



















Final End-of-Biennium 2018-2019 and Strategic Plan 2014-2019 Assessment Report

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

Table 1. Category 3 Programmatic Summary

Program area	Rating 2014-2015	Rating 2016-2017	Rating 2018-2019	Output indicator rating	Outcome indicator rating
3.1 Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health				1/6 exceeded 3/6 achieved 2/6 partially achieved	3/7 exceeded 1/7 not achieved 3/7 no rating
3.2 Aging and health				1/5 exceeded 4/5 achieved	1/1 exceeded
3.3 Gender, equity, human rights, and ethnicity				4/5 partially achieved 1/5 no rating	1/1 partially achieved
3.4 Social determinants of health				1/6 exceeded 5/6 achieved	1/1 achieved
3.5 Health and the environment				2/9 exceeded 3/9 achieved 4/9 partially achieved	1/5 achieved 4/5 partially achieved
Category 3 summary				5/31 exceeded 15/31 achieved 10/31 partially achieved 1/31 no rating	4/15 exceeded 2/15 achieved 5/15 partially achieved 1/15 not achieved 3/15 no rating

 Met expectations  Partially met expectations

Overview of the Category

Category 3 is a wide-ranging area of work that integrated actions by multiple actors to assess and design policies with Member States for the needs of specific population subgroups based on age, gender, ethnicity, and social status, taking into account other social determinants and environmental factors. The landmark achievement throughout the Strategic Plan period was the reduction of infant, child, and maternal mortality, including a marked decrease in absolute gradient and relative gap inequalities in infant mortality, maternal mortality, and mortality amenable to health care between countries. During the biennium, the Pan American Health Organization (PAHO) promoted the engagement of Member States in high-level political discussions through the adoption of the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030, the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030, and the Strategy and Plan of Action on Ethnicity and Health 2019-2025, all reinforcing approaches that are essential to leaving no one behind.

As a result of the technical cooperation delivered during 2018-2019, some major achievements have had significant impacts at country level:

- The development of plans and implementation of actions for the reduction of maternal mortality in 10 priority countries improved maternal health.
- Thirteen Member States established birth defects surveillance systems to reduce newborn and child mortality.
- The newly formed PAHO Youth for Health group incorporated youth into health planning.
- The number of age-friendly communities increased by 50% in the Region, to 600, ahead of the forthcoming Decade of Healthy Ageing (2020-2030). The Integrated Care for Older People (ICOPE) guidelines were implemented to strengthen primary health care.
- PAHO completed an analysis of the integration of health equity in national health policies and national development plans in 32 countries, and it is being used for national planning. There was also promising progress with intercultural dialogues for equity and ethnicity.
- With support from the government of Canada, an integrated mechanism was developed that demonstrates significant concrete examples of the ways in which PAHO is enhancing its capacity and activities to address the four cross-cutting themes (CCTs) in countries.
- There is now a clearly defined line of work on social determinants of health, which is shaping intersectoral actions aligned with implementation of the 2030 Agenda for Sustainable Development. A platform was established to follow up recommendations from the report of the PAHO Independent Commission on Equity and Health Inequalities in the Americas with respect to the social determinants of health.
- A regional road map and guide were developed to address environmental determinants of health, and the Caribbean Action Plan on Health and Climate Change was launched.

Programmatically, the 2019 targets for 20 of 31 output indicators and 6 of 15 outcome indicators were achieved or exceeded. However, the situation varied across the program areas. Program Areas 3.2 and 3.4 had all their targets achieved or exceeded, while in Program Areas 3.1, 3.3, and 3.5 there were mixed levels of achievement due to factors that are examined in this report. Category 3 saw a major effort and success in fundraising activities throughout the period; nonetheless, this category had the lowest funding of the six categories, with 66% of its approved budget financed. Implementation of the approved budget was also relatively low at 65%, although 99% of available funds were spent. Overall, therefore, Category 3 is rated as having partially met expectations.

Programmatic Implementation by Outcome

3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Overview

Participatory development of the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030 has allowed for a broad discussion with countries on paradigmatic changes in the model of care and the integration of health into other sectors within the frameworks of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and the Sustainable Development Goals (SDGs). The adoption of the Plan of Action establishes strategic lines with cross-sectoral vision and participation of women and young people, encouraging the changes necessary to reduce inequalities and leave no one behind. Concrete examples include the formation of the PAHO Youth for Health group, which leads the I Thrive campaign. Activities related to countries with the highest maternal mortality have been coordinated at the highest institutional level, enhancing country outcomes. Cooperation follows three

main axes: improving care, enhancing surveillance, and using information to identify the most cost-effective, evidence-based interventions.

Main Achievements

- After an extensive inter-programmatic and consultative work process, the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030 was approved by the 56th Directing Council of PAHO. Implementation has begun, with the definition of the indicator technical descriptions (known as “fichas” in Spanish) and a baseline survey.
- Maternal mortality reduction plans were updated in eight of the 10 priority countries, and maternal mortality committees were reactivated in nine of them.
- Youth participation was strengthened with the creation of the PAHO Youth for Health group. This group spearheaded the I-Thrive campaign, designed to give young people a voice in defining what makes them thrive.
- Over 30 countries are now using the Perinatal Information System (SIP) tool in different modalities, according to the needs of each country, to obtain accurate information on obstetric events. Work in this area during the biennium emphasized the Caribbean countries and territories, at least nine of which have this instrument (Anguilla, Bermuda, Dominica, Grenada, Guyana, Saint Kitts and Nevis, Saint Lucia, Trinidad and Tobago, and Turks and Caicos).
- Thirteen countries were monitoring congenital defects that lead to one in 10 deaths of children under age 5 in the Region, and 250 professionals from 23 countries were trained in the use of surveillance systems for these anomalies.
- In Suriname, 90 non-pneumatic anti-shock garments were provided to health facilities with deliveries and to educational institutes, and training was provided for emergency obstetric care. The Zero Maternal Deaths from Hemorrhage project continued to be implemented, with successful results in Brazil.
- Thirty countries participated in the global policy survey on sexual, reproductive, maternal, neonatal, children’s, and adolescents’ health and gender-based violence. The results show the level of uptake of selected evidence-based recommendations on these topics in national policies, guidelines, strategies, and legislation.
- Twenty-five countries received training and developed or updated their adolescent health plans or strategies, in line with the most recent guidance from the World Health Organization (WHO) on evidence-based and multisectoral planning for adolescent health.
- Sixteen countries participated in a comprehensive school health assessment. These country assessments were reviewed at an interagency technical meeting on school health and will contribute to the development of updated regional guidance on health-promoting schools during the 2020-2021 biennium.

Challenges

- Given current financial and human resources capacities, support for implementation of the Plan of Action for Women’s, Children’s, and Adolescents’ Health in the countries requires very creative intersectoral action.
- A key challenge for PAHO is to maintain a quality and timely technical response to the increasing needs and demands of the countries in a context of limited resources.

- Political difficulties and changes of government in the countries of the Region in many cases hinder the implementation of activities and plans.

Lessons Learned

- In the countries that have been prioritized by PAHO for the reduction of maternal mortality, the presence of maternal health advisors promoted continuous advocacy and the implementation of a set of key initiatives. This strengthened policy and action on the issue and contributed to the reduction of maternal mortality.
- Work with partners has progressed, allowing the expansion of technical activities, reducing overlap, and contributing to greater efficiency.
- Inter-programmatic activities have led to better results on priority issues, with more consistent progress.
- Efforts to increase equity and accelerate progress to end avoidable deaths and disabilities require strong technical cooperation from PAHO to promote effective intersectoral action at the local level and greater utilization of local data.

Cross-cutting Themes

- A document on safe intercultural delivery was validated in Peru, Guyana, and Colombia.

3.2 Aging and Health

Overview

Despite financial and logistical constraints, the aging and health program showed significant progress in the Region of the Americas. Under the Plan of Action on the Health of Older Persons, including Active and Healthy Aging, whose final report was presented in 2019, PAHO continued to work with countries to establish national frameworks for healthy aging. This includes aligning health systems to the needs of older populations, developing age-friendly environments, and improving measurement, monitoring, and research on aging and health, based on the countries' current and potential strengths, resources, capacities, and opportunities. The Region is beginning to see increasing demand for long-term care, and PAHO began discussions at national and regional levels to generate technical capacity and assist countries in building sustainable long-term care systems.

Main Achievements

- With Ecuador's ratification of the Inter-American Convention on Protecting the Human Rights of Older Persons and its approval of a specific law, seven countries have now implemented the Convention in their national bodies of law.
- The number of age-friendly communities in the Americas grew by more than 200 to a current total of over 600, the largest number of any WHO region.
- The final report on the Plan of Action on the Health of Older Persons, including Active and Healthy Aging was presented, with strong support from Member States for progress and the immediate and strategic need to prioritize the issue.
- The ICOPE program is being validated to strengthen the capacity of primary health care and the community to meet the needs of older persons and limit the growth of demand for long-term care.

Challenges

- Many countries have only recently begun to realize the implications of aging societies for their health and economic systems. PAHO has seen an increasing demand for technical support around the organization of systems for providing long-term care.

Lessons Learned

- There is now a much higher level of awareness of the opportunities and needs to work with and for aging populations, and a growing realization that not doing so leads to major social and economic consequences.

Cross-cutting Themes

- Throughout the Region the burden of long-term care on family is enormous. In the United States alone, the hidden cost is estimated at approximately 470 billion USD. The burden of care affects mainly women, who are responsible for almost 90% of care provision. In the coming decades, the structural capacity of families to provide care will be greatly reduced.

3.3 Gender, Equity, Human Rights, and Ethnicity

Overview

Critical to the achievement of the SDGs in the Americas, as well as the targets in the PAHO Strategic Plan 2014-2019, is the focus on leaving no one behind, achieving universal health coverage and access, and addressing the determinants of health. Although there has been collective progress in improving health across the Americas in recent decades, significant inequalities and inequities in health remain. In all countries of the Region, the wealthiest live longer and healthier lives, while others suffer unnecessary and avoidable ill-health and lower life expectancies. Particular groups face different forms of inequity related to structural inequalities, such as those related to gender and ethnicity, which affect access to health services and health outcomes. PAHO emphasizes cross-cutting themes to ensure that all policies, plans, and programs across the Pan American Sanitary Bureau (PASB) and the Member States integrate gender, equity, human rights, and ethnicity perspectives and approaches and thus contribute to ending these disparities.

Main Achievements

- The report of the PAHO Independent Commission on Equity and Health Inequalities in the Americas was launched with a highly successful side event during the 57th Directing Council. This generated significant awareness in countries with regard to the need to accelerate action toward equity in health, as well as an interest among some in a strategy on equity in health.
- The 57th Directing Council also approved the Strategy and Plan of Action on Ethnicity and Health 2019-2025, which includes impact indicators on reduction of maternal mortality, infant mortality, and tuberculosis among indigenous peoples, Afro-descendants, and other ethnic groups.
- An analysis of the integration of health equity in national health policies and national development plans was completed in 32 countries of the Americas. Data from the analysis are being used to support the production of a national health equity assessment report, to be completed in 2020.
- In response to country demands, significant publications providing guidance to countries on mainstreaming and monitoring gender equality in health have been published online and in print. These include regional reports on

masculinities and health, on gender mainstreaming in health, and on gender in health indicators. The launch of the masculinities and health report generated particularly intense press coverage at global, regional, and country levels.

- Grenada, Saint Lucia, and Saint Vincent and the Grenadines hosted trainings on how to mainstream gender in health, with emphasis on gender equity in health profiles. As a result, gender-based health profiles were produced on access to HIV/AIDS services and programs in Saint Lucia and on HIV/AIDS antiretroviral therapy compliance in Saint Vincent and the Grenadines.

Challenges

- To date, there is no agreed, shared, inclusive, and interdisciplinary framework for working on equity in health, either in PASB or in the countries, that incorporates health systems approaches, intersectoral work on social and environmental determinants, and monitoring.
- The Region lacks sufficient data to guide evidence-informed policy, plans, and programs in many key areas of work, including ethnic disparities in health; gender mainstreaming in health (and in emerging topics such as LGBT health and masculinities and health); and the impact of policies on inequities in health.
- Interest in intercultural dialogues has increased significantly, but this area requires further attention to ensure that dialogues are implemented effectively through an appropriate methodology.
- Ongoing WHO discussions with regard to a gender, equity, and human rights (GER) strategy and criteria for monitoring the integration of GER in the context of the Results Framework for the 13th General Programme of Work constitute an obstacle to efforts by PAHO to align normative strategies (in particular on equity and gender).

Lessons Learned

- Intensified efforts are required to improve country data related to equity, gender, and cultural diversity and to improve methodologies to monitor and assess policy impacts. This work should be carried out in collaboration with other WHO regions, especially the Regional Office for Europe, and with other organizations such the Economic Commission for Latin America and the Caribbean (ECLAC).
- Significant efforts are required to consolidate inclusive and interdisciplinary approaches to equity in health as the basis for a future strategy on equity in health.
- Further investments need to be made in generic guidance and training courses to support the successful integration of CCT approaches in all PAHO work in order to increase uptake by countries and within PASB. Efforts should focus on the fulfillment of the institutional mandate for mainstreaming the CCTs.
- PAHO needs to play a leading role in global WHO discussions with regard to any GER strategy and the criteria for reporting on integration of GER approaches, in order to ensure alignment with PAHO approaches and mechanisms and to advocate for the adoption of perspectives from the Americas where feasible (e.g., for ethnicity).

Cross-cutting Themes

- The integration of the CCTs in PASB and in countries was the sole focus of this program area. There were significant advances in evidence, frameworks, and recommendations for orienting and guiding PAHO in this regard. These include the report of the PAHO Independent Commission on Equity and Health Inequalities in the

Americas; the Strategy and Plan of Action on Ethnicity and Health; and reports on mainstreaming gender in health in countries, on gender in health indicators, and on masculinities in health. There were also developments in virtual and in-person courses on the CCTs. Significant inter-programmatic work within PASB also brought important advances in maternal health, tuberculosis, HIV, traditional medicine, disaster risk reduction, and other programs.

- With support from the government of Canada, an integrated mechanism was developed that demonstrates significant concrete examples of the ways in which PAHO is enhancing its capacity and activities to address the four CCTs in countries. The review of PASB approaches to equity has also demonstrated concrete examples of how the Bureau is addressing this issue, although there are gaps that must be overcome in order to promote consistent approaches across the Organization. These efforts have helped PAHO address the lack of an institutionalized platform to track the CCTs.
- Intense work with countries and PASB technical areas to develop the new PAHO Strategic Plan 2020-2025 has resulted in a heightened focus on the CCTs, in terms of both a more ambitious outcome and the mainstreaming of CCTs across the outcomes and outputs of the Plan. This work demonstrates that countries have made significant advances in their CCT-related commitments and that momentum for greater equity and equality in health within a human rights framework should be carried forward.

3.4 Social Determinants of Health

Overview

This program area addressed the social determinants of health through a Health in All Policies approach and through health promotion, with a strong focus on intersectoral action, community participation, and creation of health-promoting settings and conditions at national and local levels. The work also focused on measuring the impact of these efforts on health status, and particularly on health equity. The program area supported implementation of the 2030 Agenda for Sustainable Development.

Main Achievements

- At impact level, the Region of the Americas managed to reduce both absolute gradient and relative gap inequalities in infant mortality, maternal mortality, and mortality amenable to health care between countries in the 2018-2019 biennium and indeed in the whole six-year period of the Strategic Plan 2014-2019. The regional averages in all three core indicators were reduced. The Region thus attained and even surpassed the specific quantitative targets set for the Strategic Plan impact goals. This is the first time such achievement has been documented at regional level and tied to the PAHO technical cooperation program.
- Consensus among Member States led to the approval of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 during the 57th Directing Council.
- The movement of mayors for healthy cities, municipalities, and communities was further consolidated with the participation of at least 17 countries and more than 100 municipalities in the Region of the Americas. It provides an important platform for addressing social determinants of health, intersectoral action, and priority public health issues.
- The Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas was finalized and presented to the 2019 Directing Council. The report highlights the need to work on the social determinants of health to achieve health equity.

- The Plan of Action on Health in All Policies 2014-2019 was successfully concluded. The Region made important progress in working across multiple sectors to address the social determinants of health with a view to achieving health for all.

Challenges

- Several parallel, complementary, and potentially synergic agendas exist in PAHO and need to be coordinated in order to achieve positive results for the Organization as a whole and for the Region. These include lines of action on health promotion, Health in All Policies, social determinants of health, equity, urban health, and community health, among others.
- The capacity of the health sector to advocate and work with other sectors on addressing the social determinants of health needs to be strengthened.
- The understanding of health needs to go beyond the provision of health services, taking into account the primary health care approach, which has a key component on addressing the social determinants of health and health promotion.

Lessons Learned

- The nature of this program area requires different ways of working; this in turn requires enabling the national health authorities to go beyond their comfort zones and engage with other sectors, as well as with partners in the health sector, to address the social determinants of health. The main factors that limit people's ability to reach their full health potential lie largely outside of the health sector.
- The PAHO/WHO Collaborating Centers have proven to be critical for catalyzing efforts by programs with limited resources, particularly when the Collaborating Centers are organized in networks (health promotion and social determinants, workers' health).
- The WHO European Region, in addressing the social determinants of health and health equity in an integrated manner, has set an example that is very promising for the Americas Region. Similar work can be carried out in countries with sufficient disaggregated information and with access to data from other sectors. Involvement of ECLAC and the International Labor Organization is essential to this effort.
- If strategies and plans of action are prepared in full collaboration with national health authorities and other stakeholders in Member States, the reception and possibilities of implementation will be better. Engagement with governments that are changing during or just before the Governing Bodies meetings is critical and can be challenging, particularly if the new governments have not yet defined a position on the topic.
- The SDGs are an important entry point and enabler for the work on social determinants of health through intersectoral action.
- It is important to identify who is being left behind in order to better fulfill the health-related commitments made in the SDGs and SHAA2030. Many countries are showing heightened interest, concern, and resolve to implement health inequality monitoring systems as a necessary starting point.

Cross-cutting Themes

- As in Program Area 3.3, the interventions carried out under Program Area 3.4 were underpinned by health equity and intersectoral action, one concrete example being the Strategy and Plan of Action on Health Promotion.

- The implementation of the Plan of Action on Health in All Policies 2014-2019 was both an enabler of health equity and a collaborative strategy to incorporate health considerations into decision making across sectors and policy areas in a more decisive and effective way.

3.5 Health and the Environment

Overview

Program Area 3.5 focused on innovative, intersectoral, and strategic efforts to address the environmental determinants of health, reduce health risks, and promote healthy environments. These activities were carried out using an inter-programmatic approach, working together with the PAHO/WHO Collaborating Centers. The area included five thematic priorities: water, sanitation, and hygiene (WASH), climate change, air quality, chemical safety, and workers’ health, along with other cross-cutting areas of work. Actions were undertaken to build capacity on environmental health and address environmental inequalities in health, with particular attention to implementing the Plan of Action on Workers’ Health 2015-2025.

Main Achievements

- Seven countries and territories (Bolivia, Guatemala, Honduras, Mexico, Panama, Paraguay, and Puerto Rico) assessed the situation of WASH in health care facilities, with support from PAHO.
- A regional strategy was designed to strengthen the capacities of inter-institutional groups for water and sanitation as part of the regional initiative of the WASH LAC Group in emergencies.
- A regional road map and guide were developed as a part of an inter-programmatic initiative to address environmental determinants of health in vector surveillance and control strategies.
- Over 4,000 professionals in the Region completed training on chemical safety topics and environmental epidemiology through the PAHO Virtual Campus for Public Health.
- Eleven countries of the Americas signed onto the health commitments of the Climate Action Summit in September 2019 (Colombia, Costa Rica, Dominican Republic, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru, and Uruguay). Ten cities committed to implement actions toward achieving the standards set in the WHO Air Quality Guidelines by 2030. Twenty-seven countries and subnational governments joined the BreatheLife campaign, promoted by PAHO/WHO, United Nations Environment Programme, and Climate and Clean Air Coalition, and are implementing actions to improve air quality and protect public health. PAHO supported Colombian BreatheLife cities in the preparation of integrated health, air quality, and transport plans.
- The Central American Parliament approved a resolution to promote the development of national legislation for countries of the subregion and, with support from PAHO, created an observatory on air quality within the Central American Integration System.
- The Caribbean Action Plan on Health and Climate Change was launched during the Third Global Conference on Health and Climate, organized by PAHO and WHO in 2018. This was achieved through substantial interactions with representatives of 23 countries and territories of the Caribbean, including national authorities for health, environment, and climate change. PAHO also prepared a compendium of indicators to guide the monitoring of achievements under the action plan.

Challenges

- Countries' information systems are not sufficiently integrated to monitor and track progress on the SDG indicators related directly or indirectly to environmental public health.
- Within the health sector, there is limited institutional capacity (human resources, legal framework, budgetary space) to address essential public health functions related to environmental and occupational health.

Lessons Learned

- PAHO leadership in the assessment of water and sanitation indicators of SDG 6 revealed that countries need to advance in the formation and institutionalization of intersectoral and interagency groups that can improve the tracking of the SDG indicators.
- Studies conducted by PAHO using the WHO TrackFin methodology, and evaluation of the baseline for SDG targets 6.1, 6.2, and 6.3a, have contributed to better monitoring and transparency. This in turn has allowed for the development of public policies and the mobilization of resources for the sector.
- User fees for WASH services constitute an access barrier for the poorest populations, despite the existence of social discount rates. The problem is particularly severe in rural areas.
- Access to safe water, adequate sanitation, and hygiene, which is a basic measure to prevent spread of infectious diseases such as COVID-19, requires integrated actions among several sectors at national and subnational levels.
- Global monitoring of water and sanitation in health care facilities offers an opportunity to improve these conditions as a step toward the development of integrated and comprehensive actions for infection control, disease prevention and treatment, quality health services, and resilience to climate change, among others.
- The PAHO inter-programmatic initiative between the vector control and WASH programs helped to define better strategies to mobilize resources and develop joint tools to guide technical cooperation with greater impact.
- Contributions and results of PAHO/WHO Collaborating Centers for occupational health were very important for the implementation of the Plan of Action on Workers' Health 2015-2025.
- The use of assessment tools (AirQ+ and others) to estimate the burden of disease attributable to air pollution provides an excellent entry point for collaborative work between the health, environment, urban planning, and transport sectors.
- Sharing experiences among national and subnational health and environmental peers can help to accelerate actions.
- Specific, tailored training for the implementation of air quality management strategies (plans, programs, alerts, and control), at national and local levels to protect public health is an opportunity to strengthen implementation of the PAHO road map for air quality in the Region.

Cross-cutting Themes

- Cross-cutting research was developed to deliver multiple benefits on public health protection, gender inequalities, and populations in conditions of vulnerability. For example, a paper was published on fuel use in rural communities in the Mexican state of Chiapas.

- Statistics and figures collected for the national outlooks on workers’ health in Argentina, Guatemala, and Guyana demonstrate the persistence of gender segregation in those countries.

Budget Implementation

**Table 2. Category 3 Budget Implementation Summary
(US\$ millions)**

Program area	Approved PB 18-19	Available for implementation	Implementation	Available for implementation as % of approved PB	Implemented as % of approved PB	Implemented as % of available for implementation
3.1 Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	42,600,000	26,966,896	26,815,328	63%	63%	99%
3.2 Aging and health	4,100,000	2,428,952	2,407,565	59%	59%	99%
3.3 Gender, equity, human rights, and ethnicity	10,200,000	7,070,597	7,038,551	69%	69%	100%
3.4 Social determinants of health	12,000,000	5,424,125	5,332,292	45%	44%	98%
3.5 Health and the environment	12,500,000	11,718,071	11,712,449	94%	94%	100%
TOTAL	81,400,000	53,608,641	53,306,184	66%	65%	99%

Budget Implementation Analysis

- The total approved budget for Category 3 has remained in line with its historical budget levels. At \$81.4 million, it represents 13.1% of the total approved budget for base programs (\$619.6 million).
- Funding for Category 3 was \$53.6 million, 66% of its approved Program and Budget (PB) levels, making it the category with the lowest percentage of funding in relation to the approved PB. The funding gap was the largest of all categories at 34% of approved levels, or \$27.8 million. However, 99% of funds available were implemented (\$53.3 million).
- Likewise, funding is low for several of the program areas within this category. The largest gap was in Program Area 3.4, where only 45% of the approved budget was financed due to lack of funding for work on health promotion, social determinants, and healthy settings.

- Program Area 3.1 (women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health) was chosen as one of the highest priorities of the 2018-2019 biennium for the Region; however, its gap was \$15.7 million (37% of approved budget). Furthermore, Program Area 3.2 (aging and health) was financed at just 59%.

Resource Mobilization

- Category 3 realized a major and successful effort in fundraising activities throughout the 2018-2019 biennium. In order to reduce the funding gap for implementation of technical cooperation during 2018-2019, this category mobilized external resources through agreements with multiple sources. They included Global Affairs Canada; US Agency For International Development; MacArthur Foundation; the Ministry of Health of Peru; United Nations Development Programme; United Nations Population Fund (UNFPA); Spanish Agency for International Development Cooperation (AECID); government of Norway; United Nations Environment Programme; Korea International Cooperation Agency; and 10 more external sources that represent 7% of the category cooperation.

Recommendations

- Work in a more intersectoral manner, in line with the 2030 Agenda, SHAA2030, and the new PAHO Strategic Plan 2020-2025, in order to address the determinants and risk factors that are the underlying causes of morbidity, mortality, and disability.
- Continue to integrate a life course approach in national public health priorities.
- Explore initiatives to decrease dependency in the later stages of life amid the acceleration of population aging in the Americas.
- Systematically review the impact of interventions on outcomes with respect to equity.
- Learn from networks of local authorities (mayors, municipalities, and communities) about effective ways to address the public health needs of local populations.
- Work with legal instruments to ensure the rights of specific population groups (e.g., older persons).
- Involve key partners (e.g., youth, communities) when discussing approaches to health issues.
- Strengthen primary health care approaches through deeper integration with the community and incorporation of settings for promoting health (e.g., schools, urban areas, workplaces, etc.).
- Align with initiatives to combat climate change and hazards.

Detailed Assessment by Program Area

<p>Program Area 3.1: Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health</p> <p>OUTCOME: Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults</p> <p>OCM Indicator Assessment: 3/7 exceeded, 1/7 not achieved, 3/7 no rating</p> <p>OPT Indicator Assessment: 1/6 exceeded, 3/6 achieved, 2/6 partially achieved</p>	<p>Rating: Partially met expectations</p>
---	---

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
3.1.1	Percentage of unmet need with respect to modern methods of family planning	15%	11%	Exceeded
<p>According to the PAHO 2019 basic indicators, the unmet need for contraception stood at 9% for Latin America and the Caribbean.¹ Based on this regional figure, the indicator target was exceeded. However, there remain enormous inequities within the Region, with unmet need at 18% for the Latin Caribbean and 15% for the non-Latin Caribbean. There is a need to work with countries where unmet need remains high to help them resolve this problem quickly.</p>				
3.1.2	Percentage of deliveries attended by trained personnel	95%	97%	Not achieved
<p>Regional figures show a decrease in antenatal care, with the percentage of deliveries attended by trained personnel at 94.1%, which is lower than the 2013 baseline. Possible causes of this reduction at regional level could be related to the fact that the levels have decreased in some countries, while in other countries the information is not up to date.</p>				
3.1.3	Percentage of mothers and newborns receiving postpartum care within seven days of childbirth	40%	60%	No rating
<p>Limited data are available on this indicator; what information exists suggests that no progress was made. According to data from 2017, the latest available year, just nine countries reached the target. The rest did not meet the target, did not have information, or did not answer the survey.</p>				

¹ Pan American Health Organization. Core indicators 2019: health trends in the Americas. Washington, DC: PAHO; 2019.
<https://iris.paho.org/handle/10665.2/51542>

3.1.4	Percentage of infants under 6 months of age who are exclusively breastfed	38%	44%	No rating
Data are insufficient to rate this indicator. Population-level data to assess progress come from the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Surveys (MICS). Fourteen countries had survey data from the period 2013-2019, but only six countries carried out surveys after 2015. The median prevalence of exclusive breastfeeding is 34%; four countries have a prevalence higher than 44%. The highest prevalence is 66.4% and the lowest is 4.6%. ²				
3.1.5	Percentage of children aged 0-59 months with suspected pneumonia receiving antibiotics	29%	40%	No rating
The estimate for the Region was 46% in 2014. No estimates are available after 2014. Data for this indicator come from DHS or MICS, and these surveys are not considered reliable sources of valid estimates on this indicator. Care-seeking behavior when a child has respiratory symptoms is being used instead. ³				
3.1.6	Specific fertility rate in women 15-19 years of age	60 per 1,000	52 per 1,000	Exceeded
The regional specific fertility rate in adolescents is 48.3 births per 1,000 women aged 15 to 19. However, great disparities exist among the subregions: North America is at 17.6, Latin America and the Caribbean is at 61.9, and Central America is at 71.1. ⁴				
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	Exceeded
Twenty countries and territories achieved the indicator. Therefore, a total of 20 have regulated these examinations. The midterm review of the Plan of Action on Workers' Health was used as a source for this assessment.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
3.1.1	Countries enabled to improve maternal health through further expansion of access	Number of countries that are implementing the Global Strategy for Women's, Children's	3	10	Achieved

² UNICEF Data: Monitoring the situation of children and women. <https://data.unicef.org/topic/nutrition/malnutrition/>

³ Campbell H, el Arifeen S, Hazir T, O'Kelly J, Bryce J, Rudan I, et al. Measuring coverage in MNCH: challenges in monitoring the proportion of young children with pneumonia who receive antibiotic treatment. PLoS Med 2013;10(5):e1001421. <https://doi.org/10.1371/journal.pmed.1001421>

⁴ Pan American Health Organization. Core indicators 2019: health trends in the Americas. Washington, DC: PAHO; 2019. <https://iris.paho.org/handle/10665.2/51542>

	to, and improvement in the quality of, effective interventions for ending preventable maternal deaths (from pre-pregnancy to postpartum) and perinatal deaths (stillbirths and early neonatal), with a particular focus on the 24-hour period around childbirth	and Adolescents' Health 2016–2030 with inclusion of the Survive, Thrive, Transform objectives			
<p>Ten countries achieved the indicator. One country partially achieved the indicator.</p> <p>Even though the majority of Member States linked to this output advanced their implementation of the global strategy in political terms, they experienced problems in ensuring universal access to services and the correct functioning of health services, and in developing a multisectoral approach to the strategy. Socio-political conflict jeopardized the implementation of this strategy in some countries.</p>					
3.1.2	Implementation of the regional Strategy and Plan of Action for Integrated Child Health, with an emphasis on the most vulnerable populations	Number of countries and territories implementing a national integrated child health policy, strategy, or plan consistent with legal frameworks and regulations	21	25	Exceeded
<p>Twenty-six countries achieved the indicator.</p> <p>Key contributing factors were the synergy of messages provided across United Nations agencies on the importance of investing in children for sustainable development; the increasing involvement of high-level authorities from various sectors as well as presidents themselves; and the role of civil society actors at country level, who amplified the UN messages and the scientific evidence.</p>					
3.1.3	Implementation of the WHO Reproductive Health Strategy, focusing on addressing unmet needs	Number of countries that have incorporated modern methods to solve the unsatisfied demand for family planning	2	10	Partially achieved
<p>Seven countries achieved the indicator. Three countries partially achieved the indicator.</p> <p>Access to long-acting reversible contraception (LARC) is restricted in some countries, and in some countries women do not have access to emergency contraception, even in cases of rape. PAHO can use this opportunity to review national guidelines and procedures to guarantee access to family planning according to WHO guidelines, prioritizing LARC for groups in conditions of vulnerability.</p>					
3.1.4a	Research undertaken and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child, adolescent, and adult health, and on other related conditions and issues	Number of studies conducted to inform the design of new or improved interventions for reproductive, maternal, newborn, child, adolescent, and adult health	N/A	5	Achieved
<p>PAHO has a total of 18 operational investigations at different stages of the process: two published, two accepted, six moving forward in acceptance processes, five under review, two in the writing stage, and one in the data collection phase.</p>					

3.1.4b	Research undertaken and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child, adolescent, and adult health, and on other related conditions and issues	Number of scientific publications and reports on solutions and strategies in sexual and reproductive health	N/A	10	Achieved
PAHO developed, updated, and disseminated five guidelines, regulations, manuals, and technologies in maternal, reproductive, and perinatal health, and contributed to the revision and updating of 12 national guidelines, regulations, and manuals.					
3.1.5	Implementation of the regional Plan of Action on Adolescent and Youth Health	Number of countries and territories implementing national health-related policies or plans on comprehensive adolescent health	17	27	Partially achieved
<p>Seventeen countries achieved the indicator. Four countries partially achieved the indicator.</p> <p>Political, logistical, and financial factors limited the development and implementation of adolescent health plans, strategies, and interventions in some countries, resulting in partially achieved outputs.</p>					

<p>Program Area 3.2: Aging and Health</p> <p>OUTCOME: Increased access to interventions for older adults to maintain an independent life OCM Indicator Assessment: 1/1 exceeded OPT Indicator Assessment: 1/5 exceeded, 4/5 achieved</p>	<p>Rating: Met expectations</p>
--	--

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
3.2.1	Number of countries and territories with at least one evidence-based self-care program for older adults (60 and over) living with multiple chronic conditions	1 (2015)	15	Exceeded
Eighteen countries achieved the indicator.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
3.2.1a	Implementation of the regional Plan of Action on the Health of Older Persons, including strategies to promote active and healthy aging	Number of countries with national health policies, strategies, and plans that explicitly include actions to address the health needs of older people	14	23	Achieved
Twenty-three countries and territories achieved the indicator.					
3.2.1b	Implementation of the regional Plan of Action on the Health of Older Persons, including strategies to promote active and healthy aging	Number of countries with at least one municipality implementing the WHO Age-friendly Environments Programme	8	12	Achieved
Twelve countries and territories achieved the indicator.					
3.2.1c	Implementation of the regional Plan of Action on the Health of Older Persons, including strategies to promote active and healthy aging	Number of countries that have ratified and are implementing the Inter-American Convention on Protecting the Human Rights of Older Persons	1	7	Achieved
Seven countries achieved the indicator.					

3.2.2	Countries enabled to deliver integrated, people-centered services across the continuum of care that respond to the needs of older women and men in low-, middle-, and high-income settings	Number of countries and territories with at least one evidence-based self-care program for older adults (60 and over) living with multiple chronic conditions	12	18	Achieved
Eighteen countries and territories achieved the indicator.					
3.2.3	Evidence base strengthened and monitoring and evaluation mechanisms established to address key issues relevant to the health of older people	Number of countries and territories that have national research that addresses key issues relevant to the health of older people	14	20	Exceeded
Twenty-one countries and territories achieved the indicator.					

Program Area 3.3: Gender, Equity, Human Rights, and Ethnicity OUTCOME: Increased country capacity to integrate gender, equity, human rights, and ethnicity in health OCM Indicator Assessment: 1/1 partially achieved OPT Indicator Assessment: 4/5 partially achieved, 1/5 no rating	Rating: Partially met expectations
--	---

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
3.3.1	Number of countries and territories that have an institutional response that addresses inequities in health, gender, equity, human rights, and ethnicity	32	39	Partially achieved
Thirty-four countries and territories achieved the indicator. One country partially achieved the indicator.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
3.3.1	Gender, equity, human rights, and ethnicity integrated into PAHO program areas	Proportion of PAHO program areas integrating gender, equity, human rights, and ethnicity into operational planning	85%	TBD	No rating
Given the difficulties in evaluating whether program areas integrated the cross-cutting themes in their operational planning under the current system (the PASB Management Information System, or PMIS), the Bureau does not have enough information to evaluate this indicator at this time.					
3.3.2	Countries enabled to implement and monitor health policies/plans and/or laws that address gender equality	Number of countries and territories implementing health policies/plans that address gender equality	13	22	Partially achieved
Fourteen countries achieved the indicator. Eight countries partially achieved the indicator.					
3.3.3	Countries enabled to implement health policies/plans and/or laws to address human rights needs	Number of countries and territories using human rights norms and standards to formulate policies, plans, or legislation	17	25	Partially achieved
Eighteen countries and territories achieved the indicator. Seven countries and territories partially achieved the indicator.					
3.3.4	Countries enabled to implement health policies/plans and/or laws to address equity in health	Number of countries and territories implementing health policies/plans or laws that address health equity	16	24	Partially achieved
Sixteen countries and territories achieved the indicator. Five countries partially achieved the indicator.					

3.3.5	Countries enabled to implement health policies/plans and/or laws to address ethnicity	Number of countries and territories implementing health policies/plans or laws that address ethnicity	14	23	Partially achieved
<p>Eighteen countries and territories achieved the indicator. Five countries and territories partially achieved the indicator.</p> <p>The recently approved Strategy and Plan of Action on Ethnicity and Health brings a new opportunity for countries to advance in implementing health policies and plans that address ethnicity and health.</p>					

Program Area 3.4: Social Determinants of Health

OUTCOME: Increased leadership of the health sector in addressing the social determinants of health

OCM Indicator Assessment: 1/1 achieved

OPT Indicator Assessment: 1/6 exceeded, 5/6 achieved

**Rating:
Met
expectations**

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
3.4.1	Number of countries and territories implementing at least two of the five pillars of the Rio Political Declaration on Social Determinants of Health	13	27	Achieved

Twenty-seven countries and territories achieved the indicator.

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
3.4.1	Country capacity improved to develop policies and intersectoral actions for addressing the social determinants of health by using the Health in All Policies and Sustainable Development Goals frameworks	Number of countries and territories implementing the Health in All Policies Framework for Country Action	16	23	Achieved

Twenty-two countries and territories achieved the indicator. One territory partially achieved the indicator.

3.4.2	Countries enabled to generate equity profiles to address the social determinants of health under the Sustainable Development Goals framework	Number of countries and territories producing equity profiles that address at least two social determinants of health	9	15	Achieved
-------	--	---	---	----	----------

Fifteen countries achieved the indicator.

3.4.3	Countries enabled to scale up local experiences using health promotion strategies to reduce health inequity and enhance community participation of health promoting networks	Number of countries and territories implementing health promotion strategies to reduce health inequities and increase community participation of health promoting networks	13	26	Achieved
-------	--	--	----	----	----------

Twenty-six countries and territories achieved the indicator.

3.4.4	Countries enabled to address the 2030 Agenda for Sustainable Development, responding to the social determinants of health	Number of countries and territories integrating the Sustainable Development Goals into their national planning processes	17	22	Achieved
Twenty-two countries and territories achieved the indicator.					
3.4.5a	PAHO enhanced capacity for measuring and monitoring equity, gender equality, human rights, ethnicity and social determinants	Number of PAHO program areas (with a programmatic orientation) using health inequality monitoring instruments for reporting disaggregated data	2	3	Exceeded
PASB considers that at least six program areas under the PAHO Strategic Plan 2014-2019 are currently working on the use of health inequality monitoring instruments for reporting disaggregated data. These are Program Areas 1.5 (vaccine-preventable diseases), 2.1 (noncommunicable diseases and risk factors), 3.1 (women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health), 3.3 (gender, equity, human rights, and ethnicity), 3.5 (health and the environment), and 4.4 (HEALTH systems information and evidence).					
3.4.5b	PAHO enhanced capacity for measuring and monitoring equity, gender equality, human rights, ethnicity and social determinants	Number of PAHO reports on regional trends in social determinants of health and in the actions to address them, and on the progress made therewith	1	2	Achieved
At least two publications meet the criteria for this indicator: Core Indicators 2019: Health Trends in the Americas and Just Societies: Health Equity and Dignified Lives: Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas.					

Program Area 3.5: Health and the Environment OUTCOME: Reduced environmental and occupational threats to health OCM Indicator Assessment: 1/5 achieved, 4/5 partially achieved OPT Indicator Assessment: 2/9 exceeded, 3/9 achieved, 4/9 partially achieved	Rating: Partially met expectations
---	---

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
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 source	9	24	Partially achieved
<p>Sixteen countries and territories achieved the indicator. Three countries partially achieved the indicator.</p> <p>The countries that partially achieved the indicator are close to the target and quite possibly will achieve it in the short term, given the trends in coverage of water service. The countries that did not achieve the indicator have been unable to reduce the gap between urban and rural areas. Most of them have achieved full coverage in urban areas, but coverage in rural areas remains very low. This shows a high level of inequality, and in two countries the disparity exceeds 30 percentage points.</p>				
3.5.2	Proportion of the population with access to improved sanitation	88%	92%	Partially achieved
<p>The reference databases of the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) currently do not match the baseline data because of a change in the calculation of the data. According to the JMP, in 2013 the proportion was 84.4% and in 2017 (latest data) it was 87.2%. Countries committed to a 4% increase by 2019. The information available in 2017 identifies an increase of 2.8 percentage points above the figure for 2013.</p>				
3.5.3	Number of countries and territories in which the proportion of population relying on solid fuels is reduced by 5%	14	20	Achieved
<p>Eighteen countries achieved the indicator. One country partially achieved the indicator.</p> <p>Honduras advanced in the transition to cleaner fuels for household energy, and it is expected to achieve the indicator in the years to come. Complex socioeconomic situations have limited progress on this indicator in some countries.</p>				
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	Partially achieved
<p>Nineteen countries and territories achieved the indicator. Three countries partially achieved the indicator.</p>				
3.5.5	Number of countries and territories with the capacity to address environmental health	11	24	Partially achieved

Thirteen countries and territories achieved the indicator. Ten countries and territories partially achieved the indicator.

This indicator is a complex one because the criteria for achievement include three priority areas (air pollution, climate change, and chemical safety), each of which is measured differently. In addition, for territories, one of the common challenges in achieving the indicator is their level of accountability in pursuing international commitments.

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
3.5.1	Countries enabled to assess health risks and develop and implement policies, strategies, and regulations for the prevention, mitigation, and management of the health impact of environmental risks	Number of countries with national monitoring systems in place to evaluate, control, and monitor health risks from inadequate water and sanitation	10	25	Partially achieved
<p>Thirteen countries and territories achieved the indicator. Two countries partially achieved the indicator. Ten additional countries did not report information on it.</p> <p>Most of the countries that report information have water quality and sanitation monitoring systems, though more for water quality than for sanitation. Challenges remain, especially in the Caribbean. Most of the Caribbean countries have not been active in the consultation process carried out by WHO in partnership with PAHO through the Regional Technical Team on Water and Sanitation (ETRAS), and thus they provided no information. More effort and technical support are required to make progress in these countries.</p>					
3.5.2a	Countries enabled to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety	Number of countries and territories implementing WHO Resolution WHA68.8, Health and the environment: addressing the health impact of air pollution	8	19	Partially achieved
<p>Ten countries and territories achieved the indicator. Seven countries partially achieved the indicator.</p> <p>Countries that achieved this indicator have done so by developing air quality regulations based on WHO standards. Some countries have advanced by considering the implementation of updated air quality standards, while others have passed a framework law on air quality that will allow for the implementation of such standards. Further efforts are required to support regulatory development in other target countries.</p>					
3.5.2b	Countries enabled to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety	Number of countries and territories with policies, strategies, plans, and/or programs that address Resolution WHA69.4, The Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 Goal and Beyond	5	16	Achieved

Fifteen countries achieved the indicator. One country partially achieved the indicator.					
The country that partially achieved the indicator will require more attention on the implementation of the WHO chemicals road map soon after its recovery from social unrest.					
3.5.3a	Countries enabled to implement the PAHO Plan of Action on Workers' Health 2015-2025	Number of countries and territories developing and implementing national policies, plans, and programs on workers' health with emphasis on critical sectors as defined in the Plan of Action	5	9	Partially achieved
Eight countries achieved the indicator. Two countries partially achieved the indicator.					
Countries that made partial progress did so by discussing public policies or action plans and working toward the development of a national outlook for workers' health, but they also experienced delays in finalizing these instruments.					
3.5.3b	Countries enabled to implement the PAHO Plan of Action on Workers' Health 2015-2025	Number of countries and territories with an occupational carcinogen exposure (CAREX) matrix and active national information systems on occupational injuries and diseases	5	13	Partially achieved
Eleven countries achieved the indicator. Two countries partially achieved the indicator.					
This is a composite indicator, and the countries that partially achieved it are in the process of updating or finishing the national CAREX project or publishing the final report.					
3.5.4	Implementation of the PAHO Strategy and Plan of Action on Climate Change	Number of countries and territories implementing the PAHO/WHO strategy, plan of action, and adaptation plans on climate change	16	19	Exceeded
Twenty-seven countries achieved the indicator. Five countries partially achieved the indicator.					
All countries of the Region completed at least one of the four objectives of the PAHO Strategy and Plan of Action on Climate Change. Countries have continued to build upon progress made during the implementation period of the Strategy and Plan of Action, which expired in 2017.					
3.5.5	Countries enabled to develop and implement national policies, plans, or programs to reduce the use of solid fuels for cooking	Number of countries with active policies, plans of action, and programs to replace traditional cookstoves and heaters with cleaner technologies and fuels to reduce household emissions from the use of solid fuels for cooking and heating in compliance with the WHO indoor air quality guidelines	4	11	Achieved
Ten countries achieved the indicator. One country partially achieved the indicator.					
The target countries are implementing large-scale programs to replace inefficient cook stoves with cleaner models that comply with WHO indoor air quality guidelines and recommendations.					

3.5.6a	Countries enabled to meet their public health-related obligations in the implementation of multilateral agreements, conventions, or initiatives on the environment	Number of countries that have included public health considerations within their national strategies to support the ratification and implementation of the Minamata Convention, based on PAHO/WHO input	4	15	Achieved
<p>Fifteen countries achieved the indicator.</p> <p>All target countries (and baseline countries as well) have participated in the virtual/tutorial courses, in Spanish and English, on health sector actions related to the Minamata Convention, for which national road maps were required; monitoring of the use of national road maps is recommended. Support on the development and implementation of multisectoral projects was provided to Guyana, Honduras, Jamaica, Peru, and Uruguay.</p>					
3.5.6b	Countries enabled to meet their public health-related obligations in the implementation of multilateral agreements, conventions, or initiatives on the environment	Number of countries that have included public health considerations in relation to mitigation within their nationally determined contributions to the implementation of the Paris Agreement	5	12	Exceeded
<p>Twenty-eight countries achieved the indicator.</p> <p>Most countries of the Americas have prepared their nationally determined contributions (NDC) to include health components. PAHO continues to provide support to countries for the preparation of the revised NDCs, to be presented in 2020 to the United Nations Framework Convention on Climate Change.</p>					