPA to improve family planning/reproductive health

Technical documents

- » United Nations Global Strategy for Women's and Children's Health
- » OPS, Salud reproductiva y maternidad saludable: Legislación nacional de conformidad con el derecho internacional de los derechos humanos
- » WHO, Evaluating the quality of care for severe pregnancy complications: the WHO near-miss approach for maternal health
- » WHO, Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations
- » WHO, Safe abortion: Technical and policy guidance for health systems, 2nd edition

Further information

- » PAHO Perinatal Information System
- » Arnesen et al. Gestational syphilis and stillbirth in Latin America and the Caribbean: review

Measuring success

Impact indicator	3.1 At least an 11% reduction in the regional Maternal Mortality Ratio (MMR) achieved by 2019 (43.6 per 100,000 live births) compared to 2014 (48.7 per 100,000 live births)
Measurement units	MMR is expressed in the number of maternal deaths per 100,000 live births at the regional level
Frequency of measure	MMR estimates are produced every five years, with annual statistical interpolations
Data source	Maternal Mortality Estimation Inter-Agency Group (MMEIG)
PASB unit responsible for monitoring the indicator	Family, Gender and Life Course/Healthy Life Course (FGL/HL), Health Information and Analysis Unit (CHA/HA)



Reduce maternal mortality

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD51.R12 – Plan of action to accelerate the reduction in maternal mortality and severe maternal morbidity

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1714/CD51.R12-e.pdf>

CD50.R12 – Strategy and plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis

<http://iris.paho.org/xmlui/bitstream/handle/123456789/414/CD50.R12-e.pdf>

Commission on Information and Accountability for Women’s and Children’s Health

http://www.who.int/woman_child_accountability/about/coia/en/

IBP Initiative: Scaling up what works in family planning/reproductive health

<http://www.ibpinitiative.org/>

United Nations, Global Strategy for Women’s and Children’s Health

http://www.everywomaneverychild.org/images/content/files/global_strategy/full/20100914_gswch_en.pdf

OPS, Salud reproductiva y maternidad saludable: Legislación nacional de conformidad con el derecho internacional de los derechos humanos

<http://www.paho.org/salud-mujeres-ninos/wp-content/uploads/2013/09/SRMS-derechos-y-legislacion.pdf>

WHO, Evaluating the quality of care for severe pregnancy complications: the WHO near-miss approach for maternal health

http://whqlibdoc.who.int/publications/2011/9789241502221_eng.pdf

WHO, Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations

http://apps.who.int/iris/bitstream/10665/102539/1/9789241506748_eng.pdf

WHO, Safe abortion: Technical and policy guidance for health systems, 2nd edition

http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

OPS, Sistema Informático Perinatal

http://www.paho.org/clap/index.php?option=com_content&view=article&id=84&Itemid=242&lang=en

Arnesen et al. Gestational syphilis and stillbirth in Latin America and the Caribbean. International Journal of Gynaecology and Obstetrics 128(93):241-5; 2015

<http://www.ncbi.nlm.nih.gov/pubmed/25443140>

WHO Global Health Observatory (GHO): Maternal health

http://gamapserver.who.int/gho/interactive_charts/mdg5_mm/atlas.html?filter=filter4,Americas

PAHO Regional Health Observatory (RHO): Maternal health – country profiles

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=2471&Itemid=2408&lang=en

*Accessed February 2015

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age*

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 3: Determinants of Health and Promoting Health throughout the Life Course.

Program Area 3.1: Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health.

End preventable deaths of newborns and children under 5 years of age



The infant mortality rate has dropped by 66% over the last 20 years in Latin America and the Caribbean, from 42.0 to 14.8 per 1,000 live births. However, there are still very large differences between the countries, and some countries will not reach the MDG 4 goal of reducing the under-5 mortality rate by two-thirds. The leading causes of neonatal mortality are preventable. Poverty and deprivation compromise child development and future learning: 80% of the brain's capacity develops before 3 years of age. Also, special attention should be given to vertically transmitted diseases. Each year, some 164,000 children in LAC are born with congenital syphilis and 6,400 children with HIV. Both diseases contribute to maternal death and stillbirth. In addition, they create a chronic condition that shortens life expectancy and causes human, psychosocial, and economic costs.

The way forward for the provision of a comprehensive care for mothers and their newborns includes: (1) creating a favorable environment by developing plans, policies, and protocols for neonatal health that are visible and understood by society and by leaders and stakeholders; (2) strengthening health systems and improving access to health services that provide good quality universal access to health care for the mother, newborn, and child; (3) strengthening the capacity of community health workers, traditional birth attendants, and community members to promote healthy practices for mothers and their newborns; and (4) developing and strengthening surveillance, monitoring, and evaluation systems to assess progress.

PAHO Goals and Outcomes

- 2 – Ensure a healthy start for newborns and infants; 8 – Eliminate priority communicable diseases in the Region; OCM 1.1 – Increased access to key interventions for HIV and STI prevention and treatment; OCM 3.1 – Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults

Leading causes of neonatal mortality are preventable. The possibility to provide good health for mothers, newborns, and infants is in our hands

SDG Sustainable Development Goals

Target 3.2 – By 2030, end preventable deaths of newborns and children under 5 years of age

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 3 – Determinants of Health and Promoting Health throughout the Life Course
- » CD50.R12 – Strategy and plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis
- » CSP28.R14 – Plan of action for maintaining measles, rubella, and congenital rubella syndrome elimination in the Region of the Americas
- » CD48.R4 Rev1 – Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care
- » CSP28.R20 – Strategy and plan of action for integrated child health

- » H4+ Partnership: Working together for Women's and Children's Health Partner programs of WHO, UNAIDS, UNFPA, UNICEF, UN Women, and the World Bank working together as the H4+ in a joint effort to improve the health of women and children

Strategic partners and programs

- » WHO Every Newborn: an action plan to end preventable deaths
- » PAHO/UNICEF, Regional initiative for the elimination of mother-to-child transmission of HIV and congenital syphilis in the Americas
- » PAHO, Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care

Technical documents

- » PAHO CD52/INF/4 –Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care (2008-2015): midterm evaluation
- » PAHO, Field guide for implementation of the strategy and plan of action for elimination of mother-to-child transmission of HIV and congenital syphilis in the Americas
- » PAHO, Monitoring Child Development (0-6 years) in the IMCI Context, 2nd edition

Further information

- » WHO, Fact Sheets: Child Health

Measuring success

Impact indicator	2.1 At least a 15% reduction in the regional Infant Mortality Rate (IMR) achieved by 2019 (10.5 per 1,000 live births) compared to 2014 (12.3 per 1,000 live births)
Measurement units	Number of infant deaths per 1,000 live births at the regional level
Frequency of measure	IMR estimates provided by the UN World Population Prospects, includes country estimates for 1950-2100. Any review between 2014 and 2019 will be considered
Data source	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2012 Revision, Volume I: Comprehensive Tables. New York: UN; 2013. (ST/ESA/SER.A/336)
PASB unit responsible for monitoring the indicator	Family, Gender and Life Course/Healthy Life Course (FGL/HL), Health Information and Analysis Unit (CHA/HA), and Special Program on Sustainable Development and Health Equity (SDE)



WHO Global Health Observatory (GHO): Under five mortality rate
PAHO Regional Health Observatory (RHO): Under five mortality rate – country profiles
United Nations, World Population Prospects

End preventable deaths of newborns and children under 5 years of age

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD50.R12 – Strategy and plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis

<http://iris.paho.org/xmlui/bitstream/handle/123456789/414/CD50.R12-e.pdf>

CSP28.R14 – Plan of action for maintaining measles, rubella, and congenital rubella syndrome elimination in the Region of the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=18952&Itemid=270&lang=en

CD48.R4 Rev1 – Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care

<http://iris.paho.org/xmlui/bitstream/handle/123456789/382/cd48.r4-e.pdf>

CSP28.R20 – Strategy and plan of action for integrated child health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/3695/CSP28.R20-e.pdf?sequence=1>

PAHO/UNICEF, Regional Initiative for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis in Latin America and the Caribbean: Regional Monitoring Strategy

http://www.unicef.org/lac/Regional_Monitoring_Strategy.pdf

PAHO Regional strategy and plan of action for neonatal health within the continuum of maternal, newborn, and child care

http://www2.paho.org/hq/dmdocuments/2009/48_CONSEJO_final_eng.pdf

H4+ Partnership: Working together for Women's and Children's Health

http://www.who.int/reproductivehealth/global_strategy_women_children/en/

PAHO, field guide for implementation of the strategy and plan of action for elimination of mother-to-child transmission of HIV and congenital syphilis in the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=26192&Itemid=

PAHO, Monitoring Child Development (0-6 years) in the IMCI Context, 2nd edition.

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=17042&lang=en

WHO, Fact Sheets: Child Health

http://www.who.int/topics/child_health/factsheets/en/

WHO Global Health Observatory (GHO): Under-5 mortality rate

http://gamapserver.who.int/gho/interactive_charts/MDG4/atlas.html

PAHO Regional Health Observatory (RHO): Under-5 mortality rate – country profiles

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=2471&Itemid=2408&lang=en

United Nations, World Population Prospects

<http://esa.un.org/wpp/>

**Accessed February 2015*

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases*, and other communicable diseases

*The underlined themes of this target are included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 1: Communicable Diseases.

Program Area 1.1: HIV/AIDS and STIs.

Program Area 1.2: Tuberculosis.

Program Area 1.3: Malaria and Other Vector-borne Diseases.

Program Area 1.4: Neglected, Tropical, and Zoonotic Diseases.

Program Area 1.5: Vaccine-Preventable Diseases.

End the epidemic of AIDS

In 2011, an estimated 1.6 million people in Latin America and the Caribbean (LAC) were living with HIV. The Americas have made significant progress in reducing new HIV infections and AIDS-related mortality. Between 2001 and 2009, the rate of new HIV infections in LAC dropped from 22.5 per 100,000 population to 18.6. All the Region's countries have established policies and programs to provide free access to antiretroviral therapy. Even so, the number of new infections continues to exceed that of persons in treatment. Between 21% and 50% of all people living with HIV do not know they are infected, and some 250,000 young people (aged 15 to 24) are living with HIV in the Region.

The way forward includes: (1) strengthening and expanding evidence-based treatment programs articulated with the treatment 2.0 initiative; (2) eliminating mother-to-child transmission of HIV and congenital syphilis by integrating HIV, sexual and reproductive health, and maternal, neonatal, and child health services, and promoting early enrollment in antenatal care and early detection and treatment programs for pregnant women infected with HIV or syphilis and exposed infants; (3) setting policies to address stigma and discrimination toward persons with HIV/AIDS, with capacity-building of service providers; and (4) strengthening health information systems by promoting a longitudinal approach of case-based surveillance, continuum of care monitoring, and monitoring of HIV drug resistance.

PAHO Goals and Outcomes

2 – Ensure a healthy start for newborns and infants; 8 – Eliminate priority communicable diseases in the Region; OCM 1.1 – Increased access to key interventions for HIV and STI prevention and treatment

To end the AIDS epidemic, countries need to use the powerful tools available, hold one another accountable for results, and make sure that no one is left behind

SDG Sustainable Development Goals

3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 1 – Communicable Diseases
- » CD46.R15 – Regional strategic plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization
- » CD50.R12 – Strategy and plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis

Strategic partners and programs

- » Joint United Nations Programme on HIV/AIDS (UNAIDS) Coalition of forces to respond to HIV/AIDS epidemic, including preventing transmission, providing care and support to those with HIV, and reducing vulnerabilities
- » International Association of Providers of AIDS Care (IAPAC) International association that aims to craft and implement global education and advocacy to improve the quality of care provided to all people living with HIV/AIDS

Technical documents

- » PAHO, Regional HIV/STI plan for the health sector 2006-2015
- » PAHO, Field guide for implementation of the strategy and plan of action for elimination of mother-to-child transmission of HIV and congenital syphilis in the Americas, 2014
- » OPS, Vigilancia de la infección por el VIH basada en la notificación de casos: recomendaciones para mejorar y fortalecer los sistemas de vigilancia del VIH

Further information

- » PAHO, Antiretroviral treatment in the spotlight: A public health analysis in LAC, 2014
- » PAHO, Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone countries, 2014
- » PAHO, Elimination of mother-to-child transmission of HIV and congenital syphilis

Measuring success

Impact indicator	6.1 At least a 15% reduction in the mortality rate due to HIV/AIDS by 2019 compared to 2014
Measurement units	Number of HIV deaths per 100,000 population, per year
Frequency of measure	Annual
Data source	PAHO Regional Database
PASB unit responsible for monitoring the indicator	HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections Unit (CHA/HT); and Health Information and Analysis Unit (CHA/HA)



End the epidemic of AIDS

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD46.R15 – Regional strategic plan for HIV/AIDS/STI, 2006-2015, of the Pan American Health Organization

<http://iris.paho.org/xmlui/bitstream/handle/123456789/268/CD46.r15-e.pdf>

CD50.R12 – Strategy and plan of action for the elimination of mother-to-child transmission of HIV and congenital syphilis

<http://iris.paho.org/xmlui/bitstream/handle/123456789/414/CD50.R12-e.pdf>

Joint United Nations Programme on HIV/AIDS (UNAIDS)

<http://www.unaids.org/>

International Association of Providers of AIDS Care (IAPAC)

<http://www.iapac.org/>

PAHO, Regional HIV/STI plan for the health sector 2006-2015

http://www.unicef.org/lac/spbarbados/Planning/donors/PAHO_HIV_Regional_Plan_2006-2015_ENGLISH%5B1%5D.pdf

PAHO, Field guide for implementation of the strategy and plan of action for elimination of mother-to-child transmission of HIV and congenital syphilis in the Americas, 2014

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=26192&lang=en

OPS, Vigilancia de la infección por el VIH basada en la notificación de casos: recomendaciones para mejorar y fortalecer los sistemas de vigilancia del VIH

http://www.paho.org/hq/index.php?gid=19091&option=com_docman&task=doc_download

PAHO, Antiretroviral treatment in the spotlight: A public health analysis in LAC, 2014

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=28363&lang=en

PAHO, Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone countries, 2014

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=28440&lang=en

PAHO, Elimination of mother-to-child transmission of HIV and congenital syphilis

http://www.paho.org/hq./index.php?option=com_content&view=article&id=7264%3Aelimination-of-mother-to-child-transmission-of-hiv-and-congenital-syphilis&catid=4679%3Afchhiv-topics&Itemid=39600&lang=en

PAHO Statistic Data: HIV/AIDS and other STIs

http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=5687&Itemid=40736&lang=en

WHO Global Health Observatory (GHO): HIV/AIDS and other STIs

<http://apps.who.int/gho/data/node.main.617?lang=en>

* Accessed March 2015

End the epidemic of tuberculosis

In 1993, WHO declared tuberculosis (TB) a public health emergency. Since then, countries have taken integrated measures such as the implementation of directly observed treatment, short course (DOTS) and the WHO Stop TB Strategy. As a result, the Americas was the first region to achieve the MDG 6 target for TB, reducing incidence of the disease by an average annual rate of 2.4% between 1990 and 2013, lowering its prevalence from 88 to 39 cases per 100,000 population, and cutting the mortality rate from 5.7 to 2.1 cases per 100,000 population, thus exceeding the goal of reducing the latter two indicators by 50% during the period. However, challenges remain. Although preventable and curable, TB was responsible for 280,000 new cases and 21,000 deaths (including TB/HIV deaths) in the Americas in 2013, and the incidence was 29 cases per 100,000 population – still far from the goal of fewer than 10 cases per 100,000 population, which would define the end of the epidemic. These high numbers persist because of continued transmission of HIV/AIDS and multidrug-resistant TB, the increase in risk factors, and living conditions associated with poverty and limited access to health services.

The way forward includes implementing the End TB Strategy, expanding control of TB in large cities, adopting a multisectoral perspective integrated with the principles of universal coverage, and strengthening the framework for tuberculosis elimination in low-incidence countries (those that have implemented the Stop TB Strategy).

PAHO Goals and Outcomes

6 – Reduce mortality due to communicable diseases; OCM 1.2 – Increased number of tuberculosis patients successfully diagnosed and treated

Tuberculosis (TB) is preventable and curable. We must stop the TB epidemic and work toward elimination of the disease

SDG Sustainable Development Goals

Target 3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 1 – Communicable Diseases
- » CD46.R12 – Regional strategy for tuberculosis control for 2005-2015
- » PAHO, Regional plan for tuberculosis control 2006-2015
- » WHA 67.1 – Global strategy and targets for tuberculosis for prevention, care and control after 2015

Strategic partners and programs

- » WHO, The Stop TB Strategy
A six-point strategy building on the success of DOTS and addressing key challenges to reduce the global burden of tuberculosis
- » WHO, The End TB Strategy
Global strategy and targets for tuberculosis prevention, care, and control after 2015

Technical documents

- » OPS, Control de la tuberculosis en grandes ciudades
- » OPS, Lineamientos para la implementación del control de infecciones de tuberculosis en las Américas
- » OPS, Coinfección TB/VIH: Guía clínica
- » WHO, Towards tuberculosis elimination: an action framework for low-incidence countries
- » WHO, The use of bedaquiline in the treatment of multidrug-resistant tuberculosis: interim policy guidance
- » WHO, Policy on collaborative TB/HIV activities: guidelines for national programmes and other stakeholders
- » WHO, Guidelines for the programmatic management of drug-resistant tuberculosis

Further information

- » PAHO, Fact sheet: Tuberculosis in the Americas
- » World Tuberculosis Day

Measuring success

Impact indicator	6.3 Tuberculosis mortality rate. Measures the risk of dying from tuberculosis, regardless of gender and age
Measurement units	Expressed as the number of tuberculosis deaths per 100,000 population, per year
Frequency of measure	Annual
Data source	PAHO Regional Database
PASB unit responsible for monitoring the indicator	HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections Unit (CHA/HT) and Health Information and Analysis Unit (CHA/HA)



PAHO Regional Health Observatory (RHO): Tuberculosis
WHO Global Health Observatory (GHO): Tuberculosis

End the epidemic of tuberculosis

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD46.R12 – Regional strategy for tuberculosis control for 2005-2015

<http://iris.paho.org/xmlui/bitstream/handle/123456789/265/CD46.r12-e.pdf?sequence=1>

PAHO, Regional plan for tuberculosis control 2006-2015

<http://www1.paho.org/english/ad/dpc/cd/tb-reg-plan-2006-15.pdf>

WHA 67.1 – Global strategy and targets for tuberculosis for prevention, care and control after 2015

http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R1-en.pdf

WHO, The Stop TB Strategy

<http://www.who.int/tb/strategy/en/>

WHO, The End TB Strategy

http://www.who.int/tb/post2015_strategy/en/

OPS, Control de la tuberculosis en grandes ciudades

http://www.paho.org/par/index.php?option=com_docman&task=doc_download&gid=480&Itemid=253

OPS, Lineamientos para la implementación del control de infecciones de tuberculosis en las Américas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=25787&lang=en

OPS, Coinfección TB/VIH: Guía clínica

http://www2.paho.org/hq/dmdocuments/2011/Coinfeccion_TB-VIH_Guia_Clinica_TB.pdf

WHO, Towards tuberculosis elimination: an action framework for low-incidence countries

http://apps.who.int/iris/bitstream/10665/132231/1/9789241507707_eng.pdf?ua=1

WHO, The use of bedaquiline in the treatment of multidrug-resistant tuberculosis: interim policy guidance

http://apps.who.int/iris/bitstream/10665/84879/1/9789241505482_eng.pdf

WHO, Policy on collaborative TB/HIV activities: guidelines for national programmes and other stakeholders

http://whqlibdoc.who.int/publications/2012/9789241503006_eng.pdf

WHO, Guidelines for the programmatic management of drug-resistant tuberculosis – 2011 update

http://whqlibdoc.who.int/publications/2011/9789241501583_eng.pdf

PAHO, Fact sheet: Tuberculosis in the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=24332&lang=en

World Tuberculosis Day

http://www.paho.org/hq/index.php?option=com_content&view=article&id=8358&Itemid=39894&lang=en

PAHO Regional Health Observatory (RHO): Tuberculosis

http://www.paho.org/hq/index.php?option=com_content&view=article&id=6812&Itemid=2391&lang=pt

WHO Global Health Observatory (GHO): Tuberculosis

<http://www.who.int/gho/tb/en/>

**Accessed February 2015*

End the epidemic of malaria

Malaria remains endemic in 21 Latin American and Caribbean countries. In 2013, these countries reported a total of 427,904 malaria cases and 82 malaria-related deaths, representing a 64% reduction in cases and a 78% reduction in mortality since 2000.



With a downward trend in 18 of these countries, a number of national malaria programs have begun efforts toward eliminating local transmission of the disease. Action plans for malaria include preventive measures such as the use of long-lasting insecticidal bed nets, indoor residual spraying, prompt access to good-quality diagnosis, and rapid treatment with effective antimalarial medicines, as well as targeted interventions for vulnerable and hard-to-reach populations. Countries are also pursuing integrated vector management, intensified epidemiological surveillance, and surveillance of resistance to antimalarial medicines and insecticides.

PAHO Goals and Outcomes

6 – Reduce mortality due to communicable diseases; 8 – Eliminate priority communicable diseases in the Region; OCM 1.3 – Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases

Defeating malaria is within reach through intensified diagnosis, treatment, surveillance, and prevention

SDG Sustainable Development Goals

Target 3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, water-borne diseases, and other communicable diseases

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 1 – Communicable Diseases
- » CD51.R9 – Strategy and plan of action for malaria
- » CD49.R19 – Elimination of neglected diseases and other poverty-related infections
- » CD48.R8 – Integrated vector management: a comprehensive response to vector-borne diseases

Strategic partners and programs

- » Amazon Network for the Surveillance of Antimalarial Drug Resistance/Amazon Malaria Initiative (RAVREDA/AMI)
RAVREDA is a network organized by several countries of the Amazon region, with PAHO, to respond to the challenge of antimalarial drug resistance in the Amazon

Technical documents

- » PAHO, Strategy and Plan of Action for Malaria in the Americas 2011-2015
- » PAHO, Guide for the reorientation of malaria control programs with a view toward elimination of the disease
- » WHO, Annual World Malaria Report
- » WHO, Guidelines for the treatment of malaria
- » WHO, Global plan for insecticide resistance management in malaria vectors (GPIRM)
- » WHO, Global plan for artemisinin resistance containment (GPARC)

Further information

- » WHO, Malaria Fact Sheet No. 94
- » WHO, Global Malaria Mapper
- » WHO, Malaria country profiles

Measuring success

Impact indicator	8.4 Malaria elimination. This indicator measures the progress made in the countries towards elimination of malaria by 2019 according to PAHO/WHO elimination criteria
Measurement units	Number of countries that have eliminated malaria per year
Frequency of measure	Annual
Data source	Joint assessment of PAHO country offices, corresponding technical unit, and relevant stakeholders
PASB unit responsible for monitoring the indicator	Neglected, Tropical and Vector Borne Diseases (CHA/VT)



End the epidemic of malaria

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD51.R9 – Strategy and plan of action for malaria

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1725/CD51.R9-e.pdf>

CD49.R19 – Elimination of neglected diseases and other poverty-related infections

[http://new.paho.org/hq/dmdocuments/2009/CD49.R19%20\(Eng.\).pdf](http://new.paho.org/hq/dmdocuments/2009/CD49.R19%20(Eng.).pdf)

CD48.R8 – Integrated vector management: a comprehensive response to vector-borne diseases

<http://iris.paho.org/xmlui/bitstream/handle/123456789/386/cd48.r8-e.pdf>

Amazon Network for the Surveillance of Antimalarial Drug Resistance/Amazon Malaria Initiative (AMI/RAVREDA)

http://www.paho.org/hq/index.php?option=com_content&view=article&id=2231%3Aravreda-ami-homepage-paho-usaid-partnership-fight-malaria-amazon&catid=1988%3Acha-01-07w-malaria-ravreda&Itemid=1922&lang=en

PAHO, Strategy and Plan of Action for Malaria in the Americas 2011-2015

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=15005&Itemid=&lang=en

PAHO, Guide for the reorientation of malaria control programs with a view toward elimination of the disease

http://www.paho.org/hq/index.php?option=com_content&view=article&id=5202&Itemid=3787

WHO, Annual World Malaria Report

http://www.who.int/malaria/publications/world_malaria_report/en/

WHO, Guidelines for the treatment of malaria

<http://www.who.int/malaria/publications/atoz/9789241547925/en/>

WHO, Global plan for insecticide resistance management in malaria vectors (GPIRM)

http://www.who.int/malaria/vector_control/ivm/gpirm/en/

WHO, Global plan for artemisinin resistance containment (GPARC)

<http://www.who.int/malaria/publications/atoz/9789241500838/en/>

WHO, Malaria Fact Sheet No. 94

<http://www.who.int/mediacentre/factsheets/fs094/en/>

WHO, Global Malaria Mapper

http://www.who.int/malaria/publications/world_malaria_report/global_malaria_mapper/en/

WHO, Malaria country profiles

<http://www.who.int/malaria/publications/country-profiles/en/>

PAHO, Interactive Malaria Statistics

http://www.paho.org/hq/index.php?option=com_content&view=article&id=2632&Itemid=2130&lang=en

**Accessed February 2015*

End the epidemics of neglected tropical diseases

Neglected and other poverty-related infectious diseases (NIDs) are a set of mainly parasitic diseases that primarily affect populations that lack access to proper health services, safe water, and improved sanitation. Starting in 2009, the Region increased its commitment to combat these diseases toward their elimination. To date, onchocerciasis transmission has been eliminated in two out of six endemic countries, while three out of seven countries with endemic lymphatic filariasis were removed from the WHO list in 2011. With schistosomiasis, eight out of ten endemic countries have interrupted transmission or are close to doing so. Four endemic countries for blinding trachoma have intensified their efforts to eliminate this cause of blindness. In 2013, 29 million out of 46 million children at risk for infection were dewormed against soil-transmitted helminths. Several countries in Central and South America have eliminated transmission of Chagas' disease by the principal domestic vector. Leprosy is down to less than 1 case per 10,000 population at the national level in 23 out of 24 endemic countries. The leishmaniasis surveillance system has been strengthened, and epidemiological data on cutaneous-mucosal and visceral leishmaniasis are available for 18 and 12 countries, respectively. Since 2009, 17 countries have launched integrated plans, programs, strategies, or policies to tackle NIDs.

Dealing with these poverty-related diseases requires an integrated approach based on multisectoral and cost-effective interventions which consider the social determinants of health and reduce the negative impact of these diseases on health and well-being.

PAHO Goals and Outcomes

6 – Reduce mortality due to communicable diseases; 8 – Eliminate priority communicable diseases in the Region; OCM 1.4 – Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases

The elimination of several neglected infectious diseases from the Region is within reach, an achievement that will benefit present and future generations

SDG Sustainable Development Goals

Target 3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 1 – Communicable Diseases
- » CD48.R12 – Towards the elimination of onchocerciasis (river blindness) in the Region of the Americas
- » CD49.R19 – Elimination of neglected diseases and other poverty-related infections
- » CD50.R17 – Strategy and plan of action for Chagas disease prevention, control, and care

Strategic partners and programs

- » United States Agency for International Development
- » Canada, Foreign Affairs, Trade, and Development
- » Children Without Worms: Partnership for treating and preventing intestinal worms
- » The Task Force for Global Health
- » Izumi Foundation
- » Sasakawa Memorial Health Foundation
- » Brazil, Portal da Saúde

Technical documents

- » PAHO, Control and elimination of five neglected diseases in Latin America and the Caribbean 2010-2015: Analysis of progress, priorities and lines of action for lymphatic filariasis, schistosomiasis, onchocerciasis, trachoma and soil transmitted helminthiases
- » IDB/PAHO/Sabin Vaccine Institute, A call to action: Addressing soil-transmitted helminths in Latin America and the Caribbean
- » OPS, Guía para el desarrollo de planes integrados de acción para la prevención, control y eliminación de las enfermedades infecciosas desatendidas
- » PAHO, Prevalence and intensity of infection of soil-transmitted helminths in Latin America and the Caribbean countries
- » PAHO, Workshop for training on regional guidance for implementation of integrated deworming actions

Further information

- » PAHO, Neglected Infectious Diseases in the Americas
- » PAHO, Neglected Infectious Diseases
- » Saboyá et al., Update on the mapping of prevalence and intensity of infection for soil-transmitted helminth infections in Latin America and the Caribbean: A call for action

Measuring success

Impact indicator	8.2 Increase the number of countries that have eliminated transmission of onchocerciasis (target 4 countries)
Measurement units	Number of countries achieving the elimination status
Frequency of measure	The evaluation of the epidemiological and entomological indicators is made once at the end of a three-year period of post-treatment surveillance. An International Verification Team verifies a country's elimination status once the country has reached the optimal level of the epidemiological and entomological indicators. Based on the recommendations provided by the IVT to the Director of WHO, the Organization decides whether the verification can be granted to the country
Data source	Reports by national authorities to OEPA (Onchocerciasis Elimination Program of the Americas) and, via OEPA, to PAHO's Neglected, Tropical and Vector Borne Diseases Unit
PASB unit responsible for monitoring the indicator	Neglected, Tropical and Vector Borne Diseases (CHA/VT)



End the epidemics of neglected tropical diseases

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PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD48.R12 – Towards the elimination of onchocerciasis (river blindness) in the Region of the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=15522&lang=pt

CD49.R19 – Elimination of neglected diseases and other poverty-related infections

[http://new.paho.org/hq/dmdocuments/2009/CD49.R19%20\(Eng.\).pdf](http://new.paho.org/hq/dmdocuments/2009/CD49.R19%20(Eng.).pdf)

CD50.R17 – Strategy and plan of action for Chagas disease prevention, control, and care

<http://iris.paho.org/xmlui/bitstream/handle/123456789/419/CD50.R17-e.pdf>

United States Agency for International Development

<http://www.usaid.gov/what-we-do/global-health/neglected-tropical-diseases>

Canada, Foreign Affairs, Trade, and Development

<http://www.international.gc.ca/development-developpement/funding-financement/fun-fin.aspx?lang=eng>

Children Without Worms: Partnership for treating and preventing intestinal worms

<http://www.childrenwithoutworms.org/>

The Task Force for Global Health

<http://www.taskforce.org/>

Izumi Foundation

<http://izumi.org/>

Sasakawa Memorial Health Foundation

<http://www.smhf.or.jp/e/>

Brazil, Portal da Saúde

<http://portalsaude.saude.gov.br/>

PAHO, Control and elimination of five neglected diseases in Latin America and the Caribbean 2010-2015: Analysis of progress, priorities and lines of action for Lymphatic Filariasis, Schistosomiasis, Onchocerciasis, Trachoma and soil-transmitted helminthiases

http://www1.paho.org/hq/dmdocuments/2010/Prioritization_NTD_PAHO_Dec_17_2010_En.pdf

IDB/PAHO/Sabin Vaccine Institute, A call to action: Addressing soil-transmitted helminths in Latin America & the Caribbean

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=13723&lang=en

OPS, Guía para el desarrollo de planes integrados de acción para la prevención, control y eliminación de las enfermedades infecciosas desatendidas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=27030&lang=en

PAHO, Prevalence and intensity of infection of soil-transmitted helminths in Latin America and the Caribbean Countries

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=14333&lang=en

PAHO, Workshop for training on regional guidance for implementation of integrated deworming actions

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=23804&lang=en

PAHO, Neglected Infectious Diseases in the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=&gid=23528&lang=pt

PAHO, Neglected Infectious Diseases

http://www.paho.org/hq/index.php?option=com_topics&view=article&id=37&Itemid=40760

Saboyá et al., Update on the mapping of prevalence and intensity of infection for soil-transmitted helminth infections in Latin America and the Caribbean: A call for action

<http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0002419>

WHO Global Health Observatory (GHO): Neglected tropical diseases

<http://apps.who.int/gho/data/node.main.A1629NTD?lang=en>

*Accessed February 2015

Move toward the elimination of viral hepatitis

Viral hepatitis A, B, and C affect millions of people every year globally and should be a core topic on public health agendas. Acute hepatitis leads to fulminant hepatic failure in 1% of cases. For hepatitis B, around 90% of newborns delivered by mothers with positive hepatitis B early antigen (HBeAg) will progress to chronic hepatitis. Chronic infections are associated with an increased risk (15% to 40%) of developing cirrhosis, hepatic failure, or hepatocellular carcinoma. The rate of evolution to chronicity is estimated to be 25% to 30% in children under 5 years of age and under 5% in adults. Infection with the hepatitis C virus (HCV) usually progresses slowly over many years. It is estimated that 85% of HCV cases will develop a chronic infection and between 5% and 15% of patients with chronic hepatitis C may progress to liver cirrhosis. Between 4% and 9% of patients with cirrhosis will develop progressive liver failure, with a 1% to 4% annual risk of developing primary hepatocellular carcinoma. Hepatitis B and C infections are common underlying causes of deaths associated with liver failure, cirrhosis, and liver cancer.

These diseases are amenable to prevention and control, and there are effective vaccines against hepatitis A and B. For hepatitis C, clinical trials and observational studies of patients on direct-acting antiviral drugs demonstrate that a sustainable virologic response, with viral clearance from the system, can be achieved in about 95% of the cases. Ongoing developments in the treatment of hepatitis B are also very promising. The availability of an effective vaccine makes the substantial reduction of new cases of hepatitis B infection and elimination of this scourge a feasible and achievable objective for all the countries in the Region.

PAHO Goals and Outcomes

No specific goals or outcomes for this topic are available in the PAHO Strategic Plan 2014-2019

Eradicate hepatitis through increased awareness, prevention, care, support, and access to treatment

SDG Sustainable Development Goals

3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 1 - Communicable Diseases
- » WHA67.6 – Hepatitis
- » WHA63.18 – Viral Hepatitis

Strategic partners and programs

- » WHO, Prevention and control of the viral hepatitis infection: A strategy for global action
- » World Hepatitis Alliance
Global alliance composed of over 180 organizations that work on viral hepatitis
- » Viral Hepatitis Prevention Board

Technical documents

- » WHO, Prevention and control of viral hepatitis infection: Framework for global action
- » WHO, Global policy report on the prevention and control of viral hepatitis in WHO member states
- » WHO, Guidelines for the screening, care and treatment of persons with hepatitis C infection

Further information

- » PAHO, Infographic on hepatitis in Latin America and the Caribbean
- » WHO, Infographic on hepatitis A and E
- » WHO, Infographic on hepatitis B, C, and D

Measuring success

Outcome indicator	No specific outcome indicator for this topic is available in the PAHO Strategic Plan 2014-2019
Measurement units	
Frequency of measure	
Data source	
PASB unit responsible for monitoring the indicator	



Move toward the elimination of viral hepatitis

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

WHA67.6 – Hepatitis

http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R6-en.pdf

WHA63.18 – Viral Hepatitis

http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R18-en.pdf

WHO, Prevention and control of the viral hepatitis infection: A strategy for global action

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=18000&Itemid=

World Hepatitis Alliance

<http://www.worldhepatitisalliance.org/en/the-world-hepatitis-alliance.html>

Viral Hepatitis Prevention Board

<http://www.vhpb.org/>

WHO, Prevention and control of viral hepatitis infection: Framework for global action

http://www.who.int/csr/disease/hepatitis/GHP_Framework_En.pdf

WHO, Global policy report on the prevention and control of viral hepatitis in WHO member states

http://apps.who.int/iris/bitstream/10665/85397/1/9789241564632_eng.pdf

WHO, Guidelines for the screening, care and treatment of persons with hepatitis C infection

http://apps.who.int/iris/bitstream/10665/111747/1/9789241548755_eng.pdf

PAHO, Infographic on hepatitis in Latin America and the Caribbean

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=19708&Itemid=&lang=en

WHO, Infographic on hepatitis A and E

<http://www.who.int/entity/campaigns/hepatitis-day/2014/hepatitis-a-e.pdf>

WHO, Infographic on hepatitis B, C and D

<http://www.who.int/entity/campaigns/hepatitis-day/2014/hepatitis-b-c-d.pdf>

PAHO Supply of blood for transfusion in the Caribbean and Latin American countries

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=26145&lang=en

WHO Global Health Observatory (GHO): Hepatitis B (HepB3) immunization coverage among 1-year olds

http://apps.who.int/gho/data/node.imr.WHS4_117?lang=en

**Accessed March 2015*

Combat water-borne diseases



The Region has reached the MDG 7 target for access to improved drinking water sources (96% in 2010, with 99% in urban and 86% in rural areas) and is on track to reach the sanitation target (88% in 2010, with 91% in urban and 74% in rural areas). However, concerns continue as 36 million people remain without access to adequate drinking water; 120 million lack improved wastewater and sewage disposal; and 25 million defecate outdoors. Lack of drinking water and sanitation is the second leading cause of morbidity and mortality for children under 5 years of age and the largest contributor to the burden of environment-related disease. Water-related diseases such as ascariasis, campylobacteriosis, cholera, dengue, diarrhea, leptospirosis, onchocerciasis, typhoid enteric fever, and legionellosis are of primary concern.

The United Nations recognizes access to water and sanitation as a human right and as a determinant in the mitigation of poverty. This recognition should be followed by the formulation of public policies and actions that respond to the needs of the population. Combined interventions in water, sanitation, and hygiene can reduce the prevalence of water-borne diseases and associated deaths by up to 80% (50% of diarrheal diseases). The formulation of policies and programs should be based on the principles of (1) indivisibility and interdependence of rights, (2) attention to vulnerable groups and nondiscrimination, (3) strengthening of community participation, and (4) social control and official accountability.

PAHO Goals and Outcomes

OCM 1.4 – Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases; OCM 3.5 – Reduced environmental and occupational threats to health

Combined interventions in water, sanitation, and hygiene can reduce the prevalence of water-borne diseases and associated deaths by up to 80%

SDG Sustainable Development Goals

Target 3.3 – By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 1 – Communicable Diseases
- » CD43.R15 – Health, drinking water, and sanitation in sustainable human development
- » United Nations General Assembly, A/RES/64/292 – The Human Right to Water and Sanitation

Strategic partners and programs

- » WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation
- » WHO Water Safety Plans
WHO Guidelines for drinking-water quality recommend water safety plans as the most effective means of consistently ensuring the safety of a drinking water supply

Technical documents

- » PAHO, Water and sanitation: Evidence for public policies focused on human rights and public health results
- » WHO Guidelines for drinking-water quality
- » WHO/UN-Water, Global analysis and assessment of sanitation and drinking-water (GLAAS) 2014 report: Investing in water and sanitation, increasing access, reducing inequalities
- » WHO, Toolkit for monitoring and evaluating household water treatment and safe storage programmes
- » WHO, Guidelines for safe recreational water environments, Vol. 1: Coastal and fresh waters
- » WHO, Guidelines for safe recreational water environments, Vol. 2: Swimming pools and similar environments
- » WHO/UNICEF, Rapid assessment of drinking-water quality: a handbook for implementation
- » WHO, Legionella and the prevention of legionellosis

Further information

- » WHO/UNICEF, Progress on drinking water and sanitation: 2014 update

Measuring success

Outcome indicator	OCM 3.5.2 Proportion of the population with access to improved sanitation. The indicator is based on parameters set by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP). The JMP defines improved sanitation as access to a facility that hygienically separates human excreta from human contact
Measurement units	Proportion
Frequency of measure	Annual
Data source	WHO/UNICEF JMP (http://www.wssinfo.org/)
PASB unit responsible for monitoring the indicator	Regional Task Force on Water and Sanitation – ETRAS (CHA/IR)



Combat water-borne diseases

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD43.R15 – Health, drinking water, and sanitation in sustainable human development

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1439/cd43.r15-e.pdf?sequence=1>

United Nations General Assembly, A/RES/64/292 – The Human Right to Water and Sanitation

http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/64/292

WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation

<http://www.wssinfo.org/>

WHO/UN-Water, Global analysis and assessment of sanitation and drinking-water (GLAAS) 2014 report: Investing in water and sanitation, increasing access, reducing inequalities

http://apps.who.int/iris/bitstream/10665/139735/1/9789241508087_eng.pdf

WHO/UNICEF, Toolkit for monitoring and evaluating household water treatment and safe storage programmes

http://apps.who.int/iris/bitstream/10665/76568/1/9789241504621_eng.pdf

PAHO, Water and sanitation: Evidence for public policies focused on human rights and public health results

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=17606&Itemid=

WHO, Guidelines for drinking-water quality, fourth edition

http://whqlibdoc.who.int/publications/2011/9789241548151_eng.pdf

WHO, Guidelines for safe recreational water environments, Vol. 1: Coastal and fresh waters

http://www.who.int/water_sanitation_health/bathing/srwg1.pdf

WHO, Guidelines for safe recreational water environments, Vol. 2: Swimming pools and similar environments

http://apps.who.int/iris/bitstream/10665/43336/1/9241546808_eng.pdf

WHO/UNICEF, Rapid assessment of drinking-water quality: a handbook for implementation

http://www.wssinfo.org/fileadmin/user_upload/resources/RADWQHandbookv1final.pdf

WHO, Legionella and the prevention of legionellosis

http://www.who.int/water_sanitation_health/emerging/legionella.pdf

WHO/UNICEF, Progress on drinking water and sanitation: 2014 update

http://apps.who.int/iris/bitstream/10665/112727/1/9789241507240_eng.pdf

WHO/UNICEF Joint Monitoring Programme (JMP), country profiles

[http://www.wssinfo.org/documents/?tx_displaycontroller\[type\]=country_files](http://www.wssinfo.org/documents/?tx_displaycontroller[type]=country_files)

**Accessed February 2015*

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being*

*The underlined themes of this target are included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 2: Noncommunicable Diseases and Risk Factors.

Program Area 2.1: Noncommunicable Diseases and Risk Factors.

Program Area 2.2: Mental Health and Psychoactive Substance Use Disorders.

Category 3: Determinants of Health and Promoting Health throughout the Life Course.

Program Area 3.4: Social Determinants of Health.

Reduce premature mortality from noncommunicable diseases

In the Americas, noncommunicable diseases (NCDs) account for about 5 million deaths, while an estimated 250 million people suffer from at least one of the NCDs: cardiovascular diseases (including hypertension), cancer, diabetes, chronic respiratory diseases, and chronic renal diseases. Some 75% of all deaths are caused by NCDs. Of particular concern is premature mortality: there is a 15% probability of dying from an NCD between the ages of 30 and 70. Living with a disease condition requires out-of-pocket expenses and causes loss of productivity, which has a direct impact in family finances as well as health system costs. The common risk factors are tobacco use, alcohol abuse, unhealthy diet, salt consumption, physical inactivity, and obesity. The epidemic of NCDs is driven by globalization, marketing and commercialization of risky commodities, urbanization, demographic trends, and socioeconomic conditions. It is therefore incumbent on the health sector to exercise strong stewardship as well as leadership to create synergies with other sectors.

The way forward includes establishing national plans; strengthening policies, programs, and services; and emphasizing primary health care, with focus on health promotion, protection against risks, prevention throughout the life course, and screening and early detection of NCDs and risk factors, with special attention to the continuity and quality of primary health care based on an integrated approach. These efforts will synergize with universal health coverage/access to adequate primary health care settings and workplaces.

PAHO Goals and Outcomes

5 – Improve the health of the adult population with an emphasis on NCDs and risk factors; OCM 2.1 – Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors; OCM 2.5 – Nutritional risk factors reduced

NCDs are highly preventable and can be controlled through public policies and regulations, health services, and setting lifestyles conducive to health

SDG Sustainable Development Goals

Target 3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 2 – Noncommunicable Diseases and Risk Factors
- » CSP28.R13 – Strategy for the prevention and control of noncommunicable diseases
- » CD52.R9 – Plan of Action for the Prevention and Control of Noncommunicable Diseases
- » CD48.R9 – Population-based and individual approaches to prevention and management of diabetes and obesity
- » CD48.R10 – Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control
- » CD47.R8 – Regional strategy and plan of action on nutrition in health and development
- » CD50.R11 – Strategy and plan of action for the reduction of chronic malnutrition
- » CD53.R13 – Plan of Action for the Prevention of Obesity in Children and Adolescents

Strategic partners and programs

- » WHA 66.10 – Follow-up to the Political Declaration of the High-Level Meeting on the Prevention and Control of Non-communicable Diseases
- » WHO Executive Board, EB132/14 – Social determinants of health: Report by the Secretariat
- » WHO, Noncommunicable diseases and mental health

Technical documents

- » REGULA: strengthening the regulatory capacity on NCD risk factors
- » WHO, Global status report on noncommunicable diseases
- » WHO, Global recommendation on physical activity for health
- » WHO, Global strategy on diet, physical activity and health
- » WHO, Global health risks: mortality and burden of disease attributable to selected major risks
- » WHO Nutrition Landscape Information System (NLIS)

Further information

- » WHO, Global database on body mass index

Measuring success

Impact indicator	5.1 Premature mortality from noncommunicable diseases, defined as deaths among people aged 30-69 years from causes included in the following codes from the ICD-10: cardiovascular diseases (I00-I99), malignant neoplasms (C00-C97), diabetes mellitus (E10-E14), and chronic respiratory diseases (J30-J98)
Measurement units	Number of NCD deaths per 100,000 population aged 30-69 per year
Frequency of measure	Annual
Data source	PAHO Regional Database and United Nations Population Division
PASB unit responsible for monitoring the indicator	Health Information and Analysis Unit (CHA/HA) and Special Program on Sustainable Development and Health Equity (SDE)



PAHO Regional Health Observatory (RHO): Premature NCD deaths
PAHO Regional Health Observatory (RHO): Diabetes mellitus
PAHO Regional Health Observatory (RHO): Cardiovascular diseases
WHO, Health system response and capacity to address and respond to NCDs

Reduce premature mortality from noncommunicable diseases

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CSP28.R13 – Strategy for the prevention and control of noncommunicable diseases

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=18930

CD52.R9 – Plan of Action for the prevention and Control of Noncommunicable Diseases

<http://iris.paho.org/xmlui/bitstream/handle/123456789/4437/CD52-R9-eng.pdf>

CD48.R9 – Population-based and individual approaches to the prevention and management of diabetes and obesity

<http://iris.paho.org/xmlui/bitstream/handle/123456789/387/cd48.r9-e.pdf>

CD48.R10 – Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control

<http://iris.paho.org/xmlui/bitstream/handle/123456789/388/cd48.r10-e.pdf>

CD47.R8 – Regional strategy and plan of action on nutrition in health and development

<http://iris.paho.org/xmlui/bitstream/handle/123456789/357/CD47.r8-e.pdf>

CD50.R11 – Strategy and plan of action for the reduction of chronic malnutrition

<http://iris.paho.org/xmlui/bitstream/handle/123456789/413/CD50.R11-e.pdf>

CD53.R13 – Plan of Action for the Prevention of Obesity in Children and Adolescents

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27592&Itemid=270&lang=en

WHA66.10 Follow-up to the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf

WHO Executive Board, EB132/14 – Social determinants of health: Report by the Secretariat

http://www.who.int/social_determinants/B_132_14-en.pdf

WHO, Noncommunicable diseases and mental health

<http://www.who.int/about/structure/organigram/nmh/en/>

PAHO, REGULA: strengthening the regulatory capacity for NCD risk factors

http://www.paho.org/HQ/index.php?option=com_content&view=article&id=10280:regula-strengthening-the-regulatory-capacity-for-ncd-risk-factors&Itemid=41175&lang=fr

WHO, Global status report on noncommunicable diseases

http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf

WHO, Global recommendation on physical activity for health

http://whqlibdoc.who.int/publications/2010/9789241599979_eng.pdf

WHO, Global strategy on diet, physical activity and health

http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

WHO, Global health risks: mortality and burden of disease attributable to selected major risks

http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

WHO, Nutrition Landscape Information System (NLIS): country profile indicators

http://www.who.int/nutrition/nlis_interpretationguide_isbn9789241599955/en/

WHO, Noncommunicable diseases

http://whqlibdoc.who.int/publications/2011/9789241502283_eng.pdf

WHO Global database on body mass index

<http://apps.who.int/bmi/index.jsp>

PAHO Regional Health Observatory (RHO): Premature NCD deaths

http://www.paho.org/hq/index.php?option=com_content&view=article&id=5542&Itemid=2391&lang=en

PAHO Regional Health Observatory (RHO): Diabetes mellitus: trends, avoidable mortality and inequalities

http://www.paho.org/hq/index.php?option=com_content&view=article&id=5968&Itemid=2391&lang=en

PAHO Regional Health Observatory (RHO): Cardiovascular diseases

http://www.paho.org/hq/index.php?option=com_content&view=article&id=6682&Itemid=2391&lang=en

WHO, Health system response and capacity to address and respond to NCDs

http://gamapserver.who.int/gho/interactive_charts/ncd/health_systems/surveillance/atlas.html

*Accessed February 2015

Promote mental health

The WHO Constitution defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. Mental, neurological, and psychoactive substance abuse disorders in Latin America and the Caribbean are responsible for 14% of the total burden of disease as expressed in disability-adjusted life years. Some 65,000 people commit suicide every year in the Region. In high-income countries, men with mental health problems die 20 years and women 15 years earlier than people without mental health problems. In the Region, conditions that require particular attention include depression, disorders due to alcohol use, dementia, and mental health conditions in children and adolescents, including suicide. While most countries have made progress in reforming their services and protecting the human rights of people with mental disorders, challenges persist, particularly the underreporting of cases and the gap in access to treatment. The treatment gap – people with severe mental health conditions who do not receive treatment – ranges from 55% to 85%.

The way forward includes a focus on four areas: development of policies, plans, and legal instruments, with emphasis on protecting human rights; development and integration of mental health into primary care; promotion and prevention programs; and surveillance and information on mental health. The restructuring of mental health services should remain a priority.

PAHO Goals and Outcomes

7 – Curb mortality due to accidents among adolescents and young adults (15-24 years of age); OCM 2.2 – Increased service coverage for mental health and psychoactive substance use disorders

Promoting mental health by reforming services and protecting the human rights of people with mental disorders

SDG Sustainable Development Goals

Target 3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 2 – Noncommunicable Diseases and Risk Factors
- » CD49.R17 – Strategy and plan of action on mental health (2010-2019)
- » CD51.R7 – Plan of action on psychoactive substance use and public health
- » CD51.R8 – Plan of action to reduce harmful use of alcohol
- » CD51.R10 – Strategy and plan of action on epilepsy 2012-2021
- » CD53.R8 – Plan of Action on Mental Health (2015-2020)
- » WHA66.R8 – Mental health action plan 2013-2020

Strategic partners and programs

- » International Bureau for Epilepsy
The IBE addresses the medical and non-medical aspects of epilepsy social problems, including education, employment, insurance, driver license restrictions, and public awareness

Measuring success

Outcome indicator	OCM 2.2.1 Number of countries and territories that have increased the rate of consultations through mental health outpatient treatment facilities above the regional average of 975/100,000 population
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	Country reports. The baseline (rate by country) and the regional rate are based on evaluation reports of mental health systems in countries. These are developed with PAHO technical cooperation using WHO AIMS
PASB unit responsible for monitoring the indicator	Mental Health and Substance Use (NMH/MH)



WHO Global Health Observatory (GHO): Mental health
WHO MiNDbank
WHO-AIMS: country reports
WHO Mental Health ATLAS

Technical documents

- » PAHO, Framework for the implementation of the regional strategy on mental health
- » PAHO/WHO, Brasilia Consensus 2013
- » WHO, Mental health policy and service guidance package
- » WHO, Building back better: sustainable mental health care after emergencies
- » WHO, mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings

Further information

- » PAHO Mental Health webpage
- » WHO Mental Health webpage

Promote mental health

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD49.R17 – Strategy and plan of action on mental health (2010-2019)

http://www2.paho.org/hq/dmdocuments/2009/MENTAL_HEALTH.pdf

CD51.R7 – Plan of action on psychoactive substance use and public health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1723/CD51%20R7-e.pdf>

CD51.R14 – Plan of action to reduce the harmful use of alcohol

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20295&Itemid=&lang=en

CD51.R8 – Strategy and plan of action on epilepsy

http://www.who.int/mental_health/neurology/epilepsy/paho_strategy.pdf

CD53.R7 – Plan of Action on Mental Health (2015-2020)

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=26722&Itemid=270&lang=en

WHA66.8 – Mental health action plan 2013-2020

http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf

International Bureau for Epilepsy

<http://www.ibe-epilepsy.org/>

PAHO, Framework for the implementation of the regional strategy for mental health

<http://www.paho.org/hq/dmdocuments/FRAMEWORK%20Mental%20Health%20Panama.pdf>

PAHO/WHO, Brasilia Consensus 2013

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=24574&Itemid=270&lang=en

WHO, Mental health policy and service guidance package

http://www.who.int/mental_health/policy/essentialpackage1/en/

WHO, Building back better: sustainable mental health care after emergencies

http://apps.who.int/iris/bitstream/10665/85377/1/9789241564571_eng.pdf

WHO, mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings

<http://www.paho.org/mhgap/en/>

PAHO Mental Health webpage

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1167&Itemid=938

WHO Mental Health webpage

http://www.who.int/mental_health/en/

WHO Global Health Observatory (GHO): Mental health

<http://apps.who.int/gho/data/node.main.MENTALHEALTH?lang=en>

WHO MiNDbank

<http://www.mindbank.info/>

WHO-AIMS: country reports

http://www.who.int/mental_health/who_aims_country_reports/en/

WHO Mental Health ATLAS

http://www.who.int/mental_health/evidence/atlasnmh/en/

**Accessed February 2015*

Promote well-being

The WHO Constitution defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. Consequently, health is both objective physical and subjective psychosocial well-being. Human well-being is affected by living in inadequate environments, and also by social determinants such as inequality, social exclusion, and violence. Well-being is a relative state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life. It therefore frames all aspects of human health.

Health promotion is defined as the process of enabling people to increase control over their health and its determinants. The way forward is to put the ideas of health promotion into practice using participatory approaches: individuals, organizations, communities, and institutions working together to create conditions that ensure health and well-being for all. In its simplest terms, health promotion fosters changes in the environment that help to promote and protect health. These changes are reflected in communities and systems, for example, programs that ensure access to health services or policies that promote public parks for physical activity and spending time with others. Health promotion involves a particular way of working together. It is population-based, participatory, intersectoral, sensitive to context, and multi-level.

PAHO Goals and Outcomes

1 – Improve health and well-being with equity

Well-being is the complete integration of body, mind, and spirit – the realization of everything we do, think, feel, and believe

SDG Sustainable Development Goals

Target 3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
 - Category 2 – Noncommunicable Diseases and Risk Factors
 - Category 3 – Determinants of Health and Promoting Health throughout the Life Course
- » CD51.R4 – Strategy and plan of action on urban health
- » CD50.R16 – Health, human security, and well-being

Strategic partners and programs

- » WHO, Rio Political Declaration on Social Determinants of Health
- » Healthy Parks, Healthy People Central
 - A resource for the HPHP global community to better understand the links between nature and human health

Technical documents

- » OECD, Better life initiative: Compendium of OECD well-being indicators
- » PAHO, Regional Briefing on the Social Determinants of Health in the Americas 2012
- » PAHO, Virtual course on health promotion
- » PAHO, Advancing Health Promotion in the Americas
- » PAHO, Healthy municipalities and communities – Mayors’ guide for promoting quality of life
- » PAHO, Healthy municipalities and communities – participatory evaluation guide for healthy municipalities, cities and communities
- » WHO, Global strategy on diet, physical activity and health

Further information

- » WHO, Fact Files: Social Determinants of Health
- » WHO, Fact Sheet: Healthy Diet
- » World Happiness Report

Measuring success

Impact indicator	1.1 At least a 1.0% increase in Healthy Life Expectancy (HALE) for the Americas achieved by 2019 (65.3 years), as compared to the baseline rate in 2014 (64.6 years). <i>(This information will be updated once the most recent data from the Institute for Health Metrics and Evaluation is received)</i>
Measurement units	Number of years
Frequency of measure	Biennial
Data source	PAHO/WHO regional mortality data and IHME databases; estimates from WHO’s Global Burden of Disease Study and from IHME
PASB unit responsible for monitoring the indicator	Health Information and Analysis Unit (CHA/HA)



WHO data on healthy life expectancy (HALE) at birth (years)

Promote well-being

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD51.R4 – Strategy and plan of action on urban health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1720/CD51.R4-e.pdf>

CD50.R16 – Health, human security, and well-being

<http://iris.paho.org/xmlui/bitstream/handle/123456789/418/CD50.R16-e.pdf>

WHA62.R14 – Reducing health inequities through action on the social determinants of health

http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf

WHO, Rio Political Declaration on Social Determinants of Health

http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf

Healthy Parks, Healthy People Central

<http://www.hphpcentral.com/about>

OECD, Better life initiative: Compendium of OECD well-being indicators

<http://www.oecd.org/std/47917288.pdf>

PAHO, Regional Briefing on the Social Determinants of Health in the Americas 2012

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=19782&Itemid=270&lang=en

PAHO, Virtual course on health promotion

<http://cursostaff.campusvirtualesp.org/course/view.php?id=19>

PAHO, Advancing Health Promotion in the Americas

http://new.paho.org/hq/dmdocuments/hp-15case_en_v4.pdf

PAHO, Healthy municipalities and communities – Mayors’ guide for promoting quality of life

http://www.bvsde.ops-oms.org/bvsacd/cd63/MCS_Guiaeng/MCS_Guide.pdf

PAHO, Healthy municipalities and communities – participatory evaluation guide for healthy municipalities, cities and communities

<http://www.bvsde.ops-oms.org/bvsdemu/fulltext/guiaevaleng/guiaevaleng.html>

WHO, Global strategy on diet, physical activity and health

http://apps.who.int/iris/bitstream/10665/43035/1/9241592222_eng.pdf

WHO, Fact Files: Social Determinants of Health

http://www.who.int/features/factfiles/sdh/O1_en.html

WHO, Fact Sheet: Healthy Diet

<http://www.who.int/mediacentre/factsheets/fs394/en/>

World Happiness Report

<http://www.earth.columbia.edu/sitefiles/file/Sachs%20Writing/2012/World%20Happiness%20Report.pdf>

WHO data on healthy life expectancy (HALE) at birth (years)

https://data.un.org/Data.aspx?q=life+expectancy&d=WHO&f=MEASURE_CODE%3AWHOSIS_000002#WHO

**Accessed February 2015*

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*

*The underlined themes of this target are included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 2: Noncommunicable Diseases and Risk Factors.

Program Area 2.2: Mental Health and Psychoactive Substance Use Disorders.

Prevention and treatment of substance abuse

Illicit drug use is a complex, dynamic, and multicausal phenomenon that impacts public health, safety, and well-being. It threatens security, democracy, good governance, and the rule of law. In the Americas, the prevalence varies greatly among youth and other vulnerable groups. The most widely used illicit drugs are marijuana, cocaine, and volatile solvents. Globally, abuse of these substances is associated with 4 deaths per 100,000 population and the loss of 2 disability-adjusted life years (DALYs) for every 1,000 people. Furthermore, these numbers do not include the many cases of violence and death associated with the growth in drug trafficking and organized crime.

To reduce the public health impact of illicit drug use, strategies must center on health as a human right and address the existing gap in treatment and care for persons affected by the problem. This approach should complement supply reduction and control measures, as well as prevention, early intervention, treatment, rehabilitation, social reintegration, health system management, and the reduction of adverse consequences of substance use. The implementation of drug control programs is on the agenda of all the countries in the Region, and many have begun to review their drug policy orientation, strengthen the public health approach, and launch innovative initiatives – for example, modifying the legal status of certain types of drug use – in the search for new evidence-based alternatives to reduce the impact of this problem on the population.

PAHO Goals and Outcomes

OCM 2.2 – Increased service coverage for mental health and psychoactive substance use disorders

Implementing an approach to address the gap between treatment and care of persons affected by these disorders

SDG Sustainable Development Goals

Target 3.5 – Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 2 – Noncommunicable Diseases and Risk Factors
- » CD50.R2 – Strategy on substance use and public health
- » CD51.R7 – Plan of action on psychoactive substance use and public health

Strategic partners and programs

- » OAS/CICAD, Hemispheric drug strategy: Plan of action 2011-2015
- » UNODC WHO Joint Programme on drug dependence treatment and care

Technical documents

- » WHO, ATLAS on Substance Use (2010): Resources for the prevention and treatment of substance use disorders
- » WHO, The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care
- » WHO, Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence
- » WHO, Neuroscience of psychoactive substance use and dependence
- » WHO, Mental Health Gap Action Programme: Scaling up care for mental, neurological, and substance use disorders (mhGAP)
- » WHO, Mental health action plan 2013-2020
- » WHO, Quality rights tool kit: Assessing and improving quality and human rights in mental health and social care facilities

Further information

- » PAHO, International Day against Drug Abuse and Illicit Trafficking

Measuring success

Outcome indicator	OCM 2.2.1 Number of countries and territories that have increased the rate of consultations treated through mental health outpatient and substance abuse treatment facilities above the regional average of 975/100,000 population
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	Country reports. The baseline (rate by country) and the regional rate are based on evaluation reports of mental health systems in countries. These are developed with PAHO technical cooperation using WHO AIMS
PASB unit responsible for monitoring the indicator	Mental Health and Substance Use (NMH/MH)



Prevention and treatment of substance abuse

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD50.R2 – Strategy on substance use and public health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/420/CD50.R2-e.pdf?sequence=1>

CD51.9 – Plan of action on psychoactive substance use and public health

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20285&Itemid

OAS/CICAD Hemispheric drug strategy: Plan of action 2011-2015

<http://www.cicad.oas.org/Main/AboutCICAD/BasicDocuments/DrugStrategy.pdf>

UNODC-WHO Joint Programme on drug dependence treatment and care

http://www.who.int/substance_abuse/activities/unodc_who_brochure_english.pdf

WHO, ATLAS on Substance Use (2010): Resources for the prevention and treatment of substance use disorders

http://www.who.int/substance_abuse/publications/treatment/en/

WHO, The ASSIST-linked brief intervention for hazardous and harmful substance use: manual for use in primary care

http://whqlibdoc.who.int/publications/2010/9789241599399_eng.pdf

WHO, Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence

http://www.who.int/substance_abuse/publications/Opioid_dependence_guidelines.pdf

WHO, Neuroscience of psychoactive substance use and dependence

http://www.who.int/substance_abuse/publications/en/Neuroscience.pdf

WHO, Mental Health Gap Action Programme: Scaling up care for mental, neurological, and substance use disorders (mhGAP)

http://whqlibdoc.who.int/publications/2008/9789241596206_eng.pdf?ua=1

WHO, Mental health action plan 2013-2020

http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf

WHO, Quality rights tool kit: Assessing and improving quality and human rights in mental health and social care facilities

http://whqlibdoc.who.int/publications/2012/9789241548410_eng.pdf

PAHO, International Day against Drug Abuse and Illicit Trafficking

http://www.paho.org/hq/index.php?view=details&id=53%3AInternational+Day+against+Drug+Abuse+and+Illicit+Trafficking&option=com_eventlist&Itemid=73&lang=en

WHO, Management of substance abuse: Country profiles

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/en/

*Accessed February 2015

Prevention and treatment of harmful use of alcohol

Alcohol consumption, a leading risk factor for NCDs and mental health disorders, is responsible for 347,000 deaths in the Region annually, as well as the loss of over 13 million disability-adjusted life years (DALYs). In the Americas, average per capita consumption in the population over 15 years of age is estimated at 7.2 liters per year, a level considerably higher than the global average (4.7 L). In 2010, 29.4% of men and 13% of women engaged in heavy episodic drinking on a monthly basis. Most of those who drink excessively are not dependent. The expansion of the alcoholic beverage industry and its aggressive marketing and promotion in the absence of effective regulatory control remains an obstacle to an effective response. Harmful use of alcohol affects social development and productivity.

Reducing alcohol-related problems requires political commitment to place public health above commercial interests and a mix of population-wide policies and targeted interventions, including reducing the physical and economic availability of alcoholic beverages, regulatory control of alcohol marketing, drunk driving countermeasures, scale-up of screening and brief interventions in primary care, and assurance that effective prevention, treatment, and care services are available, accessible, and affordable to those affected, including families.

PAHO Goals and Outcomes

OCM 2.1 – Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors

Harmful use of alcohol occurs in both non-dependent and dependent individuals. The problem requires population-wide policies and targeted interventions

SDG Sustainable Development Goals

Target 3.5 – Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 2 – Noncommunicable Diseases and Risk Factors
- » CD51.R14 – Plan of action to reduce the harmful use of alcohol
- » CSP28/9 Rev.1 – Strategy for the prevention and control of noncommunicable diseases

Strategic partners and programs

- » Pan American Network on Alcohol and Public Health (PANNAPH)
PANNAPH aims to promote cooperation and integrated actions among governments, NGOs, and civil society
- » International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA)
Network of researchers, policy makers, and practitioners to reduce the harms produced by alcohol and other drug use

Technical documents

- » PAHO, Alcohol and public health in the Americas: a case for action
- » PAHO, Prevention of alcohol-related injuries in the Americas: from evidence to policy action
- » PAHO, Unhappy hours: alcohol and partner aggression in the Americas
- » WHO, AUDIT: Alcohol Use Disorders Identification Test: guidelines for use in primary care
- » WHO, Global strategy to reduce the harmful use of alcohol
- » WHO, mhGAP intervention guide: alcohol use and alcohol use disorders
- » WHO, 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs

Further information

- » WHO, Global status report on alcohol and health
- » WHO, Fact Sheet: Alcohol

Measuring success

Outcome indicator	OCM 2.1.1a Total (recorded and unrecorded) alcohol per capita (APC) consumption among persons 15+ years of age within a calendar year, in liters of pure alcohol, as appropriate, within the national context
Measurement units	Liters of pure alcohol (ethanol) per person aged 15 years and older per year
Frequency of measure	Annual. WHO utilizes a three-year average (for example, data for 2010 is the average of data for 2008, 2009, and 2010) for global reports that include regional averages and country-by-country estimates
Data source	Administrative reporting systems for recorded APC; survey data are preferred for unrecorded APC
PASB unit responsible for monitoring the indicator	Mental Health and Substance Use (MNH/MH)



Prevention and treatment of harmful use of alcohol

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD51.R14 – Plan of action to reduce the harmful use of alcohol

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20294&Itemid=

CSP28/9 Rev.1 – Strategy for the prevention and control of noncommunicable diseases

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=21345&Itemid=

Pan American Network on Alcohol and Public Health (PANNAPH)

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=19807&lang=en

International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA)

<http://www.inebria.net/Du14/html/en/Du14/index.html>

PAHO, Alcohol and public health in the Americas: a case for action

http://www.who.int/substance_abuse/publications/alcohol_public_health_americas.pdf

PAHO, Prevention of alcohol-related injuries in the Americas: from evidence to policy action

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=23929&lang=en

PAHO, Alcohol, gender, culture, and harms in the Americas: PAHO multicentric study final report

http://www2.paho.org/hq/dmdocuments/2009/AGCHA_ENG.pdf

PAHO, Unhappy hours: alcohol and partner aggression in the Americas

http://www2.paho.org/hq/dmdocuments/2009/Unhappy_Hours_ENG.pdf

WHO, AUDIT: Alcohol Use Disorders Identification Test: guidelines for use in primary care

http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf

WHO, Global strategy to reduce the harmful use of alcohol

http://www.who.int/substance_abuse/msbalcstrategy.pdf

WHO, mhGAP intervention guide: alcohol use and alcohol use disorders

http://www.paho.org/mhgap/en/Alcohol_flowchart.html

WHO, 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs

http://whqlibdoc.who.int/publications/2009/9789241597418_eng.pdf?ua=1

WHO, Global status report on alcohol and health

http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1

WHO, Fact Sheet: Alcohol

<http://www.who.int/mediacentre/factsheets/fs349/en/>

WHO Global Information System on Alcohol and Health (GISAH)

<http://apps.who.int/gho/data/node.main-amro.GISAH?lang=en>

WHO Management of substance abuse: Country profiles

http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/en

**Accessed February 2015*

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents*

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 2: Noncommunicable Diseases and Risk Factors.

Program Area 2.3: Violence and Injuries.

Reduce deaths and injuries from road traffic accidents



In the Americas, road traffic injuries are the leading cause of death in children 5-14 years old and the second cause in the 15-44 age group. Thirty-nine percent of people who die from road traffic injuries are vulnerable users (pedestrians, cyclists, or motorcyclists), while 47% are motor vehicle occupants, particularly in North America, which has the highest rate (74%). Pedestrians account for over 50% of road traffic deaths in some countries. Motorcycle-related mortality rates are rising in all subregions, even in those where rates have traditionally been low.

Some countries have taken measures and reported a decline in mortality from road traffic injuries. Road safety is an effective approach for preventing these injuries and requires actions such as preparing more intersectoral plans, updating legislation addressing the main risk factors (speed, alcohol consumption, and failure to use seat belts, helmets, and child restraints), promoting policies on public and non-motorized transportation, improving prehospital care for the injured, improving urban and road infrastructure taking all users into account, and promoting technical inspections of the vehicle fleet pursuant to safety standards.

PAHO Goals and Outcomes

7 – Curb mortality due to accidents among adolescents and young adults (15-24 years of age); OCM 2.3 – Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth

In the context of rapid global motorization, governments must increase safety and mobility for all road users, especially those at greatest risk

SDG Sustainable Development Goals

Target 3.6 – By 2020, halve the number of global deaths and injuries from road traffic accidents

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 2 – Noncommunicable Diseases and Risk Factors
- » CD51.R7 Rev1 – Plan of Action on Road Safety
- » CD48.R11 – Preventing violence and injuries and promoting safety: a call for action in the Region

Strategic partners and programs

- » Global Road Safety Partnership
A nonprofit partnership of multilateral development agencies, governments, businesses, and civil society organizations

Technical documents

- » WHO, Road traffic injury prevention: training manual
- » FIA/WHO, Seat-belts and child restraints: a road safety manual for decision-makers and practitioners
- » WHO, WHA57.10 – Road safety and health

Further information

- » PAHO, Road Safety Facts in the Region of the Americas
- » OPS, Traumatismos causados por el tránsito y discapacidad
- » WHO, Decade of action for road safety 2011-2020: Saving millions of lives
- » WHO, Global status report on road safety
- » Facebook, page on the decade of action for road safety 2011-2020
- » WHO, 10 facts on global road safety
- » Rodrigues et al. Trends in fatal motorcycle injuries in the Americas, 1998-2010

Measuring success

Impact indicator	7.3 Mortality rate due to road traffic injuries among youth 15-24 years of age. Measures the risk for a youth 15 to 24 years of age to die from road traffic related injuries, regardless of gender
Measurement units	Number of deaths from road traffic injuries per 100,000 population
Frequency of measure	Annual
Data source	PAHO Regional Database
PASB unit responsible for monitoring the indicator	Family, Gender and Life Course/Healthy Life Course (FGL/HL), Noncommunicable Diseases and Mental Health/Risk Factors (NMH/RF), and Health Information and Analysis Unit (CHA/HA)



Who Global Status Report on Road Safety: Country Profiles
WHO Global Health Observatory: Road safety interactive charts

Reduce deaths and injuries from road traffic accidents

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD51.R7 Rev. 1 – Plan of Action on Road Safety

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20287&Itemid=

CD48.R11 – Preventing violence and injuries and promoting safety: a call for action in the Region

<http://iris.paho.org/xmlui/bitstream/handle/123456789/374/cd48.r11-e.pdf>

Global Road Safety Partnership

<http://www.grsroadsafety.org/>

PAHO, Road Safety Facts in the Region of the Americas

http://www.who.int/violence_injury_prevention/road_safety_status/2013/report/factsheet_paho_en.pdf

OPS, Traumatismos causados por el tránsito y discapacidad

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20910&Itemid

WHO, WHA57.10 – Road safety and health

http://apps.who.int/gb/ebwha/pdf_files/WHA57/A57_R10-en.pdf

WHO, Road traffic injury prevention: training manual

http://whqlibdoc.who.int/publications/2006/9241546751_eng.pdf

FIA/WHO, Seat-belts and child restraints: a road safety manual for decision-makers and practitioners

<http://who.int/roadsafety/projects/manuals/seatbelt/seat-belt.pdf>

WHO, Saving Millions of Lives: Decade of action for road safety 2011-2020: Saving millions of lives

http://who.int/violence_injury_prevention/publications/road_traffic/saving_millions_lives_en.pdf

WHO, Global status report on road safety

http://www.who.int/violence_injury_prevention/road_safety_status/2013/report/en/

Facebook, Decade of action for road safety 2011-2020

<https://www.facebook.com/roadsafetydecade>

WHO, 10 facts on global road safety

<http://www.who.int/features/factfiles/roadsafety/facts/en/>

Rodrigues et al. Trends in fatal motorcycle injuries in the Americas, 1998-2010. International Journal of Injury Control and Safety Promotion 12(2):170-180; 2014

<http://www.tandfonline.com/doi/abs/10.1080/17457300.2013.792289>

WHO Global Status Report on Road safety: Country Profiles

http://www.who.int/violence_injury_prevention/road_safety_status/2013/country_profiles/en/

WHO Global Health Observatory (GHO): Road safety interactive charts

http://gamapserver.who.int/gho/interactive_charts/road_safety/road_traffic_deaths2/atlas.html

*Accessed February 2015

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.7 By 2030, ensure universal access to sexual and reproductive health-care services*, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 3: Determinants of Health and Promoting Health throughout the Life Course.

Program Area 3.1: Women's, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health.

Universal access to sexual and reproductive health care services



Family planning can prevent up to one-third of maternal deaths, but in 2012 more than 200 million women in the Region had unmet needs for contraception. The implementation of sexual and reproductive health (SRH) policies, as part of reproductive health rights, needs to be consolidated and strengthened. Another issue is the high number of cases of sexually transmitted infections (STIs). Annually, some 89 million new STI cases occur in the Region among people ages 15–49, with STIs affecting 1 of every 20 adolescents. In addition to causing mortality directly, these STIs contribute to a range of negative health outcomes, including infertility, stillbirths, and cancers, and may increase the risk of acquisition or transmission of HIV infection. Data limitations and lack of comprehensive national strategies for STI prevention, diagnosis, and treatment are still challenges.

The way forward includes family planning strategies, such as universal emergency contraception, availability of male and female sterilization services, health services capable of addressing infertility, and provision of abortion care, particularly in pregnancies resulting from sexual violence. Providing access to all women in developing countries who currently have an unmet need for modern methods of contraception would prevent 54 million unintended pregnancies, 26 million abortions (of which 16 million would be unsafe), and 7 million miscarriages. It would also prevent 79,000 maternal deaths and 1.1 million infant deaths. Further consideration should be given to the overuse of cesarean sections. Also, national programs on SRH should consider sexual and ethnic diversity, include STIs surveillance, address the needs of women throughout the life course, and take steps to tackle domestic and sexual violence.

PAHO Goals and Outcomes

OCM 3.1 – Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults

Achieving better health through family planning and educational strategies

SDG Sustainable Development Goals

3.7 – By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 3 – Determinants of health and promoting health throughout the life course
- » CD49.R14 – Plan of Action on Adolescent and Youth Health
- » CD46.R15 – Regional strategic plan for HIV/AIDS/STI, 2006-2015

Strategic partners and programs

- » HRP Special programme for research, development and research training in human reproduction
HRP is the main instrument for research on human reproduction within the United Nations system, bringing together policy-makers, scientists, health care providers, and the community
- » IBP Initiative: scaling up what works in family planning/reproductive health
A UNDP/UNFPA/WHO partnership to improve family planning and reproductive health at the global and country levels

Technical documents

- » PAHO, Integration of Gender and Human Rights in HIV and Sexual and Reproductive Health. Training for Health Care Providers: Facilitators' Manual
- » PAHO, Linking Sexual and Reproductive Health and Gender Programs and Services with Prevention of HIV/STI
- » PAHO, Adolescent and Youth Regional Strategy and Plan of Action
- » WHO, Ensuring human rights in the provision of contraceptive information and services: Guidance and recommendations
- » WHO, Promoting adolescent sexual and reproductive health through schools in low income countries
- » WHO, Clinical practice handbook for safe abortion
- » WHO, Safe abortion: technical and policy guidance for health systems, 2nd edition
- » Compendium of indicators of the PAHO Strategic Plan 2014-2019

Further information

- » Singh and Darroch, Adding it up: Costs and benefits of contraceptive services – estimates for 2012, Guttmacher Institute and UNFPA
- » WHO Fact Sheets: Reproductive Health

Measuring success

Outcome indicator	OCM 3.1.1 Percentage of unmet need with respect to modern methods of family planning. “Unmet needs regarding methods of family planning” refers to the gap between women’s reproductive intentions and their contraceptive behavior
Measurement units	Percentage of women of childbearing age (aged 15 to 49 years), who are sexually active, not using contraceptive methods, and report they do not want more children or wish to delay next pregnancy
Frequency of measure	Biennial
Data source	National surveys and international household surveys (Demographic and Health Surveys, Multiple Indicator Cluster Surveys, Reproductive Health Surveys)
PASB unit responsible for monitoring the indicator	Latin American Center for Perinatology (FGL-CLAP/SMR)

Universal access to sexual and reproductive health care services

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD49.R14 – Plan of Action on Adolescent and Youth Health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/394/CD49.R14%20%28Eng.%29.pdf>

CD46.R15 – Regional strategic plan for HIV/AIDS/STI, 2006-2015

<http://iris.paho.org/xmlui/bitstream/handle/123456789/268/CD46.r15-e.pdf>

HRP in Human Reproduction, Special Programme for Research, Development and Research Training in Human Reproduction

<http://www.who.int/hrp/en/>

IBP Initiative: scaling up what works in family planning/reproductive health

<http://www.ibpinitiative.org/>

PAHO Integration of Gender and Human Rights in HIV and Sexual and Reproductive Health. Training for Health Care Providers: Facilitators' Manual

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=21271&Itemid=270&lang=en

PAHO Linking Sexual and Reproductive Health and Gender Programs and Services with Prevention of HIV/STI

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=6667

PAHO Adolescent and Youth Regional Strategy and Plan of Action 2010-2018

<http://new.paho.org/hq/dmdocuments/2011/Adolescent%20and%20Youth%20Regional%20Strategy%20and%20Plan%20of%20Action.pdf>

WHO Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations

http://apps.who.int/iris/bitstream/10665/102539/1/9789241506748_eng.pdf

WHO Promoting adolescent sexual and reproductive health through schools in low income countries: an information brief

http://whqlibdoc.who.int/hq/2009/WHO_FCH_CAH_ADH_09.03_eng.pdf

WHO Clinical practice handbook for safe abortion

http://apps.who.int/iris/bitstream/10665/97415/1/9789241548717_eng.pdf

WHO Safe abortion: technical and policy guidance for health systems, 2nd edition

http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf

Singh and Darroch, Adding it up: Costs and benefits of contraceptive services – estimates for 2012, Guttmacher Institute and UNFPA

<http://www.guttmacher.org/pubs/AIU-2012-estimates.pdf>

WHO Fact Sheets: Reproductive Health

http://www.who.int/topics/reproductive_health/factsheets/en/

PAHO Statistic Data on HIV/AIDS and Other STIs

http://www.paho.org/hq/index.php?option=com_topics&view=rdmore&cid=5687&Itemid=40736&lang=en

WHO Global Health Observatory (GHO): HIV/AIDS and other STIs

<http://apps.who.int/gho/data/node.main.617?lang=en>

**Accessed February 2015*

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.8 Achieve universal health coverage*, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 as Universal Access to Health and Universal Health Coverage (see Part 2):

Category 4: Health Systems.

Program Area 4.2: People-Centered, Integrated, Quality Health Services.

Achieve universal access to health and universal health coverage



In the Americas, millions of people lack access to the health services needed to ensure a healthy life and to prevent disease, and they also lack access when they are sick, including palliative care in the terminal phase of disease. The Americas remains one of the most inequitable regions in the world. Health is a key component of sustainable development. Universal access to health and universal health coverage are essential for the achievement of better health outcomes in order to ensure a healthy life and promote the well-being of all. Sustainable development is not possible without healthy people. Universal access to health and universal health coverage are based on the right of every person to the enjoyment of the highest attainable standard of health, equity, and solidarity – values adopted by the PAHO Member States. Universal access to health and universal health coverage imply access for all people and communities, without any kind of discrimination, to comprehensive, appropriate, timely, and quality health services. The PAHO regional strategy of universal access to health and universal health coverage requires a society-wide commitment to: (1) expand equitable access to comprehensive, quality, people- and community-centered health services; (2) strengthen stewardship and governance; (3) increase and improve financing with equity and efficiency and advance toward the elimination of direct payments that constitute a barrier to access at the point of service; and (4) strengthen multisectoral coordination to address the social determinants of health that ensure the sustainability of universal coverage.

PAHO Goals and Outcomes

4 – Reduce mortality due to poor quality of health care; OCM 4.1 – Increased national capacity for achieving universal health coverage; OCM 4.4 All countries have functioning health information and health research systems

Universal access to health and universal health coverage are the Alma-Ata of the 21st century

SDG Sustainable Development Goals

3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines, and vaccines for all

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 4 – Health Systems
- » CD53/5 Rev. 2 – Strategy for universal access to health and universal health coverage
- » CD53.R14 – Strategy for universal access to health and universal health coverage
- » CD52.R11 – Social protection in health
- » CD50.R8 – Health and human rights

Technical documents

- » PAHO/WHO, Integrated health service delivery networks
- » WHO, The World Health Report 2013: Research for universal health coverage
- » OPS, Servicios farmacéuticos basados en la atención primaria de salud: Documento de posición de la OPS/OMS

Strategic partners and programs

- » Organization of American States (OAS)
- » United Nations agencies
- » The World Bank
- » Economic Commission for Latin America and the Caribbean (ECLAC)
- » Subregional integration mechanisms (CARICOM, CELAC, COMISCA, MERCOSUR, ORAS, UNASUR) among others
- » Development agencies

Further information

- » WHO, Fact sheet on universal health coverage
- » WHO, Arguing for universal health coverage
- » WHO/World Bank, Monitoring progress towards UHC at country and global levels 2014: Framework, measures and targets
- » PLOS Collections: Monitoring Universal Health Coverage

Measuring success

Outcome indicator	OCM 4.1.1 Number of countries and territories that have implemented at least four of the following: (1) moving toward designing comprehensive, quality, universal, and progressively expanded health services; (2) advancing towards the elimination of direct payments that constitute a barrier to access at the point of service; (3) increasing investment in the first level of care, as appropriate, in order to improve its response capacity; (4) strengthening leadership capacity of health authorities for social participation and dialogue within the sector and with other relevant sectors of the government; and (5) strengthening links between health and community to address the social determinants of health
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	National statistics and national health accounts
PASB unit responsible for monitoring the indicator	Health System and Services/Health Services and Access (HSS/HS)

Achieve universal access to health and universal health coverage

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD53/5 Rev. 2 – Strategy for universal access to health and universal health coverage

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=27631&lang=en

CD53.R14 – Strategy for universal access to health and universal health coverage

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=27839&lang=en

CD52.R11 – Social protection in health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/4439/CD52-R11-eng.pdf>

CD50.R8 – Health and human rights

<http://iris.paho.org/xmlui/bitstream/handle/123456789/426/CD50.R8-e.pdf>

PAHO/WHO, Integrated health service delivery networks

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=3184&Itemid=3553

WHO, The World Health Report 2013: Research for universal health coverage

http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf

OPS, Servicios farmacéuticos basados en la atención primaria de salud: Documento de posición de la OPS/OMS

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=21579&Itemid=270&lang=es

WHO, Arguing for universal health coverage

http://www.who.int/health_financing/UHC_ENvs_BD.PDF

WHO, Fact sheet on universal health coverage

<http://who.int/mediacentre/factsheets/fs395/en/>

WHO/World Bank, Monitoring progress towards UHC at country and global levels 2014: Framework, measures and targets

http://apps.who.int/iris/bitstream/10665/112824/1/WHO_HIS_HIA_14.1_eng.pdf

PLOS Collections: Monitoring Universal Health Coverage

<http://www.ploscollections.org/article/browse/issue/info:doi/10.1371/issue.pcol.v07.i22>

PAHO, Universal Health Coverage

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=5675&Itemid=40122&lang=en

PAHO Health Systems Country Profiles

http://www.paho.org/hq/index.php?option=com_content&view=article&id=4283&Itemid=3718&lang=en

* Accessed March 2015

SDG 3

Ensure healthy lives and promote well-being for all at all ages

Target 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination*

*The underlined themes of this target are included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 3: Determinants of Health and Promoting Health throughout the Life Course.

Program Area 3.5: Health and the Environment.

Reduce deaths and illnesses from hazardous chemicals

The Region has seen an increase in the production, use, and release of chemicals as a result of various economic activities: agriculture, the mining, construction, and petroleum industries; and others. The main environmental determinants of health include hazardous exposure to metals, especially lead, mercury and its compounds, and arsenic; asbestos; pesticide use, especially among rural workers; and those associated with other hazards, including e-waste and household chemicals.

The subject of health and chemical safety has been addressed in global and regional policy, mostly as part of multilateral environmental agreements on such topics as persistent organic pollutants, the Global Alliance to Eliminate Lead in Paint, the Minamata Convention on Mercury, and others. Special attention has been given to chemicals that act as endocrine disruptors and to atmospheric pollution because of its association with the burden of respiratory illness. Efforts have been made to address vulnerable populations (e.g., pregnant women and newborns) and populations exposed to increased risks of exposure (e.g., in artisanal mining areas).



PAHO Goals and Outcomes

OCM 3.5 – Reduced environmental and occupational threats to health

Protecting human health and the environment from chemical hazards

SDG Sustainable Development Goals

Target 3.9 – By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 3 – Determinants of Health and Promoting Health throughout the Life Course
- » CD41.R11 – Persistent organic pollutants
- » WHA67.11 – Public health impacts of exposure to mercury ... implementation of the Minamata Convention
- » WHA63.26 – Improvement of health through sound management of obsolete pesticides and other obsolete chemicals
- » UNEP/SAICM ICCM3/20 – Proposed strategy for strengthening the engagement of the health sector in the implementation of the strategic approach
- » Declaración de Ministras y Ministros de Salud del Mercosur y Estados Asociados en relación con la gestión de sustancias químicas

Strategic partners and programs

- » UNEP, Minamata Convention on Mercury
- » WHO/UNEP, Global Alliance to Eliminate Lead Paint: operational framework
- » WHO, International Programme on Chemical Safety (IPCS)
- » UNEP, Strategic Approach to International Chemicals Management (SAICM)

Technical documents

- » PAHO, Atlas of Children's Health and Environment in the Americas
- » UNEP, Global mercury assessment 2013: sources, emissions, releases and environmental transport
- » WHO Pesticide Evaluation Scheme (WHOPES)

Further information

- » WHO, Fact Sheet: Environmental Health
- » PAHO, Toxicology – Home Page

Measuring success

Outcome indicator	OCM 3.5.5 Number of countries and territories with the capacity to address environmental health
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	Data will be obtained from biennial country reports in the templates defined by each of the PAHO/WHO programs (air pollution, climate change, and chemical safety)
PASB unit responsible for monitoring the indicator	Sustainable Development and Health Equity (SDE)



Reduce deaths and illnesses from hazardous chemicals

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD41.R11 – Persistent organic pollutants

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1413/CD41.R11en.pdf>

WHA67.11 – Public health impacts of exposure to mercury and mercury compounds: the role of WHO and Ministries of public health in the implementation of the Minamata Convention

http://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R11-en.pdf

WHA63.26 – Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

http://www.who.int/ipcs/publications/wha/pesticides_resolution.pdf

UNEP/SAICM ICCM3/20 – Proposed strategy for strengthening the engagement of the health sector in the implementation of the strategic approach

http://www.saicm.org/images/saicm_documents/iccm/ICCM3/Meeting%20documents/iccm3%2020/SAICM_ICCM3_20_EN.pdf

Declaración de Ministras y Ministros de Salud del Mercosur y Estados Asociados en relación con la gestión de sustancias químicas

http://www.saicm.org/images/LAC4%20%20INF11%20_LAC%20Sp.pdf

UNEP, Minamata Convention on Mercury

<http://www.mercuryconvention.org/>

WHO/UNEP, Global Alliance to Eliminate Lead Paint: operational framework

http://www.who.int/ipcs/assessment/public_health/framework.pdf

WHO, International Programme on Chemical Safety (IPCS)

<http://www.who.int/ipcs/en/>

UNEP, Strategic Approach to International Chemicals Management (SAICM)

http://www.saicm.org/index.php?option=com_content&view=article&id=71&Itemid=473

PAHO, Atlas of Children's Health and Environment in the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20365&Itemid=&lang=en

UNEP, Global mercury assessment 2013: sources, emissions, releases and environmental transport

<http://www.unep.org/PDF/PressReleases/GlobalMercuryAssessment2013.pdf>

WHO, Fact Sheet: Environmental Health

http://www.who.int/topics/environmental_health/factsheets/en/

WHO Pesticide Evaluation Scheme (WHOPES)

<http://www.who.int/whopes/en/>

PAHO, Toxicology – Home Page

http://www.paho.org/hq/index.php?option=com_tabs&view=article&id=7395&Itemid=39622&lang=en

WHO Global Health Observatory (GHO): Chemical safety

http://www.who.int/gho/phe/chemical_safety/en/

*Accessed February 2015

Reduce deaths and illnesses from air pollution

It is estimated that in Latin America and the Caribbean, at least 100 million inhabitants are exposed to ambient air pollution, which is associated with 142,000 deaths each year. Furthermore, in Latin America and the Caribbean some 85 million people, mostly in the poorest countries and in rural and indigenous areas, still burn biomass as their main source of fuel, which is associated with more than 80,000 deaths a year. Women and children, who spend more time at home in close proximity to inefficient stoves, are the most exposed to the toxic fumes. There is evidence that the poorest and most vulnerable population groups are exposed to higher levels of air pollution. Air pollution is associated with disease and death from lower respiratory diseases, especially in children, as well as noncommunicable diseases and deaths related to ischemic heart disease, stroke, chronic obstructive pulmonary disease, and lung cancer. Although most of the Latin American and Caribbean countries have a legal framework for air pollution control, only two of them have incorporated the standards based on the WHO Air Quality Guidelines.

The way forward includes creating national programs and plans that are aligned with the WHO Air Quality Guidelines, including emissions targets for different kinds of domestic appliances. To halt air pollution in the Americas, the health sector must strengthen capacity to monitor its health effects and increase capacity for intersectoral work.

PAHO Goals and Outcomes

OCM 3.5 – Reduced environmental and occupational threats to health

Improving people's health through healthy environments

SDG Sustainable Development Goals

Target 3.9 – By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 3 – Determinants of Health and Promoting Health throughout the Life Course
- » CD41.R13 – Workers' Health
- » CD51.R4 – Strategy and Plan of Action on Urban Health
- » CSP28.R20 – Strategy and plan of action for integrated child health

Strategic partners and programs

- » Global Alliance for Clean Cookstoves
- » Climate and Clean Air Coalition

Technical documents

- » WHO, Air quality guidelines for particulate matter, ozone, nitrogen dioxide, and sulfur dioxide
- » WHO, Indoor Air quality guidelines: household fuel combustion
- » WHO, Fuel for life: household energy and health
- » OPS, Guía de preparativos de salud frente a erupciones volcánicas
- » WHO Regional Office for Europe, Review of evidence on health aspects of air pollution: REVIHAAP Project

Further information

- » PAHO, Burden of disease from ambient and household air pollution
- » WHO, Household air pollution and health: Fact sheet
- » Bonjour et al., Solid fuel use for household cooking: country and regional estimates for 1980-2010
- » Mehta et al., Modeling household solid fuel use towards reporting of the Millennium Development Goal indicator

Measuring success

Outcome indicator	OCM 3.5.3 Number of countries and territories in which the proportion of population relying on solid fuels is reduced by 5%. Solid fuels are wood, animal dung, crop waste, and coal used for cooking and/or heating
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	Annual country reports or estimates made by WHO, based on different reliable sources such as the Global Alliance for Clean Cookstoves, an initiative created with the support of WHO, the World Bank, and UNDP
PASB unit responsible for monitoring the indicator	Sustainable Development and Health Equity (SDE)



Reduce deaths and illnesses from air pollution

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD41.R13 – Workers' Health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1411/CD41.R13en.pdf>

CD51.R4 – Strategy and Plan of Action on Urban Health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1720/CD51.R4-e.pdf>

CSP28.R20 – Strategy and plan of action for integrated child health

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=18431&Itemid=

Global Alliance for Clean Cookstoves

<http://cleancookstoves.org>

Climate and Clean Air Coalition

<http://www.ccacoalition.org/>

WHO, Air Quality Guidelines for particulate matter, ozone, nitrogen dioxide, and sulfur dioxide

http://whqlibdoc.who.int/hq/2006/WHO_SDE_PHE_OEH_06.02_eng.pdf

WHO, Indoor Air Quality Guidelines: household fuel combustion

http://www.who.int/indoorair/guidelines/hhfc/HHFC_guidelines.pdf

WHO, Fuel for life: household energy and health

<http://www.who.int/indoorair/publications/fuelforlife.pdf>

OPS, Guía de preparativos de salud frente a erupciones volcánicas

http://www1.paho.org/Spanish/DD/PED/guias_volcanes.htm

WHO Regional Office for Europe, Review of evidence on health aspects of air pollution: REVIHAAP Project

http://www.euro.who.int/_data/assets/pdf_file/0004/193108/REVIHAAP-Final-technical-report-final-version.pdf

WHO, Burden of disease from ambient and household air pollution

http://www.who.int/phe/health_topics/outdoorair/databases/en/

WHO, Household air pollution and health: Fact sheet

<http://www.who.int/mediacentre/factsheets/fs313/en/>

Bonjour et al., Solid fuel use for household cooking: country and regional estimates for 1980-2010. Environmental Health Perspectives 171(7): 784-790; 2013

<http://ehp.niehs.nih.gov/wp-content/uploads/121/7/ehp.1205987.pdf>

Mehta et al., Modeling household solid fuel use towards reporting of the Millennium Development Goal indicator

<http://www.who.int/indoorair/mdg/esdmodellingsolidfueluse.pdf>

WHO Global Health Observatory (GHO): Air pollution

http://www.who.int/gho/phe/indoor_air_pollution/en/

*Accessed February 2015

Reduce deaths and illnesses from water contamination

Inorganic and persistent organic chemical pollutants are a threat for food, water, and ecosystem services. Water contamination by heavy metals – mainly due to mining and industrial activities – has been reported. Metals can bioaccumulate in tissues and prolonged exposure or exposure at high concentrations can cause illness and catastrophic effects for wildlife and ecosystem functioning. The input of nutrients from urban and rural processes is also a concern because it may lead to eutrophication and blooms of potentially harmful cyanobacteria. Other emerging issues are relevant for the Region: for example, exposure to low concentrations of certain chemicals from industrial effluents or pesticide use, such as PCBs, dioxins, and DDT, may cause endocrine disruption, interfering with normal human hormone-mediated physiology, undermining disease resistance, and impairing reproduction. These chemicals can also cause acute impacts, including poisoning. Furthermore, reports show that some pharmaceutical products, removed only partially by conventional treatment, are reaching the environment and may pose risks not yet fully assessed.

The way forward includes developing and implementing intersectoral environmental health programs that take an ecosystem approach, focus on the particular characteristics of both urban and rural areas, and respect local cultures. Well-functioning ecosystems absorb and remove contaminants and help to reduce the harm being caused to human health.

PAHO Goals and Outcomes

OCM 3.5 – Reduced environmental and occupational threats to health

Emerging issues include products that cause endocrine disruption and the presence of pharmaceuticals in the environment

SDG Sustainable Development Goals

Target 3.9 – By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 3 - Determinants of Health and Promoting Health throughout the Life Course
- » CD41.R11 – Persistent organic pollutants
- » WHA63.25 – Improvement of health through safe and environmentally sound waste management
- » WHA63.26 – Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

Strategic partners and programs

- » UNEP, Global Environment Monitoring System, GEMS/Water Programme
Program for environmental assessment and reporting on the status and trends of freshwater quality worldwide

Technical documents

- » PAHO, Health Impact Assessment: Concepts and Guidelines for the Americas
- » OPAS, Determinantes ambientais e sociais da saúde
- » WHO, Chemical safety of drinking-water: Assessing priorities for risk management
- » WHO, Protecting groundwater for health: Managing the quality of drinking-water sources
- » WHO, Safe management of wastes from health-care activities, 2nd edition
- » WHO, Guidelines for safe recreational water environments, Vol. 1: Coastal and fresh waters
- » UNEP, GEMS/Water Programme, Water Quality Outlook

Further information

- » WHO, Information sheet: Pharmaceuticals in drinking-water
- » WHO, Toxic cyanobacteria in water: A guide to their public health consequences, monitoring and management
- » WHO, Guidelines for drinking-water quality (chemicals index)

Measuring success

Outcome indicator	OCM 3.5.5 Number of countries and territories with the capacity to address environmental health
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	Data will be obtained from biennial country reports in the templates defined by each of the PAHO/WHO programs (air pollution, climate change, and chemical safety)
PASB unit responsible for monitoring the indicator	Sustainable Development and Health Equity (SDE)



GEMStat Global Environment Monitoring System (surface and ground water quality data sets)

Reduce deaths and illnesses from water contamination

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD41.R11 – Persistent organic pollutants

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1413/CD41.R11en.pdf>

WHA63.25 – Improvement of health through safe and environmentally sound waste management

http://www.who.int/ipcs/publications/wha/waste_resolution.pdf

WHA63.26 – Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

http://www.who.int/ipcs/publications/wha/pesticides_resolution.pdf

UNEP Global Environment Monitoring System (GEMS)

<http://www.unep.org/gemswater/>

PAHO, Health Impact Assessment: Concepts and guidelines for the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=23890&Itemid=270&lang=en

OPAS, Determinantes ambientais e sociais da saúde

<http://www.paho.org/blogs/paltex/wp-content/uploads/2013/06/Determinandes-ambientais-e-sociais-da-saudepreliminares.pdf>

WHO, Chemical safety of drinking-water: Assessing priorities for risk management

http://apps.who.int/iris/bitstream/10665/43285/1/9789241546768_eng.pdf

WHO, Protecting groundwater for health: Managing the quality of drinking-water sources

http://www.who.int/water_sanitation_health/publications/protecting_groundwater/en/

WHO, Safe management of wastes from health-care activities, 2nd ed.

http://www.who.int/entity/water_sanitation_health/medicalwaste/wastemanag/en/index.html

WHO, Guidelines for safe recreational water environments, Vol. 1: Coastal and fresh waters

http://www.who.int/water_sanitation_health/bathing/srwe1/en/

UNEP, GEMS/Water Programme, Water Quality Outlook

http://esa.un.org/iys/docs/san_lib_docs/water_quality_outlook.pdf

WHO, Information sheet: Pharmaceuticals in drinking-water

http://www.who.int/entity/water_sanitation_health/emerging/info_sheet_pharmaceuticals/en/index.html

WHO, Toxic cyanobacteria in water: Public health consequences, monitoring and management

http://www.who.int/entity/water_sanitation_health/resources/toxiccyanbact_story/en/index.html

WHO, Water sanitation health: Chemical hazards in drinking-water

http://www.who.int/entity/water_sanitation_health/dwq/chemicals/en/

GEMStat Global Environment Monitoring System (surface and ground water quality data sets)

<http://www.gemstat.org/default.aspx>

**Accessed February 2015*

Reduce deaths and illnesses from soil pollution

Soils can be polluted and contaminated by human activities such as industrial processes, mining, agriculture, household/business waste, and human and animal pharmaceuticals. Less than 50% of urban solid waste in Latin America receives adequate final disposal. When properly recycled, human waste can be used to promote soil fertility, but if the waste contains persistent chemicals such as organochlorine or metals, recycling can accumulate these pollutants and increase exposure through food and water. Hazardous chemicals are of particular concern when they are not disposed of correctly. Pesticide contamination of water, soil, and food is also a problem in the Region. Despite the efforts to ban the use of some of these pesticides, a significant percentage of them are still in use in LAC and are persistent organic pollutants that should be eliminated. Many health problems can derive from contaminated soils, including malignant neoplasms and malnutrition, as well as diet deficiencies (both macro- and micronutrients). This situation can be aggravated by poor management of land resources, deforestation, and climate change.

The way forward includes developing and implementing intersectoral environmental health programs that take an ecosystem approach, focus on the particular characteristics of both urban and rural areas, and respect local cultures. Workers' health in rural areas is a primary concern. Well-functioning ecosystems absorb and remove contaminants and can help to reduce the harm being caused to human health.

PAHO Goals and Outcomes

OCM 3.5 – Reduced environmental and occupational threats to health

Intersectoral action to control pollution and contamination of soils, in order to prevent negative health outcomes and loss of productivity that affects food safety

SDG Sustainable Development Goals

3.9 – By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 3 – Determinants of Health and Promoting Health throughout the Life Course
- » CD48.R13 – 15th Inter-American meeting at ministerial level on health and agriculture (RIMSAs): Agriculture and health: Alliance for equity and rural development in the Americas
- » CD51.R4 – Strategy and plan of action on urban health
- » WHA63.25 – Improvement of health through safe and environmentally sound waste management
- » WHA63.26 – Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

Strategic partners and programs

- » PAHO, Faces, Voices, and Places
This initiative focuses on communities where poverty, lack of access to services, and other vulnerabilities have delayed progress toward health and development goals

Measuring success

Outcome indicator	OCM 3.5.5 Number of countries and territories with the capacity to address environmental health
Measurement units	Number of countries and territories
Frequency of measure	Biennial
Data source	Data will be obtained from biennial country reports in the templates defined by each of the PAHO/WHO programs (air pollution, climate change, and chemical safety)
PASB unit responsible for monitoring the indicator	Sustainable Development and Health Equity (SDE)



Reduce deaths and illnesses from soil pollution

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD48.R13 – 15th Inter-American meeting at the ministerial level on health and agriculture (RIMSA): Agriculture and health: Alliance for equity and rural development in the Americas

<http://iris.paho.org/xmlui/bitstream/handle/123456789/376/cd48.r13-e.pdf>

CD51.R4 – Strategy and plan of action on urban health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1720/CD51.R4-e.pdf>

WHA63.25 – Improvement of health through safe and environmentally sound waste management

http://www.who.int/ipcs/publications/wha/waste_resolution.pdf

WHA63.26 – Improvement of health through sound management of obsolete pesticides and other obsolete chemicals

http://www.who.int/ipcs/publications/wha/pesticides_resolution.pdf

PAHO, Faces, Voices, and Places

http://www.paho.org/rvl/index.php?option=com_content&view=article&id=569:faces-voices-and-places&catid=351:faces-voices-and-places-general

PAHO, Health Impact Assessment: Concepts and Guidelines for the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=23890&Itemid=270&lang=en

PAHO, Healthy municipalities and communities: Mayors' guide for promoting quality of life

http://www.bvsde.ops-oms.org/bvsacd/cd63/MCS_Guiaeng/MCS_Guide.pdf

WHO, Ecosystems and human well-being: Health synthesis – A report of the Millennium Ecosystem Assessment

<http://www.who.int/globalchange/ecosystems/ecosys.pdf>

OPAS, Determinantes ambientais e sociais da saúde

<http://www.paho.org/blogs/paltex/wp-content/uploads/2013/06/Determinandes-ambientais-e-sociais-da-saudepreliminares.pdf>

European Environment Commission, Science for environment policy in-depth report – soil contamination: Impacts on human health

http://ec.europa.eu/environment/integration/research/newsalert/pdf/IR5_en.pdf

WHO Global Health Observatory (GHO): Chemical safety

http://www.who.int/gho/phe/chemical_safety/en/

*Accessed February 2015

SDG 3

Ensure healthy lives and promote well-being for all at all ages

3a. Strengthen implementation of the World Health Organization Framework Convention on Tobacco Control* in all countries, as appropriate

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 2: Noncommunicable Diseases and Risk Factors.

Program Area 2.2: Mental Health and Psychoactive Substance Use Disorders.

Implement WHO Framework Convention on Tobacco Control



Some 250 million people in the Region suffer from noncommunicable diseases (NCDs) and tobacco is a major risk factor linked to all of them. The proportion of deaths in adults attributable to tobacco in the Region is 16% (17% in males and 15% in females). Though the prevalence of smoking has declined in several countries, overall an estimated 22% of the population in the Americas continues to smoke.

The WHO Framework Convention on Tobacco Control (FCTC) is an evidence-based, legally binding treaty. Its overarching objective is “to protect present and future generations from the devastating health, social, environmental, and economic consequences of tobacco consumption and exposure to secondhand tobacco smoke.” Toward this end, the treaty covers a broad range of measures aimed at reducing both the demand for tobacco (e.g., taxes and pricing, protection of the public against exposure to tobacco smoke, packaging and labeling, bans on advertising, including promotion and sponsorships, smoking cessation programs, etc.) and also the supply (e.g., actions to reduce illicit tobacco trade, prohibit sales to and by minors, and support economically viable alternative activities).

PAHO Goals and Outcomes

OCM 2.1 – Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors

The WHO Framework Convention on Tobacco Control was developed in response to the tobacco epidemic and reaffirms the right of all people to the highest standard of health

SDG Sustainable Development Goals

Means of implementation 3a – Strengthen implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 2 – Noncommunicable Diseases and Risk Factors
- » WHO Framework Convention on Tobacco Control (WHO FCTC)
- » WHO FCTC, Guidelines for implementation
- » CD50.R6 – Strengthening the capacity of Member States to implement the provisions and guidelines of the WHO FCTC
- » CD52.R9 – Plan of action for the prevention and control of noncommunicable diseases
- » PAHO, Plan of action for the prevention and control of noncommunicable diseases in the Americas 2013-2019
- » CSP28.R13 – Strategy for the prevention and control of noncommunicable diseases

Strategic partners and programs

- » Bloomberg initiative to reduce tobacco use: Grants program
- » Framework Convention Alliance
- » Campaign for Tobacco-Free Kids
- » Inter-American Heart Foundation
- » Corporate Accountability International
- » International Union Against Tuberculosis and Lung Disease

Technical documents

- » PAHO, Tobacco control report for the Region of the Americas
- » PAHO, Manual for developing tobacco control legislation in the Region of the Americas
- » WHO, Technical manual on tobacco tax administration

Further information

- » WHO, Tobacco Free Initiative
- » PAHO/WHO, World No Tobacco Day

Measuring success

Outcome indicator	OCM 2.1.2b Tobacco use in adults. Age-standardized prevalence estimate for current tobacco use for the Region of the Americas. Population 18 years old and older that reports using any tobacco product (smoked and smokeless) during the 30 days prior to the survey, including daily and non-daily use
Measurement units	Prevalence
Frequency of measure	At least every five years
Data source	Global Adult Tobacco Survey, national risk factor surveys (STEPS or similar), other national surveys including Tobacco Questions for Surveys, national health surveys, national drug abuse surveys
PASB unit responsible for monitoring the indicator	Risk Factors Unit (NMH/RF)



Implement WHO Framework Convention on Tobacco Control

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

WHO Framework Convention on Tobacco Control (WHO FCTC)

<http://www.who.int/fctc/en/>

WHO FCTC, Guidelines for implementation

http://apps.who.int/iris/bitstream/10665/80510/1/9789241505185_eng.pdf

CD50.R6 – Strengthening the capacity of Member States to implement the provisions and guidelines of the WHO FCTC

<http://iris.paho.org/xmlui/bitstream/handle/123456789/424/CD50.R6-e.pdf>

CD52.R9 – PAHO, Plan of action for the prevention and control of noncommunicable diseases

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=23295&Itemid=270&lang=en

PAHO, Plan of action for the prevention and control of noncommunicable diseases in the Americas 2013-2019

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=27517&lang=en

CSP28.R13 – Strategy for the prevention and control of noncommunicable diseases

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=21345&Itemid

Bloomberg initiative to reduce tobacco use: Grants program

<http://tobaccocontrolgrants.org/>

Framework Convention Alliance

<http://www.fctc.org/>

Campaign for Tobacco-Free Kids

www.tobaccofreekids.org/

InterAmerican Heart Foundation

www.interamericanheart.org/

Corporate Accountability International

<https://www.stopcorporateabuse.org/>

International Union Against Tuberculosis and Lung Disease

<http://www.theunion.org/>

PAHO, Tobacco control report for the Region of the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=16836&lang=en

PAHO, Manual for developing tobacco control legislation in the Region of the Americas

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=24890&lang=en

WHO, Technical manual on tobacco tax administration

http://whqlibdoc.who.int/publications/2010/9789241563994_eng.pdf

WHO, Tobacco Free Initiative

<http://www.who.int/tobacco/en/>

PAHO/WHO, World No Tobacco Day

http://www.paho.org/hq/index.php?option=com_content&view=article&id=9559&Itemid=40710&lang=en

PAHO Pan American Tobacco Information Online System (PATIOS)

<http://www1.paho.org/tobacco/PatiosHome.asp>

PAHO Regional Health Observatory (RHO): Situation and Trends in the Americas on Tobacco Control

http://www.paho.org/hq/index.php?option=com_content&view=article&id=4350&Itemid=2391&lang=en

**Accessed February 2015*

SDG 3

Ensure healthy lives and promote well-being for all at all ages

3b. Support the research and development of vaccines and medicines* for the communicable and non-communicable diseases that primarily affect developing countries; provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 4: Health Systems.

Program Area 4.3: Access to Medical Products and Strengthening of Regulatory Capacity.

Develop and provide access to vaccines and medicines



Access to medicines and other health technologies is a priority for the development of health systems. The Americas have made progress in access to safe, efficacious, and quality-assured medicines, including vaccines. Diseases like measles and polio have been eliminated in part as a result of access to vaccines, while life-saving treatments for patients living with HIV/AIDS and other life-threatening diseases are available at no cost for the population. Yet much remain to be done. Significant inequities exist in access to medicines. Out-of-pocket expenditures on medicines remain high, while many diseases that affect the poor and most vulnerable populations lack appropriate treatment. The inclusion of essential medicines among health guarantees is critical to ensure universal access and universal health coverage, and that remains a challenge. Regarding vaccines, it is necessary to increase and maintain high immunization coverage to protect individuals and communities against vaccine-preventable diseases.

The way forward includes the development and implementation of comprehensive pharmaceutical policies for effective governance and stewardship of this sector; the regulation of the quality and safety of health technologies that enter the market; ensuring affordability in order to prevent economic hardship for those who need them; and securing the availability and rational use of essential treatments. By promoting the development of health technologies for preventing, diagnosing, and treating diseases that primarily affect developing countries, and by ensuring that new life-saving products are available and affordable, countries will be able to move forward in guaranteeing access to essential medicines and vaccines for all.

PAHO Goals and Outcomes

OCM 1.5 – Increased vaccination coverage for hard-to-reach populations and communities, and maintenance of control, eradication, and elimination of vaccine-preventable diseases;
OCM 4.3 – Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies

Guarantee access to affordable vaccines, medicines, and health technologies for all

SDG Sustainable Development Goals

Means of implementation 3b – Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 4 – Health Systems
- » CD45.R7 – Access to medicines
- » CD50.R5 – Strengthening immunization programs
- » CD52.R5 – Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement
- » CSP27.R10 – Regional policy and strategy for ensuring quality of health care, including patient safety
- » CD50.R9 – Strengthening national regulatory authorities for medicines and biologicals
- » CD49.R10 – Policy on research for health
- » CD48.R15 – Public health, innovation and intellectual property: a regional perspective
- » WHA61.2 – Global strategy and plan of action on public health, innovation and intellectual property

Strategic partners and programs

- » PAHO Strategic Fund
Fund for the procurement of essential medicines for managing the supply and acquisition of low-cost products that meet international quality standards
- » PAHO, Pan American Network for Drug Regulatory Harmonization
- » PAHO Revolving Fund
Through the Fund, Member States pool national resources to procure high-quality life-saving vaccines and related products at the lowest prices

Technical documents

- » PAHO, Rational use of medicines and other health technologies
- » PAHO, Essential medicines and biologicals
- » PAHO, About new vaccines

Further information

- » Regional Platform on Access and Innovation for Health Systems (PRAIS)
- » Vaccination Week in the Americas

Measuring success

Outcome indicator	OCM 4.3.1 Number of countries that ensure access to medicines included in the national essential medicines list without any payment at the point of care/service/dispensing of the medicine Number of countries that report immunization coverage of > 80% in every district
Measurement units	Number of countries that have in place appropriate legal requirements and norms
Frequency of measure	Biennial
Data source	Data provided by national authorities and WHO pharmaceutical country profiles, complemented with countries' legal framework update
PASB unit responsible for monitoring the indicator	Health Systems and Services Department/Medicines and Health Technologies Unit (HSS/MT); and Family, Gender, and Life Course, Immunization Unit (FGL/IM)



PAHO Regional Health Observatory (RHO): Immunization coverage
PAHO Regional Health Observatory (RHO): Surveillance of vaccine-preventable diseases

Develop and provide access to vaccines and medicines

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD45.R7 – Access to medicines

<http://iris.paho.org/xmlui/bitstream/handle/123456789/256/CD45.r7-e.pdf>

CD50.R5 – Strengthening immunization programs

<http://iris.paho.org/xmlui/bitstream/handle/123456789/423/CD50.R5-e.pdf>

CD52.R5 – Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement

<http://iris.paho.org/xmlui/bitstream/handle/123456789/4433/CD52-R5-eng.pdf>

CSP27.R10 – Regional policy and strategy for ensuring quality of health care, including patient safety

<http://iris.paho.org/xmlui/bitstream/handle/123456789/3760/csp27.r10-e.pdf>

CD50.R9 – Strengthening national regulatory authorities for medicines and biologicals

<http://iris.paho.org/xmlui/bitstream/handle/123456789/427/CD50.R9-e.pdf>

CD49.R10 – Policy on research for health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/390/CD49.R10%20%28Eng.%29.pdf>

CD48.R15 – Public health, innovation and intellectual property: a regional perspective

<http://iris.paho.org/xmlui/bitstream/handle/123456789/378/cd48.r15-e.pdf>

WHA61.21 - Global strategy and plan of action on public health, innovation and intellectual property

http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R21-en.pdf

PAHO Strategic Fund

http://www.paho.org/hq/index.php?option=com_content&view=article&id=9799%3Aabout-paho-strategic-fund&catid=1159%3Ahss-strategic-fund&Itemid=986&lang=en

PAHO, Pan American Network for Drug Regulatory Harmonization

http://www.paho.org/hq/index.php?option=com_content&view=category&id=1156&layout=blog&Itemid=513&lang=en

PAHO Revolving Fund

http://www.paho.org/hq/index.php?option=com_content&view=article&id=1864&Itemid=2234&lang=en

PAHO, Rational use of medicine and other health technologies

http://www.paho.org/hq/index.php?option=com_content&view=category&id=1268&layout=blog&Itemid=1180&lang=pt

PAHO, Essential medicines and biologicals

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1160&Itemid=327&lang=en

PAHO, About new vaccines

http://www.paho.org/hq/index.php?option=com_content&view=category&layout=blog&id=1552&Itemid=1602&lang=en

Regional Platform on Access and Innovation for Health Systems (PRAIS)

<http://prais.paho.org/rscpaho/>

Vaccination Week in the Americas

<http://www.paho.org/vwa/>

PAHO Regional Health Observatory (RHO): Immunization coverage

http://www.paho.org/hq/index.php?option=com_content&view=article&id=6805&Itemid=2391

PAHO Regional Health Observatory (RHO): Surveillance of vaccine-preventable diseases

http://www.paho.org/hq/index.php?option=com_content&view=article&id=6808&Itemid=2391

* Accessed March 2015

SDG 3

Ensure healthy lives and promote well-being for all at all ages

3c. Substantially increase health financing and the recruitment, development, training and retention of the health workforce* in developing countries, especially in least developed countries and small island developing States

*The underlined themes of this target are included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 4: Health Systems.

Program Area 4.1: Health Governance and Financing; National Health Policies, Strategies, and Plans.

Program Area 4.5: Human Resources for Health.



Increase health financing

The strategy of universal access to health and universal health coverage fights inequities and poverty and is closely related to the broader strategy of economic growth and human development and well-being. Improving access to needed quality health services will result in better health outcomes. In addition, eliminating direct payment at the point of service and replacing this financial mechanism with pooled prepaid arrangements based on solidarity will result in greater financial protection and thus help to reduce poverty and fight inequities. These two mechanisms, at the heart of universal access to health and universal health coverage, should contribute in the medium and long run to greater social cohesion, a better business climate, and greater productivity, impacting both economic growth and human development and well-being. Lack of adequate financing and inefficient use of resources are major challenges. Universal access to health and universal health coverage require increasing public health expenditures to levels of at least 6% of GDP through efficiency gains and higher fiscal priority. In the Region, only seven countries have achieved this level. Additional resources for health are required in order to expand access through a strengthened first level of care that takes the place of the highly inefficient hospital-based curative model now more prevalent in countries of the Region. It is necessary to define sustainable financing strategies for universal access to health and universal health coverage, supported by broad social consensus within larger participative initiatives, that incorporate health-in-all-policies interventions like conditional cash transfers and other poverty-fighting initiatives and social programs on education, housing, environment, and others.

PAHO Goals and Outcomes

OCM 4.1 – Increased national capacity for achieving universal health coverage

Increasing health financing and efficiency, and eliminating direct payment at the point of care

SDG Sustainable Development Goals

Means of Implementation 3c – Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 4 – Health Systems
- » CD53/5 Rev. 2 – Strategy for universal access to health and universal health coverage
- » CD53.R14 – Strategy for universal access to health and universal health coverage
- » CD52.R11 – Social protection in health
- » CD50.R8 – Health and human rights

Technical documents

- » WHO, The World Health Report 2013: Research for universal health coverage

Strategic partners and programs

- » The World Bank
- » Economic Commission for Latin America and the Caribbean (ECLAC)
- » Global Vaccine Alliance (GAVI)
- » Global Fund

Further information

- » WHO, Arguing for Universal Health Coverage
- » WHO, Fact Sheet on Universal Health Coverage
- » WHO/World Bank, Monitoring progress towards UHC at country and global levels 2014: Framework, measures and targets
- » PLOS Collections: Monitoring Universal Health Coverage

Measuring success

Outcome indicator	OCM 4.1.2 Number of countries and territories with public expenditure on health of at least 6% of gross domestic product (GDP)
Measurement units	Number of countries and territories
Frequency of measure	Annual
Data source	Data from central government, international databases, and national health accounts
PASB unit responsible for monitoring the indicator	Health Systems and Services/Health Services and Access (HSS/HS)



Increase health financing

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD53/5 Rev. 2 – Strategy for universal access to health and universal health coverage

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=27631&lang=en

CD53.R14 – Strategy for universal access to health and universal health coverage

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=27839&lang=en

CD52.R11 – Social protection in health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/4439/CD52-R11-eng.pdf>

CD50.R8 – Health and human rights

<http://iris.paho.org/xmlui/bitstream/handle/123456789/426/CD50.R8-e.pdf>

WHO, The World Health Report 2013: Research for universal health coverage

http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf

WHO, Arguing for Universal Health Coverage

http://www.who.int/health_financing/UHC_ENvs_BD.PDF

WHO, Fact Sheet on Universal Health Coverage

<http://who.int/mediacentre/factsheets/fs395/en/>

WHO/ World Bank, Monitoring progress towards UHC at country and global levels 2014: Framework, measures and targets

http://apps.who.int/iris/bitstream/10665/112824/1/WHO_HIS_HIA_14.1_eng.pdf

PLOS Collections: Monitoring Universal Health Coverage

<http://www.ploscollections.org/article/browse/issue/info:doi/10.1371/issue.pcol.v07.i22>

WHO Global Health Expenditure Database

<http://www.who.int/health-accounts/ghed/en/>

* Accessed March 2015

Increase recruitment, development, and training of the health workforce



Health coverage is the capacity of the health system to serve the population, including the availability of infrastructure, human resources, health technologies, medicines, and financing. Universal access and universal health coverage (UA/UHC) require organizational mechanisms and financing sufficient to cover the entire population. There are serious imbalances and gaps in the availability, distribution, composition, competency, and productivity of current human resources for health, particularly at the first level of care. Some countries in Latin America and the Caribbean report a deficit in the number of health workers available at the primary health care (PHC) level, especially in rural and underserved areas, where there are serious problems with access to comprehensive health services.

To tackle these issues, countries need to strengthen processes for the strategic planning and management of human resources, generate consensus among different stakeholders to establish policies and plans that increase access to qualified health workers, and consolidate collaborative multidisciplinary health teams for the delivery of care. The preparation of human resources in the Region is not yet in sync with the needs of a primary health care-based health system. The concepts of UA/UHC and PHC should permeate and transform academic training with a new social mission, strengthening the relationship and dialogue between national health authorities and academic institutions.

PAHO Goals and Outcomes

OCM 4.1 – Increased national capacity for achieving universal health coverage;
OCM 4.5 – Adequate availability of a competent, culturally appropriate, well-regulated, well-distributed, and fairly treated health workforce

Improve human resource capacity at the first level of care and increase employment opportunities with attractive labor conditions and incentives, particularly in underserved areas

SDG Sustainable Development Goals

Means of Implementation 3c – Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019
Category 4 – Health systems
- » CD45.R9 – Observatory of human resources in health
- » CSP27.R7 – Regional goals for human resources for health 2007-2015
- » CD50.R7 – Strategy for health personnel competency development in primary health care-based health systems
- » CD51.R5 – Strategy and plan of action on eHealth
- » CD52.R13 – Human resources for health: Increasing access to qualified health workers in primary health care-based health systems

Technical documents

- » WHO, Health Workforce 2030: a global strategy on human resources for health
- » PAHO, Road Map for strengthening the Caribbean health workforce, 2012-2017
- » WHO, World Health Report 2006: Working together for health
- » WHO, A universal truth: No health without a workforce
- » USAID/CapacityPlus/WHO/World Bank, How to conduct a discrete choice experiment for health workforce recruitment and retention in remote and rural areas: A User guide with case studies
- » WHO/World Bank/USAID, Handbook on monitoring and evaluation of human resources for health
- » WHO, The World Health Report 2013: Research for universal health coverage

Strategic partners and programs

- » Global Health Workforce Alliance
A partnership aiming to identify, implement and advocate for solutions for the global shortage of health workers

Further information

- » Scientific journal *Human Resources for Health*

Measuring success

Outcome indicator	OCM 4.5.1 Number of countries and territories with at least 25 health workers (doctors, nurses, and midwives) per 10,000 population
Measurement units	Number of countries and territories
Frequency of measure	Three to four years (depending on countries' reporting via the HRH observatory)
Data source	Ministries of health or national health authorities, and population censuses in each country
PASB unit responsible for monitoring the indicator	Health Systems and Services, Human Resources for Health (HSS/HR)

 **PAHO Human Resources for Health Observatory**
WHO Global Health Observatory (GHO): Health workforce
WHO Global Health Expenditure Database

Increase recruitment, development, and training of the health workforce

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD45.R9 – Observatory of human resources in health

<http://iris.paho.org/xmlui/bitstream/handle/123456789/254/CD45.r9-e.pdf>

CSP27.R7 – Regional goals for human resources for health 2007-2015

<http://iris.paho.org/xmlui/bitstream/handle/123456789/3733/csp27.r7-e.pdf>

CD50.R7 – Strategy for health personnel competency development in primary health care-based health systems

<http://iris.paho.org/xmlui/bitstream/handle/123456789/425/CD50.R7-e.pdf>

CD51.R5 – Strategy and plan of action on eHealth

<http://iris.paho.org/xmlui/bitstream/handle/123456789/1721/CD51.R5-e.pdf>

CD52.R13 – Human resources for health: Increasing access to qualified health workers in primary health care-based health systems

<http://iris.paho.org/xmlui/bitstream/handle/123456789/4441/CD52-R13-eng.pdf>

Global Health Workforce Alliance

<http://www.who.int/workforcealliance/about/en/>

WHO, Health Workforce 2030: A global strategy on human resources for health

http://www.who.int/workforcealliance/knowledge/resources/strategy_brochure9-20-14.pdf

PAHO, Road Map for strengthening the Caribbean health workforce, 2012-2017

<http://www.paho.org/hrhcaribbean/wp-content/uploads/2012/03/Roadmap-CaricomRH-2012.pdf>

WHO, The World Health Report 2006: Working together for health

<http://www.who.int/whr/2006/en/>

WHO, A universal truth: No health without a workforce

http://www.who.int/workforcealliance/knowledge/resources/GHWA-a_universal_truth_report.pdf

USAID/CapacityPlus/WHO/World Bank, How to conduct a discrete choice experiment for health workforce recruitment and retention in remote and rural areas: User guide with case studies

http://www.who.int/hrh/resources/DCE_UserGuide_WEB.pdf

WHO/World Bank/USAID, Handbook on monitoring and evaluation of human resources for health, with special applications for low- and middle-income countries

http://whqlibdoc.who.int/publications/2009/9789241547703_eng.pdf

WHO, The World Health Report 2013: Research for universal health coverage

http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf

Scientific journal *Human Resources for Health*

<http://www.human-resources-health.com/>

PAHO Human Resources for Health Observatory

<http://www.observatoriorh.org/>

WHO Global Health Observatory (GHO): Health workforce

<http://apps.who.int/gho/data/node.wrapper.HRH-VIZ?lang=en>

WHO Global Health Expenditure Database

<http://www.who.int/health-accounts/ghed/en/>

* Accessed March 2015

SDG 3

Ensure healthy lives and promote well-being for all at all ages

3d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks*

*The underlined theme of this target is included in PAHO's Strategic Plan 2014-2019 (see Part 2):

Category 5: Preparedness, Surveillance, and Response.

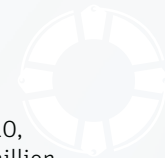
Program Area 5.1: Alert and Response Capacity (for IHR).

Program Area 5.2: Epidemic- and Pandemic-Prone Diseases.

Program Area 5.3: Emergency Risk and Crisis Management.

Program Area 5.5: Outbreak and Crisis Response.

Management of national and global health risks



Vulnerability to natural disasters and the effects of climate change is a real problem for the Region. Between 2006 and 2010, one-fourth of the world's disasters occurred in the Americas, affecting 48 million people. Of the 63 cities in LAC with one million or more inhabitants, 38 are in areas at risk for at least one type of natural disaster, especially populations that are socioeconomically vulnerable. Heavy rains, floods, and landslides, precipitated (or not) by cyclones and tropical storms connected to climate change, can lead to increased deposits of chemical contaminants, nutrients, and fertilizers in coastal zones that may cause toxic algal blooms. Disasters have implications for food, nutrition, and water safety, as well as for the prevalence of vector-borne diseases.

Before such disasters occur, health and other sectors must assess risks and prepare integrated plans of action. In the face of emergencies, the health sector should provide assistance and implement surveillance and risk control activities such as proper assessment of damage and estimation of the risk to infrastructure and analysis of the need for health services. Also, it is imperative to strengthen epidemiological surveillance, vector control, and the management of safe water, food, excreta, and waste, particularly in shelters. In the case of major disasters, the international community – as part of its support vis-à-vis risk reduction and disaster preparedness – needs to have mechanisms to coordinate humanitarian assistance under the leadership of the affected country.

PAHO Goals and Outcomes

9 – Prevent death, illness, and disability arising from emergencies; OCM 5.1 – All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response; OCM 5.2 – All countries are able to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics; OCM 5.5 – All countries adequately respond to threats and emergencies with public health consequences

PAHO/WHO active mandates on the issue

- » PAHO Strategic Plan 2014-2019 Category 5 - Preparedness, Surveillance, and Response
- » CD51/6, Rev. 1 – Strategy and plan of action on climate change
- » CD44.R8 – Influenza pandemic: Preparation in the hemisphere
- » CSP27.R14 – Safe hospitals: A regional initiative on disaster-resilient health facilities
- » CSP28.R19 – Coordination of international humanitarian assistance in health in case of disasters

Strategic partners and programs

- » PAHO, Knowledge Center on Public Health and Disasters

Technical documents

- » PAHO, SMART Hospitals toolkit
- » PAHO, Hospitals don't burn! Hospital fire prevention and evacuation guide

Measuring success

Outcome indicator	OCM 5.5.1 Percentage of countries that demonstrated adequate response to an emergency from any hazard with a coordinated initial assessment and a health sector response plan within 72 hours of onset
Measurement units	Percentage of countries and territories
Frequency of measure	Annual
Data source	Post-disaster reports from ministries of health, national emergency management agencies, United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) reports, and PAHO/WHO
PASB unit responsible for monitoring the indicator	Department of Emergency Preparedness and Disaster Relief (PED)

Most disasters are preventable or their damages can be reduced through monitoring, planning, and preparedness

SDG Sustainable Development Goals

Means of implementation 3d – Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

- » OPS, Preparativos en salud, agua y saneamiento para la respuesta local ante desastres
- » PAHO, The challenge in disaster reduction for the water and sanitation sector
- » USAID/PAHO, Leadership during a pandemic: What your municipality can do
- » PAHO, Climate change and human health: Risk and responses: Revised summary
- » PAHO, Protecting health from climate change: Vulnerability and adaptation assessment
- » WHO, Environmental health in emergencies and disasters: A practical guide

Further information

- » PAHO, Hospital Administrator Post-Disaster Functional Checklist
- » PAHO, Keeping hospitals safe from disasters (video)
- » WHO, Water sanitation health: Frequently asked questions in case of emergencies

Management of national and global health risks

List of URL Links*

PAHO Strategic Plan 2014-2019

http://www.paho.org/hq/index.php?gid=14004&option=com_docman&task=doc_view

CD51/6, Rev. 1 – Strategy and plan of action on climate change

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20293&Itemid=&lang=en

CD44.R8 – Influenza pandemic: Preparation in the hemisphere

<http://iris.paho.org/xmlui/bitstream/handle/123456789/251/cd44-r8-e.pdf>

CSP27.R14 – Safe hospitals: A regional initiative on disaster-resilient health facilities

<http://iris.paho.org/xmlui/bitstream/handle/123456789/3991/csp27.r14-e.pdf>

CSP28.R19 – Coordination of international humanitarian assistance in health in case of disasters

<http://iris.paho.org/xmlui/bitstream/handle/123456789/3694/CSP28.R19-e.pdf>

PAHO, Knowledge Center on Public Health and Disasters

http://saludydesastres.info/index.php?option=com_content&view=featured&Itemid=435&lang=en

PAHO, SMART Hospitals toolkit

http://www.paho.org/disasters/index.php?option=com_content&view=article&id=1742%3Asmart-hospitals-toolkit&catid=1026%3Ageneral-information&Itemid=911&lang=en

PAHO, Hospitals don't burn! Hospital fire prevention and evacuation guide

http://www.paho.org/disasters/index.php?option=com_docman&task=doc_download&gid=2140&Itemid=

OPS, Preparativos en salud, agua y saneamiento para la respuesta local ante desastres

<http://www1.paho.org/spanish/dd/ped/PreparativosRespuestaLocal.pdf>

PAHO, The challenge in disaster reduction for the water and sanitation sector: Improving quality of life by reducing vulnerabilities

http://esa.un.org/iys/docs/san_lib_docs/DesafioDelAgua_Eng-intro.pdf

USAID/PAHO, Leadership during a pandemic: What your municipality can do

http://www.paho.org/disasters/index.php?option=com_content&view=article&id=1053

PAHO, Climate change and human health: Risk and responses: Revised summary

<http://www2.paho.org/hq/dmdocuments/2011/CC%20Revised%20Summary.pdf>

PAHO, Protecting health from climate change: Vulnerability and adaptation assessment

http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20364&Itemid=&lang=en

WHO, Environmental health in emergencies and disasters: A practical guide

http://www.who.int/water_sanitation_health/emergencies/emergencies2002/en/

PAHO, Hospital Administrator Post-Disaster Functional Checklist

http://www.paho.org/disasters/index.php?option=com_content&view=article&id=2101%3Ahospital-administrator-post-disaster-functional-checklist&catid=895%3Abooks&Itemid=895&lang=en

PAHO, Safe hospitals: Keeping hospitals safe from disasters (video)

http://youtu.be/_Je3E5OAK2I

WHO, Water sanitation health: Frequently asked questions in case of emergencies

http://www.who.int/water_sanitation_health/emergencies/qa/en/

PAHO, Emergency Preparedness and Disaster Relief

<http://www.paho.org/disasters/>

Centre for Research on the Epidemiology of Disasters (CRED)

<http://www.cred.be/publications>

*Accessed February 2015

PART 2

ANALYSIS OF THE ALIGNMENT BETWEEN SDG 3 AND PAHO'S STRATEGIC PLAN

Analysis of the Connections between SDG 3 Targets and Means of Implementation and PAHO's Strategic Plan 2014-2019

(Impact Goals and Targets, Categories, Program Areas, Outcomes, and Outcome Indicators)

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.1 3.1 – By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Impact Goal 3 – Ensure safe motherhood		3.1 At least an 11% reduction in the regional Maternal Mortality Ratio (MMR) achieved by 2019	48.7 per 100,000 live births (2014)	43.6 per 100,000 live births
			3.2 A relative gap reduction of at least 25% in the MMR between the top and bottom country groups of the Health Needs Index (HNI) by 2019 compared to 2014		
			3.3 An absolute reduction of at least 18 excess maternal deaths per 100,000 live births between 2014 and 2019 across the HNI country gradient		
	Category 1 – Communicable Diseases	Program area 1.1 HIV/AIDS and STIs OCM 1.1 Increased access to key interventions for HIV and STI prevention and treatment	OCM 1.1.3 Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	0	22
	Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	OCM 3.1.2 Percentage of deliveries attended by trained personnel	95%	97%

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.2 3.2 – By 2030, end preventable deaths of newborns and children under 5 years of age	Impact Goal 2 – Ensure a healthy start for newborns and infants		2.1 At least a 15% reduction in the regional Infant Mortality Rate (IMR) achieved by 2019	12.3 per 1,000 live births (2014)	10.5 per 1,000 live births
			2.2 A relative gap reduction of at least 10% in the IMR between the top and bottom country groups of the Health Needs Index (HNI) by 2019 compared to 2014		
			2.3 An absolute reduction of at least 3 excess infant deaths per 1,000 live births between 2014 and 2019 across the HNI country gradient		
	Impact Goal 8 – Eliminate priority communicable diseases in the Region		8.1 Elimination of mother-to-child transmission of HIV in 16 countries and territories	0	16
	Category 1 – Communicable Diseases	Program area 1.1 HIV/AIDS and STIs OCM 1.1 Increased access to key interventions for HIV and STI prevention and treatment	OCM 1.1.2 Number of countries and territories with at least 95% coverage of HIV prophylaxis treatment for prevention of mother-to-child transmission of HIV	0	24
			OCM 1.1.3 Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	0	22
	Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Program area 3.1 Women's, maternal, newborn, child, and adolescent and adult health, and sexual and reproductive health OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	OCM 3.1.2 Percentage of deliveries attended by trained personnel	95%	97%
			OCM 3.1.3 Percentage of mothers and newborns receiving postpartum care within seven days of childbirth	40%	60%
			OCM 3.1.4 Percentage of infants under 6 months of age who are exclusively breastfed	38%	44%
			OCM 3.1.5 Percentage of children aged 0-59 months with suspected pneumonia receiving antibiotics	29%	40%

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
3.3 – By 2030, end the epidemics of AIDS	Impact Goal 6 – Reduce mortality due to communicable diseases		6.1 At least a 15% reduction in the mortality rate due to HIV/AIDS by 2019 compared to 2014		
	Impact Goal 8 – Eliminate priority communicable diseases in the Region		8.1 Elimination of mother-to-child transmission of HIV and congenital syphilis in 16 countries and territories	0	16
	Category 1 – Communicable Diseases	Program area 1.1 HIV/AIDS and STIs OCM 1.1 Increased access to key interventions for HIV and STI prevention and treatment	OCM 1.1.1 Number of countries and territories that have 80% coverage of antiretroviral therapies (ART) in eligible populations	6	22
			OCM 1.1.2 Number of countries and territories with at least 95% coverage of HIV prophylaxis treatment for prevention of mother-to-child transmission of HIV	0	24
3.3 – By 2030, end the epidemics of tuberculosis	Impact Goal 6 – Reduce mortality due to communicable diseases		6.3 At least a 24% reduction in tuberculosis mortality rate achieved by 2019	1.1 per 100,000 population (2014)	0.8 per 100,000 population
	Category 1 – Communicable Diseases	Program area 1.2 Tuberculosis OCM 1.2 Increased number of tuberculosis patients successfully diagnosed and treated	OCM 1.2.1 Cumulative number of TB bacteriologically confirmed patients successfully treated in programs that have adopted the WHO recommended strategy since 1995	1,450,000 patients	2,500,000 patients
			OCM 1.2.2 Annual number of tuberculosis patients with confirmed or presumptive MDR-TB, based on WHO definitions (2013), including rifampicin-resistant cases, placed on MDR-TB treatment in the Americas	2,960 patients	5,490 patients
			OCM 1.2.3 Percentage of new TB patients diagnosed in relation to the total number of TB incident cases	79%	90%

TARGET 3.3

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ^a	Target 2019 (Baseline+)
3.3 – By 2030, end the epidemics of malaria	Impact Goal 6 – Reduce mortality due to communicable diseases		6.4 At least a 75% reduction in the number of deaths due to malaria by 2019	112 (2011)	28
	Impact Goal 8 – Eliminate priority communicable diseases in the Region		8.4 Elimination of malaria in at least three of seven endemic countries in the pre-elimination phase	0 (2014)	3
	Category 1 – Communicable Diseases	Program area 1.3 Malaria and other vector-borne diseases (including dengue, Chagas) OCM 1.3 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases	OCM 1.3.1 Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy (based on PAHO/WHO recommendations)	85%	95%
			OCM 1.3.2 Number of countries and territories with installed capacity to eliminate malaria	10	21
3.3 – By 2030, end the epidemics of neglected tropical diseases	Impact Goal 6 – Reduce mortality due to communicable diseases		6.2 At least a 30% reduction in the case-fatality rate due to dengue achieved by 2019	0.07% (2012)	0.05%
	Impact Goal 8 – Eliminate priority communicable diseases in the Region		8.2 Increase the number of countries that have eliminated transmission of onchocerciasis (target 4 countries)	1 (2014)	4
			8.3 Increase the number of countries that have eliminated Chagas transmission (target 21 endemic countries)	17	21
			8.5 Achieve zero human cases of dog-transmitted rabies (target 35 Member States)	17 (2014)	35
	Category 1 – Communicable Diseases	Program area 1.3 Malaria and other vector-borne diseases (including dengue, Chagas) OCM 1.3 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases	OCM 1.3.3 Increase the number of countries with installed capacity for the management of all dengue cases	14	30
OCM 1.3.4 Increase the number of countries where the entire endemic territory or territorial unit has a domestic infestation index (by the main triatomine vector species or by the substitute vector, as the case may be) of less than or equal to 1%			17	21	

TARGET 3.3 (CONT.)

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.3 (CONT.)	Category 1 – Communicable Diseases (Cont.)	Program area 1.4 Neglected, tropical, and zoonotic diseases OCM 1.4 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases	OCM 1.4.1 Increase the number of countries with annual increase in the proportion of diagnosed and treated cases of leishmaniasis, per the recommended treatment in the PAHO/WHO guidelines	0	12
			OCM 1.4.2 Increase the number of endemic countries and territories with high burden of leprosy that have reduced, by 35%, the rate of new cases with grade-2 disabilities per 100,000 population, as compared to their own baseline 2012 data	0/10	10/10
			OCM 1.4.3 Increase the number of endemic countries having achieved the recommended treatment target coverage (65% or more) of population at risk of lymphatic filariasis	1/4	4/4
			OCM 1.4.4 Increase the number of endemic countries having achieved the recommended treatment target coverage (85% or more for each round of treatment) of population at risk of onchocerciasis	1/2	2/2
			OCM 1.4.5 Increase the number of endemic countries having achieved the recommended treatment target coverage (80% or more) of population at risk of trachoma that could lead to blindness	0/3	3/3
			OCM 1.4.6 Increase the number of endemic countries having achieved the recommended treatment target coverage (75% or more) of population at risk of schistosomiasis	0/2	2/2
			OCM 1.4.7 Increase the number of endemic countries having achieved the recommended treatment target coverage (75% or more) of population at risk of soil-transmitted helminthiasis (STH)	5/24	16/24
			OCM 1.4.8 Increase the number of countries and territories with established capacity and effective processes to eliminate human rabies transmitted by dogs	28	35

	UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
		Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.3 (CONT.)	3.3 – By 2030, end the epidemics of hepatitis	N/A	N/A	N/A	N/A	N/A
	3.3 – By 2030, combat water-borne diseases	Category 1 – Communicable Diseases	Program area 1.4 Neglected, tropical, and zoonotic diseases OCM 1.4 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases	OCM 1.4.6 Increase the number of endemic countries having achieved the recommended treatment target coverage (75% or more) of population at risk of schistosomiasis	0/2	2/2
		Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Program area 3.5 Health and the Environment OCM 3.5 Reduced environmental and occupational threats to health	3.5.1 Number of countries and territories with a significant disparity (>5%) that have reduced the gap between urban and rural populations' access to improved water sources	9	24
				3.5.2 Proportion of the population with access to improved sanitation	88%	92%
				3.5.5 Number of countries and territories with capacity to address environmental health	11	24
TARGET 3.4	3.4 – By 2030, reduce premature mortality from non-communicable diseases through prevention and treatment	Impact Goal 5 – Improve the health of the adult population with an emphasis on NCDs and risk factors	5.1 At least a 9% reduction in the regional premature NCD mortality rate (PNMR) achieved by 2019	260.8 per 100,000 population (2014)	239.6 per 100,000 population	
			5.2 A relative gap of no more than a 6% increase in the PNMR ratio between the top and bottom country groups of the HNI by 2019 compared to 2014			
			5.3 An absolute reduction of at least 18 excess premature deaths due to NCDs per 100,000 population between 2014 and 2019 across the HNI country gradient			
		Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.1 Noncommunicable diseases and risk factors OCM 2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors	OCM 2.1.3 Prevalence of insufficient physical activity 2.1.3a Insufficient physical activity in adolescents (IPA13-17)	Last country reports (2009-2012)	A reduction of 5% from country value by 2016-2019

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.4 (CONT.) 3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.1 Noncommunicable diseases and risk factors OCM 2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	OCM 2.1.3 Prevalence of insufficient physical activity 2.1.3b Insufficient physical activity in adults (IPA>18)	Last country reports (2009-2012)	A reduction of 5% from country value by 2016-2019
			OCM 2.1.4 Percentage of controlled hypertension at population level (<140/90 mmHg) among persons 18+ years of age	15%	35%
			OCM 2.1.5 Age-standardized prevalence of raised blood glucose/diabetes among persons 18+ years of age	18.8%	18.8% (same level, to contribute to the global target to halt the rise in diabetes and obesity by 2025)
			OCM 2.1.6 Number of countries and territories with a halt in the rise of obesity at current national levels 2.1.6a Prevalence of overweight and obesity in adolescents (13-17 years)	TBD based on WHO Global Monitoring Framework	TBD based on WHO Global Monitoring Framework
			OCM 2.1.6 Number of countries and territories with a halt in the rise of obesity at current national levels 2.1.6b Overweight and obesity in adults Prevalence of overweight and obesity in adults (men and women 18+ years of age)	TBD based on WHO Global Monitoring Framework	TBD based on WHO Global Monitoring Framework
			OCM 2.1.7 Age-standardized mean population intake of salt (sodium chloride) per day, in grams, in persons 18+ years of age	11.5 grams (2010)	7 grams (to achieve the global target of 30% relative reduction by 2025)
			OCM 2.1.8 Number of countries and territories that have a cervical cancer screening program which achieves 70% coverage, as measured by the proportion of women 30-49 years of age who have been screened for cervical cancer at least once, or more often, and for younger or older age groups according to national programs or policies, by 2019	5	15

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
3.4 – By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment	Category 2 – Noncommunicable Diseases and Risk Factors		OCM 2.1.9 Number of countries and territories with a prevalence rate of treated endstage renal disease of at least 700 patients per million population	8	17
		Program area 2.5 Nutrition OCM 2.5 Nutritional risk factors reduced	OCM 2.5.1 Percentage of children less than 5 years of age who are stunted	13.5% (2010)	7.5%
			OCM 2.5.2 Percentage of women of reproductive age (15-49 years) with anemia	22.5% (2010)	18%
			OCM 2.5.3 Percentage of children less than 5 years of age who are overweight	7% (2008-2012)	7% (2016-2019)
3.4 – By 2030, promote mental health	Impact Goal 7 – Curb mortality due to accidents among adolescents and young adults (15-24 years of age)		7.2 No increase in the suicide rate achieved by 2019 compared to 2014 (7.8 per 100,000 youth 15-24 years of age)		
	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.2 Mental health and psychoactive substance use disorders OCM 2.2 Increased service coverage for mental health and psychoactive substance use disorders	OCM 2.2.1 Number of countries and territories that have increased the rate of consultations through mental health outpatient treatment facilities above the regional average of 975 per 100,000 population	19	30
3.4 – By 2030, promote well being	Impact Goal 1 – Improve health and well-being with equity		1.1 At least a 1.0% increase in Healthy Life Expectancy (HALE) for the Americas achieved by 2019 (65.3 years), as compared to the baseline rate in 2014 (64.6 years) (this information will be updated once the most recent data from the Institute for Health Metrics and Evaluation is received)		
TARGET 3.5 3.5 – Strengthen prevention and treatment of substance abuse, including narcotic drug abuse	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.2 Mental health and psychoactive substance use disorders OCM 2.2 Increased service coverage for mental health and psychoactive substance use disorders	OCM 2.2.1 Number of countries and territories that have increased the rate of consultations through mental health outpatient treatment facilities above the regional average of 975 per 100,000 population	19	30

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.5 (CONT.) 3.5 – Strengthen the prevention and treatment of substance abuse, including harmful use of alcohol	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.1 Noncommunicable diseases and risk factors OCM 2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors	OCM 2.1.1 Reduce harmful use of alcohol, as appropriate within the national context OCM 2.1.1a Total (recorded and unrecorded) alcohol per capita (APC) consumption among persons 15+ years of age within a calendar year, in liters of pure alcohol, as appropriate, within the national context	8.4 L/ person/year (2003-2005)	5% reduction
			OCM 2.1.1 Reduce harmful use of alcohol, as appropriate within the national context 2.1.1b Prevalence of alcohol use disorders among adolescents and adults, as appropriate, within the national context	6.0% for ICD 10 codes (2.6% for harmful use and 3.4% for alcohol dependence) in 2010	5% reduction
			OCM 2.1.1 Reduce harmful use of alcohol, as appropriate within the national context 2.1.1c Age-standardized prevalence of heavy episodic drinking (HED)	13.7%	5% reduction
TARGET 3.6 3.6 – By 2020, halve the number of global deaths and injuries from road traffic accidents	Impact Goal 7 – Curb mortality due to accidents among adolescents and young adults (15-24 years of age)		7.3 No increase in the mortality rate due to road traffic injuries by 2019 compared to 2014	20.5 per 100,000 youth 15-24 years of age (2014)	20.5 per 100,000 youth 15-24 years of age
	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.3 Violence and Injuries OCM 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth	OCM 2.3.1 Number of countries and territories with at least 70% use of seat belts by all passengers	4	7
TARGET 3.7 3.7 – By 2030, ensure universal access to sexual and reproductive health services	Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Program area 3.1 Women's, maternal, newborn, child, and adolescent and adult health, and sexual and reproductive health OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	OCM 3.1.1 Percentage of unmet need with respect to modern methods of family planning	15%	11%
			OCM 3.1.6 Specific fertility rate in women 15-19 years of age (PAHO will also measure the percentage of adolescent mothers below 15 years of age)	60 per 1,000	52 per 1,000

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Impact Goal 4 – Reduce mortality due to poor quality of health care		4.1 At least a 9% reduction in the regional rate of Mortality Amenable to Health Care (MAHR) achieved by 2019 (77.2 per 100,000 population) compared to 2014 (84.7 per 100,000 population)		
			4.2 A relative gap of no more than 6% increase in the MAHR between the top and bottom country groups of the HNI by 2019 compared to 2014		
			4.3 An absolute reduction of at least 8 excess preventable deaths per 100,000 population between 2014 and 2019 across the HNI country gradient		
	Category 1 – Communicable Diseases	Program area 1.5 Vaccine- preventable diseases (including maintenance of polio eradication) OCM 1.5 Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases	OCM 1.5.3 Number of countries and territories that have introduced one or more new vaccines	34	51
	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.4 Disabilities and Rehabilitation OCM 2.4 Increased access to social and health services for people with disabilities, including prevention	OCM 2.4.1 Number of countries that have attained at least 12% access to habilitation and rehabilitation services and social services for persons with disabilities	0	16
			OCM 2.4.2 Number of countries and territories reaching cataract surgical rate of 2,000/million population/year	19	25

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.8 (CONT.) 3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Program area 3.1 Women’s, maternal, newborn, child, and adolescent and adult health, and sexual and reproductive health OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults	OCM 3.1.7 Number of countries and territories that adhere to PAHO’s recommendation to conduct periodic medical occupational evaluations (PMOE) among the adult working population (18-65 years of age)	3	10
		Program area 3.2 Aging and Health OCM 3.2 Increased access to interventions for older adults to maintain an independent life	OCM 3.2.1 Number of countries and territories with at least one evidence-based self-care program for older adults living with multiple chronic conditions	N/A (new indicator)	15
	Category 4 – Health Systems	Program area 4.1 Health governance and health financing, national health policies, strategies, and plans OCM 4.1 Increased national capacity for achieving universal health coverage	OCM 4.1.1 Number of countries and territories that have implemented actions toward the progressive realization of universal access to health and universal health coverage	N/A (new indicator)	12
		Program area 4.2 People-centered integrated, quality health services OCM 4.2 Increased access to people-centered, integrated, quality health services	OCM.4.2.1 Number of countries that have reduced by at least 10% hospitalizations for ambulatory care sensitive conditions	N/A (new indicator)	19
		Program area 4.3 Access to medical products and strengthening regulatory capacity OCM 4.3 Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies	OCM.4.3.1 Number of countries that ensure access to medicines included in the national essential medicines list without any payment at the point of care/service/dispensing of the medicine	1	14
			OCM 4.3.2 Number of countries and territories that have achieved or increased their regulatory capacity with a view to achieving the status of functional regulatory authority of medicines and other health technologies	7	35

	UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
		Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
TARGET 3.8 (CONT.)	3.8 – Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all	Category 4 – Health Systems	Program area 4.4 Health Systems Information and Evidence OCM 4.4 All countries have functioning health information and health research systems	OCM.4.4.1 Number of countries and territories meeting the coverage and quality goals of the PAHO Regional Plan of Action for Strengthening Vital and Health Statistics	14	35
				OCM.4.4.2 Number of countries and territories with functional mechanisms for governance of health research	5	26
TARGET 3.9	3.9 – By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals	Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Program area 3.5 Health and the Environment OCM 3.5 Reduced environmental and occupational threats to health	OCM 3.5.4 Number of countries and territories with capacity to address workers' (occupational) health with emphasis on critical economic sectors and occupational diseases	11	24
				OCM 3.5.5 Number of countries and territories with capacity to address environmental health	11	24
	Program area 3.5 Health and the Environment OCM 3.5 Reduced environmental and occupational threats to health		OCM 3.5.3 Number of countries and territories in which the proportion of population relying on solid fuels is reduced by 5%	14	20	
			OCM 3.5.4 Number of countries and territories with capacity to address workers' (occupational) health with emphasis on critical economic sectors and occupational diseases	11	24	
			OCM 3.5.5 Number of countries and territories with capacity to address environmental health	11	24	
	3.9 – By 2030, substantially reduce the number of deaths and illnesses from water pollution and contamination		Program area 3.5 Health and the Environment OCM 3.5 Reduced environmental and occupational threats to health	OCM 3.5.5 Number of countries and territories with capacity to address environmental health	11	24
3.9 – By 2030, substantially reduce the number of deaths and illnesses from soil pollution and contamination	Program area 3.5 Health and the Environment OCM 3.5 Reduced environmental and occupational threats to health	OCM 3.5.5 Number of countries and territories with capacity to address environmental health	11	24		

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
MEANS 3a Means of implementation 3a – Strengthen implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	Category 2 – Noncommunicable Diseases and Risk Factors	Program area 2.1 Noncommunicable diseases and risk factors OCM 2.1 Increased access to interventions to prevent and manage noncommunicable diseases and their risks factors	OCM 2.1.2 Prevalence of current tobacco use 2.1.2a Prevalence of current tobacco use among adolescents 13-15 years of age	TBD by WHO	TBD by WHO
			OCM 2.1.2 Prevalence of current tobacco use 2.1.2b Age-standardized prevalence of current tobacco use (18+ years of age)	21%	17% (to achieve the global target of 30% reduction by 2025)
MEANS 3b Means of implementation 3b – Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	Category 1 – Communicable Diseases	Program area 1.5 Vaccine-preventable diseases (including maintenance of polio eradication) OCM 1.5 Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases	OCM 1.5.1 Regional average coverage with three doses of diphtheria, tetanus, and pertussis-containing vaccine	92%	94%
			OCM 1.5.2 Number of countries and territories with reestablishment of endemic transmission of measles and rubella virus	0	0
			OCM 1.5.3 Number of countries and territories that have introduced one or more new vaccines	34	51
			OCM 1.5.4 Number of countries and territories reporting cases of paralysis due to wild or circulating vaccine-derived poliovirus (cVDPV) in the preceding 12 months	0	0
	Category 4 – Health Systems	Program area 4.3 Access to medical products and strengthening regulatory capacity OCM 4.3 Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies	OCM.4.3.1 Number of countries that ensure access to medicines included in the national essential medicines list without any payment at the point of care/service/dispensing of the medicine	1	14
OCM 4.3.2 Number of countries and territories that have achieved or increased their regulatory capacity with a view to achieving the status of functional regulatory authority of medicines and other health technologies			7	35	

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
MEANS 3c Means of implementation 3c – Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states		Program area 4.1 Health governance and health financing, national health policies, strategies, and plans OCM 4.1 Increased national capacity for achieving universal health coverage	OCM 4.1.1 Number of countries and territories that have implemented actions toward the progressive realization of universal access to health and universal health coverage	N/A (new indicator)	12
			OCM 4.1.2 Number of countries and territories with public expenditures in health of at least 6% of GDP	7	20
		Program area 4.5 Human resources for health OCM 4.5 Adequate availability of a competent, culturally appropriate, well-regulated, well-distributed, and fairly treated health workforce	OCM 4.5.1 Number of countries and territories with at least 25 health workers (doctors, nurses, and midwives) per 10,000 population	25	31
			OCM 4.5.2 Number of countries and territories with national training programs on public health and intercultural competencies for primary health care workers	8	23
			OCM 4.5.3 Number of countries and territories that have reduced by 50% the gap in the density of health workers (doctors, nurses, and midwives) between subnational jurisdictions (province, state, department, territory, district, etc.) that have a lower density of health workers than the national density	11	19
MEANS 3d Means of implementation 3d – Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks	Impact Goal 9 – Prevent death, illness, and disability arising from emergencies		9.1 At least 70% of emergencies in which the crude mortality rate returns to accepted baseline (pre-disaster levels) within three months		
	Category 3 – Determinants of Health and Promoting Health throughout the Life Course	Program area 3.5 Health and the environment OCM 3.5 Reduced environmental and occupational threats to health	OCM 3.5.5 Number of countries and territories with capacity to address environmental health	11	24

UN Sustainable Development Goals	PAHO Strategic Plan 2014-2019*				
	Impact Goals and Categories	Program Areas and Outcomes	Impact Goal Targets or Outcome Indicators	Baseline 2013 ¹	Target 2019 (Baseline+)
MEANS 3d (CONT.) Means of implementation 3d – Strengthen the capacity of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks	Category 5 – Preparedness, Surveillance, and Response	Program area 5.1 Alert and Response Capacities (for IHR) OCM 5.1 All countries have the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response	OCM 5.1.1 Number of States Parties meeting and sustaining International Health Regulations 2005 requirements for core capacities (the denominator for this indicator is the 35 States Parties to the IHR)	6/35	35/35
		Program area 5.2 Epidemic and pandemic-prone diseases OCM 5.2 All countries are able to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics	OCM 5.2.1 Number of countries with installed capacity to effectively respond to major epidemics and pandemics	6/35	35/35
		Program area 5.3 Emergency Risk and Crisis Management OCM 5.3 Countries have an all hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations	OCM 5.3.1 Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies	19	36
			OCM 5.3.2 Number of countries and territories implementing disaster risk reduction interventions for health facilities	11	35
		Program area 5.4 Food Safety OCM 5.4 All countries have the capacity to mitigate risks to food safety and respond to outbreaks	OCM 5.4.1 Number of countries and territories that have adequate mechanisms in place for preventing or mitigating risks to food safety and for responding to outbreaks, including among marginalized populations	4	20
		Program area 5.5 Outbreak and Crisis Response OCM 5.5 All countries adequately respond to threats and emergencies with public health consequences	OCM 5.5.1 Percentage of countries and territories that have demonstrated adequate response to an emergency from any hazard with a coordinated initial assessment and a health sector response plan within 72 hours of onset	N/A (new indicator)	100%

* This table was based on the list of targets of sustainable development goals (particularly of SDG 3) as they appear in Open Working Group proposal for Sustainable Development Goals, available at: <https://sustainabledevelopment.un.org/focussdgs.html>; and categories, impact goals, program areas, outcomes, impact goal targets, and outcome indicators as they appear in Strategic Plan of the Pan American Health Organization 2014-2019 (PAHO OD345 of 22 September 2014), available at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=en. N/A – Not Available.

¹ The baseline year is 2013 or the year for which the most recent data are available. The year is listed for those indicators without 2013 data. The targets for 2019 include the 2013 baseline plus the proposed targets for each of the biennia ending in 2015, 2017, and 2019. This applies to all baselines and targets in this category.

*We are confident that fulfilling both SDG 3
and the PAHO Strategic Plan will enable the Region
of the Americas to become more sustainable, just,
and equitable, and that its people will achieve
a higher level of health.*

*Dr. Carissa F. Etienne
Director*



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REGIONAL OFFICE FOR THE Americas

525 Twenty-third Street, N.W.
Washington, D.C. 20037

www.paho.org

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