PAHO Pan American Health Organization World Health Organization Americas

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

Category 2: Noncommunicable Diseases and Risk Factors

Table 1. Category 2 Programmatic Summary

Program area	Rating 2014-2015	Rating 2016-2017	Rating 2018-2019	Output indicator rating	Outcome indicator rating
2.1 Noncommunicable diseases and risk factors				1/12 exceeded 2/12 achieved 7/12 partially achieved 2/12 not achieved	3/14 achieved 2/14 partially achieved 8/14 not achieved 1/14 data not available
2.2 Mental health and psychoactive substance use disorders				1/3 partially achieved 2/3 not achieved	1/1 partially achieved
2.3 Violence and injuries				2/3 achieved 1/3 partially achieved	1/2 partially achieved 1/2 not achieved
2.4 Disabilities and rehabilitation				2/3 achieved 1/3 partially achieved	1/2 achieved 1/2 not achieved
2.5 Nutrition				2/2 partially achieved	3/3 achieved
Category 2 summary				1/23 exceeded 6/23 achieved 12/23 partially achieved 4/23 not achieved	7/22 achieved 3/22 partially achieved 11/22 not achieved 1/22 data not available

 Met expectations  Partially met expectations

Overview of the Category

During the 2018-2019 biennium, Member States of the Pan American Health Organization (PAHO) made significant progress toward control of noncommunicable diseases (NCDs) and their risk factors. Countries and territories improved their capacity to enact legislative and regulatory measures for NCD risk factors; to improve health system responses to NCDs, mental health, people with disabilities, and violence prevention; to complete national NCD surveys; and to disseminate key findings on the status of NCDs and risk factors and on road safety.

At the heart of this progress was collaboration between PAHO and its strategic partners, including organizations outside the health sector, for multisectoral approaches to NCDs. Specific achievements included scaling up of the hypertension control project in 12 countries; launching of a cervical cancer plan of action; increased technical cooperation on tobacco control; completion, in Jamaica, of the first-ever country-level investment case for mental health; development of the first standardized indicator, at global level, of the tax share of alcoholic and sugar-sweetened beverages; finalization of a comparative analysis of prevalence estimates of intimate partner violence against women in the Americas for 24 countries; and a comparative assessment of alcohol policy implementation in all Member States of the Region.

Even though progress has been made, this category continues to face challenges, including a complex public health situation, limited resources, competing public health priorities, and industry involvement to counter public health interventions. In the context of the new PAHO Strategic Plan 2020-2025, the Organization will continue working to *a)* advance policies to reduce NCD risk factors (tobacco, alcohol, trans-fats, unhealthy diets); *b)* improve NCD management and mental health services in primary care (through initiatives such as mhGAP, HEARTS, and cervical cancer elimination); *c)* increase surveillance capacity (through STEPS surveys and specific surveys on alcohol, tobacco, and other topics); and *d)* address public health priorities through multisectoral action with partners beyond the health sector (on violence, road safety, disabilities, rehabilitation, and substance use). Scaled-up interventions and efforts by Member States and the Pan American Sanitary Bureau (PASB) will be required to fully meet the targets of the Strategic Plan 2020-2025.

Programmatic Implementation by Outcome

2.1 Noncommunicable Diseases and Risk Factors

Overview

In September 2018, the third United Nations (UN) High-level Meeting on Noncommunicable Diseases was held to discuss progress and accelerate actions toward meeting the goal of a 25% reduction in premature mortality from NCDs by 2025. PAHO helped Member States prepare for this meeting by hosting briefings with their ambassadors to the UN, as well as ambassadors to the Organization of American States (OAS); hosting virtual meetings with ministry of health technocrats through the CARMEN network; and preparing and disseminating reports on national progress toward the global NCD indicators. The high-level meeting led to a renewed political commitment for multisectoral action on NCD prevention and control, which now includes work around mental health and air pollution.

Main Achievements

Multisectoral approaches to NCDs

In collaboration with member agencies and organizations of the Inter-American Task Force on NCDs, a joint session of the OAS Permanent Council and the Inter-American Council for Integral Development was held in June 2018 to discuss the links between NCDs and economic and social development as well as the role of other government sectors in preventing NCDs. This led the OAS General Assembly to adopt a new resolution, Strengthening Multi-Sectoral Responses to the Crisis of Non-Communicable Diseases in the Americas (AG/RES.2019 [XLVIII-O/18]).

In collaboration with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) and the Andean Health Organization (ORAS), subregional policy dialogues were held in Central America and South America with representatives from ministries of health, education, finance, and agriculture, to share perspectives on how to advance multisectoral NCD policy interventions through their respective sectors. This facilitated engagement and relationships between sectors within and beyond health in support of stronger government-wide responses to NCDs.

Under the oversight of the PAHO/WHO Advisory Group on Advancing the NCD Agenda in the Caribbean, health leaders from Member States in the Caribbean along with representatives of the Caribbean Community (CARICOM), Caribbean Public Health Agency, Healthy Caribbean Coalition, and University of the West Indies held several meetings during the biennium to discuss progress, challenges, and priorities in implementing the NCD agenda in the subregion. Critical areas for scaled-up technical cooperation were identified: strengthening legislative capacity, especially for tobacco control laws and food labeling legislation; promoting public education and mobilizing communities for NCD prevention; and undertaking analyses of the economic impact of NCDs.

NCD surveillance systems

The Region has made progress on surveillance of NCDs and risk factors. Two technical reports have been produced, the first titled NCDs at a Glance: NCD Mortality and Risk Factor Prevalence in the Americas, and the second titled Noncommunicable Diseases in the Region of the Americas: Facts and Figures. Taken together, they provide a comprehensive situation analysis for each country on NCD mortality and risk factor prevalence, thus establishing a benchmark for actions needed to reach the global NCD targets and the Sustainable Development Goals (SDGs) relevant to NCDs. These tools significantly enhance PAHO technical cooperation throughout the Region by tracking progress on NCD and risk factor indicators.

The Global School-based Student Health Survey, which generates key information on risk behaviors of adolescents aged 13-17 years, was successfully implemented in Uruguay in 2019.

The 2019 Country Capacity Survey was completed by 35 Member States. Results of this survey will be used to produce country profiles that assess progress and report on several strategic and action plans related to NCDs and their risk factors.

An NCD surveillance capacity assessment was conducted in 2018 in five countries and territories: Anguilla, Antigua and Barbuda, Dominica, Saint Vincent and the Grenadines, and Trinidad and Tobago. This assessment supports countries in establishing targets and indicators and strengthening NCD surveillance capacity.

Critical information on population risk for NCDs was gathered through the World Health Organization (WHO) STEPwise Approach to Surveillance (STEPS). Three countries, the Bahamas, Bolivia, and Ecuador, completed STEPS surveys during the biennium. In the case of Bolivia and Ecuador, it was the first time that population-level data were made available for monitoring key NCD indicators. Protocol development and fieldwork training have been completed and data collection is currently in progress in Bermuda, Saint Kitts and Nevis, and Saint Lucia.

Cancer prevention and control

Member States of the Region made a commitment to reduce cervical cancer incidence and mortality by one-third by 2030 when they adopted the Plan of Action for Cervical Cancer Prevention and Control at the 56th Directing Council of PAHO in September 2018. This plan envisions the future elimination of cervical cancer as a public health problem in the Region and sets forth a series of actions toward that end. These include actions to increase coverage of human papillomavirus (HPV) vaccines and to increase access to effective screening and precancer treatment services, treatment of invasive cervical cancer, and palliative care. In addition, a web-based communication campaign was launched to mobilize health providers and women and girls to provide/seek preventive care. Brochures, videos, posters, booklets, and other campaign materials are available on the campaign web page, which has been promoted widely through social media and networks.

A comprehensive course on cervical cancer prevention and control was launched in 2019 through the PAHO Virtual Campus for Public Health, enrolling over 80,000 health providers.

Inter-programmatic work within PASB continues to advance the regional cervical cancer plan, with the following highlights:
Regional consultation on the global strategy for elimination of cervical cancer. Representatives from the cancer and immunization programs of 30 Member States and from 13 partner organizations provided input on the strategy.

Presentation and discussions with the Technical Advisory Group (TAG) on Vaccine-Preventable Diseases on advances and challenges with HPV vaccines. These resulted in a strong recommendation by the TAG to Member States to prioritize girls in national immunization programs and to focus on increasing coverage.
Workshop with representatives from immunization and cancer programs of 10 Latin American countries to discuss needs and plans for future elimination efforts.
Costing of the Trinidad and Tobago national cervical cancer program, with a view to scaling up HPV vaccination, screening, and treatment.
Community-based screening and precancer treatment project in the hinterlands of Suriname with Medical Mission.
Regional analysis of the country situation and response on cervical cancer screening in women living with HIV/AIDs.
Development of a proposal with Rotary Calgary (Canada) for a regional training initiative on cervical cancer.
Cancer registry capacity building was conducted with the International Agency for Research on Cancer. Registrars and data managers were trained in technical aspects of coding and analysis with a view to improving the quality and comprehensiveness of cancer data.

To address inequities in outcomes for children with cancer, a regional initiative is being implemented to strengthen early detection and treatment services, aligned with the WHO Global Initiative for Childhood Cancer. The childhood cancer initiative began in Peru and has been extended to the Central American subregion. Peru has completed a situation assessment of childhood cancer and developed a demonstration project with key stakeholders to improve the capacity of the health system to provide quality care for children with cancer. In Central America, COMISCA has adopted a plan to create national childhood cancer programs in the subregion and develop treatment guidelines.

A virtual training program on palliative care for primary care providers has been developed to improve knowledge and competencies related to policies and service delivery aspects of end-of-life care. This was launched in early 2020, with 1,500 providers enrolling in the first few weeks.

HEARTS in the Americas

Twelve countries participated in the HEARTS in the Americas initiative, which aims to improve hypertension control and prevent cardiovascular disease by promoting healthy lifestyles, evidence-based treatment protocols, access to essential medicines and technology, risk-based management, team care and task sharing, and systems for monitoring.

The initiative was initially implemented in Barbados, Chile, Colombia, and Cuba. During the biennium, significant programmatic infrastructure was installed in order to fully roll out the initiative in eight additional countries: Argentina, Dominican Republic, Ecuador, Mexico, Panama, Peru, Saint Lucia, and Trinidad and Tobago.

Ministries of health work jointly with local health authorities on this initiative. It is currently being implemented in 371 primary care health centers, covering a collective catchment area of approximately 6 million adults.

This innovative model of service delivery has resulted in improvements in patient hypertension control rates in a short period of time. For instance, published data from full implementation of HEARTS in a community health center in the city of Matanzas, Cuba, from 2016 to 2017 show that the proportion of the hypertensive population registered as having hypertension increased from 52.9% to 88.2%; the proportion of those treated with medications whose hypertension was controlled increased from 59.3% to 68.54%; and the estimated rate of hypertension control in the population increased from 29.1% to 57.9%.

Initial progress reports show that coverage at participating health centers has increased by an average of 20% (from 30%-40% to between 50% and 70%), while control of hypertension among those treated has increased from 40% to 60% The countries are working on scaling up toward national coverage.

A robust train-the-trainer program has been developed with two modalities: 11 national train-the-trainer workshops with 1,150 health professionals trained in person, and 100,000 registered health professionals participating in three virtual courses on cardiovascular disease and HEARTS implementation.

Advances in developing standardized treatment protocols for hypertension and work to increase access to fixed-dose combination medicines through the PAHO Strategic Fund are major steps toward increasing hypertension control.

Tobacco control

By increasing the level of taxation on tobacco products, Brazil became the first country in the Region to implement all six MPOWER tobacco control measures, thereby making significant progress toward full implementation of the WHO Framework Convention on Tobacco Control (FCTC). Brazil is only the second country in the world to achieve this target, after Turkey, and was recognized with the honor of hosting the launch of the WHO Report on the Global Tobacco Epidemic 2019.

There is continuing generation of economic evidence to foster policy coherence on tobacco control. An investment case for strengthening the implementation of the WHO FCTC in Colombia was jointly completed with the FCTC Secretariat, the United Nations Development Programme (UNDP), and RTI International, and presented to national authorities. It demonstrated that tobacco consumption results in annual losses equivalent to 1.8% of gross domestic product (GDP), and that for every Colombian peso invested in scaling up the implementation of the WHO FCTC, Colombia can expect to see 305 pesos in economic gains.

A study to measure the illicit trade of cigarettes in Mexico was conducted in collaboration with the American Cancer Society, Johns Hopkins University, and the National Institute of Public Health of Mexico, and presented to national authorities. This study, using a transparent and peer-reviewed methodology, demonstrated that the size of the illicit trade in cigarettes in Mexico (8.8% of the total) is substantially smaller than claimed by the tobacco industry (17%). This counters industry arguments about the link between high tobacco taxes and the illicit trade in tobacco products.

Four Member States (Antigua and Barbuda, Brazil, Colombia, and Venezuela) introduced or amended their tobacco control policies to make them consistent with the FCTC and best practices. In 2018, Antigua and Barbuda approved a comprehensive tobacco control law implementing three “best buys” for NCD prevention and control, becoming an example among CARICOM countries. Venezuela approved a regulation imposing a total ban on tobacco advertising, promotion, and sponsorship. Brazil and Colombia raised tobacco taxes to contribute at least 75% of retail prices.

For the first time, PAHO hosted the Preparatory Meeting for the 8th Session of the Conference of the Parties to the FCTC in the Region of the Americas. Over 80 representatives from ministries of health and ministries of foreign affairs of 28 FCTC Parties and three non-Parties attended the meeting. In addition, meetings were held on strengthening tobacco control in the Caribbean, fostering the use of taxation to reduce tobacco consumption, approaches to novel tobacco products, and industry interference.

The Report on Tobacco Control in the Region of the Americas 2018, which documents progress in implementation of FCTC mandates, was published in 2018.

Economics of NCDs

Economics is a common language that allows progress toward policy coherence across government departments and makes the case for investments in NCDs. PASB continued its work in developing tools to promote the use of taxation policies to prevent NCDs.

A key achievement has been development of the first standardized indicator of the tax share of sugar-sweetened beverages (SSBs) to allow for monitoring of tax policies over time and comparisons between countries, setting the basis for establishing best practices. PAHO is pioneering the development of this indicator at global level. The indicator was calculated for six different beverages and across 27 Member States, based on the methodology used to calculate the tobacco tax share indicator.

PASB also developed a pilot tax share indicator for four alcoholic beverages in five Member States, including the most popular beer, wine, and spirits. This work was based on the same methodology used for the SSB tax share indicator. Price and alcohol content information was collected for 10 alcoholic beverages along with tax information for four of these beverages. An analysis to determine the potential scale-up of this pilot is under way. An article analyzing the affordability of beers and SSBs was published in a special issue of the Pan American Journal of Public Health on economics of NCDs.

The first-ever country-level investment case for mental health was completed in Jamaica. It demonstrates that for every Jamaican dollar invested in scaling up treatment for depression, anxiety, and psychosis, one can expect to see 5.5 Jamaican dollars in return on investment.

Food and nutrition policies

With technical support from PAHO, Uruguay passed a presidential decree on front-of-package labeling of food and drink products high in critical nutrients, and Peru approved the regulation needed to give effect to its law on healthy eating.

Results of a study on price elasticity of SSBs for Central America and the Dominican Republic were launched in coordination with the Institute of Nutrition of Central America and Panama (INCAP) and the World Bank.

The Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 was developed with participation and support from Member States and approved by the 57th Directing Council of PAHO. This plan serves as a catalyst for the enactment, implementation, and enforcement of regulatory policies that will eliminate industrially produced trans-fatty acids (IP-TFA) from the food supply of the Americas by prohibiting the use of partially hydrogenated oils in food for human consumption and/or limiting IP-TFA content to no more than 2% of total fat in all food products by 2023.

With support from PAHO, 20 countries have salt reduction policies in place, addressing the reformulation of foods, front-of-package labeling, social marketing to create awareness and change behavior, and settings that promote healthy eating. PAHO supported COMISCA in the development of a subregional strategy on salt reduction for Central America and the Dominican Republic.

PAHO has supported the preparation of a regional communication strategy on salt reduction in collaboration with the International Development Research Centre, which has a project to scale up salt reduction programs in the Americas. The strategy was pre-tested in Brazil, Costa Rica, Paraguay, and Peru.

PAHO developed an introductory distance learning course on social marketing for public health that addresses NCD risk factors with support from the American Heart Association, the Universal Health Coverage Partnership, and the University of South Florida.

Alcohol policies

During the biennium, the Technical Advisory Group on Alcohol Policy provided timely guidance to PASB on the development of new tools to improve alcohol surveillance, research, and advocacy activities. Advocacy seeks to increase awareness of alcohol as a public health priority that is relevant not only to NCDs but across other areas of health, such as child and maternal health, injuries, infectious diseases, and health-related law.

As a result, a working group on alcohol monitoring and surveillance was established in 2018 to develop and review new alcohol-related tools and indicators for the PAHO Strategic Plan 2020-2025. This resulted in a tool to help countries calculate alcohol per capita consumption, which has been used in Mexico and Brazil. A comparative assessment of alcohol policy implementation in Member States was also carried out and published in 2018, and preparations were made to standardize and update alcohol questions for surveys and to recalculate the definition of a standard drink.

The first diagnostic center for fetal alcohol spectrum disorders was established in the Dominican Republic in April 2019.

Research studies on the role of alcohol and other psychoactive substances in non-fatal road injuries attended in emergency rooms were completed in Peru and the Dominican Republic in 2019. Argentina is currently implementing the same study, and plans are under way for implementation in Suriname and Jamaica.

Alcohol advocacy efforts included monthly webinars on alcohol-related topics with over 1,500 participants; a virtual self-learning course on alcohol policy advocacy; presentations in national and regional parliamentarian forums including the Costa Rican Parliament, the Central American Parliament (PARLACEN), and the V Congress of the Presidents of the Health Committees of the Parliaments of the Americas; dissemination of scientific information through the Pan American Network on Alcohol and Public Health (PANNAPH) listserv; and support to advocacy campaigns and events in the Caribbean (through a collaboration with the Healthy Caribbean Coalition) and in Mexico.

In September 2019, for the first time since 2014, Member States gathered to discuss implementation of the global alcohol strategy and regional plan of action. The meeting, held in Washington, DC, included 30 Member States, demonstrating the importance of this issue across the Region. A series of recommendations on the way forward were made and contributed to the review undertaken at global level, which will be presented at the World Health Assembly in 2020.

The WHO Global Status Report on Alcohol and Health was released in September 2018, and PAHO disseminated some of the main findings from the Region via webinars with national counterparts. WHO also released its new SAFER technical package of national alcohol policy interventions, which was translated into Spanish and Portuguese and presented at a national seminar in Brazil in October 2019.

Conflicts of interest in nutrition

Health authorities in the Region strengthened their capacity to engage effectively in decision-making processes at national and international levels so that the public health voice is better represented in decisions regarding food standards. More countries now have ministry of health representatives who are knowledgeable about key nutrition agendas and are participating in national committees on food labeling standards, as well as in the delegations representing their countries at Codex Committee meetings on infant and young child nutrition. This increase in the

capacity of ministries of health results in country positions that better reflect the importance of protecting public health, in contrast to former positions that were predominantly driven by commercial interests led by ministries of commerce, industry, and/or agriculture.

The testing of the WHO tool for safeguarding against possible conflicts of interest in nutrition programs (EB 142/23) was completed in Brazil during the biennium.

Challenges

While political commitment to control of NCDs has been declared in global and regional forums, this has not translated consistently, at national level, into stronger political leadership or greater investments in this area of public health. In particular, much remains to be done to integrate NCDs and their risk factors into processes of health systems strengthening and to work across government sectors to ensure policy coherence on NCDs. In addition, high staff turnover in NCD programs in the ministries of health has impeded progress in many countries.

It has proved inherently difficult to transform health systems from the acute care model, geared toward infectious diseases and maternal and child health conditions, toward a model that prioritizes the preventive and chronic care that many NCDs and risk factors require.

Interference from the alcohol, tobacco, and ultra-processed food and drink industries are delaying, weakening, or impeding policies, legislation, and regulatory measures that protect public health. Such interference remains a major barrier to the achievement of policy coherence on NCDs and risk factors.

Despite significant resource mobilization efforts, donors are not interested in funding several critical areas related to NCDs and mental health conditions, a challenge that is also evident globally. Some aspects of this program area require significant resources in order to have any impact, and limited funding has constrained the Organization's ability to meet the targets set forth in regional plans of action and in the PAHO Program and Budget.

Lessons Learned

National health authorities increasingly require more intense technical cooperation that is beyond the current capacity of the Organization to deliver. Partnerships with PAHO/WHO Collaborating Centers, professional associations, and expert consultants have helped extend the reach of PAHO technical cooperation.

Social media has significantly increased the profile and visibility of the work carried out by PAHO, positioning the Organization as the leader in regional public health.

Virtual meetings are useful, particularly when they include a small number of participants and when funds are scarce. However, they limit the potential results when the aim is to achieve validation of documents and/or advance commitments.

PAHO subregional offices have been helpful in extending the scope and impact of the regional work through subregional mechanisms. However, a more systematic approach to communication and coordination between regional and subregional offices is needed.

Inter-programmatic and collaborative work on the economics of NCDs has been key in promoting implementation of NCD prevention measures in the fiscal, agriculture, trade, and production sectors. This involves convening inter-governmental agencies and international research centers with ability to reach sectors beyond health. This collaborative work on economics has set an example that may be replicated in other areas related to NCDs and risk factors. Inter-programmatic work on physical activity, road safety, mental health, environmental health, and surveillance has been evolving, and there is potential for its strengthening.

Cross-cutting Themes

The cross-cutting themes have been incorporated into programmatic work across the various NCD-related topics, including the analysis and presentation of data by gender and age groups.

Where applicable, links have been drawn between NCDs and human rights. This may serve to strengthen policy arguments to protect children and people in situations of vulnerability or to advocate for changes in laws affecting discrimination, stigma, and treatment of people with mental disorders.

2.2 Mental Health and Psychoactive Substance Use Disorders

Main Achievements

Mental health

A virtual self-learning course, Preventing Self-harm/Suicide: Empowering Primary Healthcare Providers, was launched in English and Spanish on the PAHO Virtual Campus for Public Health, where it was accessed by over 27,000 people. Webinars were conducted for the observation of World Suicide Prevention Day.

World Mental Health Day is observed on 10 October each year to raise awareness of mental health issues and to mobilize efforts in support of mental health. The theme for the day in 2019 was "Working together to prevent suicide." A month-long campaign called on people to take 40 seconds of action to raise suicide prevention awareness, because someone dies by suicide every 40 seconds.

Two key documents, The Burden of Mental Disorders in the Region of the Americas 2018 and the Atlas of Mental Health of the Americas 2017, were published in 2018. These reports provide an accurate picture of the current mental health situation in the Region and serve as important tools for developing and planning mental health services.

Integration of mental health in primary health care continues, primarily using the WHO Mental Health Gap Action Programme (mhGAP), which helps build capacity of health care providers who are not specialized in mental health and strengthens the integration of mental health into primary care services. Initiatives under mhGAP have been carried out in most of Latin America and the Caribbean (Anguilla, Antigua and Barbuda, Argentina, Barbados, Belize, British Virgin Islands, Chile, Colombia, Costa Rica, Dominica, Ecuador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Peru, Suriname, Trinidad and Tobago, and Venezuela). A subregional mhGAP training of trainers in Central America and South America was conducted, and a follow-up virtual classroom was launched.

Mental health and substance use were integrated within COMISCA as a formal Mental Health and Substance Use Technical Group. This represents a significant step toward integrating mental health in the health agenda at subregional level. One task of the new technical group was to expand the Central American observatory on suicidal behavior to become the Central American and the Dominican Republic Observatory of Suicidal Behavior and Mental Health, integrating key mental health indicators. A subregional mental health strategy is in development.

A resolution to develop an Andean mental health plan was adopted at the annual meeting of the Ministers of Health of the Andean Area (REMSAA). PAHO worked in collaboration with the subregional organization (ORAS-CONHU) to develop this plan and process.

Paraguay was identified as a participating country in the WHO Special Initiative for Mental Health in 2019.

A regional dementia awareness campaign, "Let's Talk about Dementia," was launched in 2019 in partnership with Alzheimer's Disease International. Social media (principally Facebook, Twitter, and Instagram) was the main tool used to implement the campaign, and data show that the 237 social media posts disseminated by the campaigned reached almost 800,000 people in the Region.

The mental health and psychosocial support needs of people affected by disasters and emergencies in the Caribbean is an important issue that has seen significant progress during the biennium as a result of several initiatives. First, mental health and psychosocial support training was provided to 15 countries and territories in the Caribbean. Second, a response roster for mental health and psychosocial support in emergencies was established and updated. Third, a specific initiative in partnership with the government of the British Virgin Islands led to the successful establishment of community resilience programs and public education campaigns related to mental health in emergencies. These initiatives will mean a greater level of resilience and support available to communities in the Caribbean that are heavily impacted by disasters.

Workshops for mental health and psychosocial support for the Latin American and Caribbean members of the external emergencies roster took place during the biennium in order to align roles and tools and strengthen capacity for an efficient response.

Subregional workshops were held in three subregions with representatives from ministries of health to identify and reach regional consensus on a set of basic mental health indicators. A regional compendium of these indicators is now available, enabling countries to track indicators and maintain regular monitoring of the mental health situation.

Training and implementation planning for the WHO QualityRights initiative took place at regional and country levels during the biennium. The initiative aims to improve access to quality mental health and social services and promote the rights of people with mental and psychosocial conditions and disabilities.

Substance use

The validation and implementation of standardized criteria for drug treatment is progressing in the Region. PAHO has been working in partnership with WHO, UNODC (United Nations Office on Drugs and Crime), COPOLAD (Cooperation Program between Latin America, the Caribbean and the European Union on Drug Policies), and CICAD (Inter-American Drug Abuse Control Commission) to support an interagency initiative that includes the participation of 19 countries in the Americas. Two convergent projects are focusing on the WHO-UNODC International Standards for the Treatment of Drug Use Disorders, which included Brazil, Chile, and Mexico, and on COPOLAD accreditation standards for drug prevention and treatment programs. PAHO hosted an interagency meeting in October 2018 to coordinate cooperation with Member States.

Two subregional seminars on policies and programs to improve access to and quality of treatment for substance use disorders were held during the biennium. The seminars were organized by PAHO in Santa Cruz, Bolivia, in collaboration with the government of Spain and attended by participants from Argentina, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela. Participants exchanged experiences at the national and subnational levels with respect to planning and implementing policies for the integration of substance use disorders treatment and care into primary health care.

A virtual course on alcohol use and pregnancy was launched in Portuguese, Spanish, and English in 2018. Over 9,000 people from the Region and beyond have taken the course in one of these languages. Another virtual course on alcohol policy advocacy, also available in Portuguese, Spanish, and English, has been taken by over 2,200 people since its launch in 2018.

Work began in Guatemala in 2019 to assist indigenous communities in Nebaj with their efforts to reduce alcohol-related problems, particularly alcohol-related suicides. Community leaders have agreed to ban alcohol sales and have requested support to develop enabling legislation that can be feasibly implemented.

Challenges

Despite efforts to strengthen the community-based mental health model in several countries, psychiatric hospitals still exist and are associated with severe human rights violations. Mental health legislation is largely inadequate.

Mental health information systems are still very weak in most countries, though regional and subregional efforts are ongoing.

Limited capacities and interest in raising awareness of the need to improve care for people with epilepsy and dementia at the regional level.

The influence of the alcohol industry on policy making is pervasive in most countries and contributes to the low priority given to alcohol policy changes at national and subnational levels. Limited resources are available to provide technical cooperation in new areas such as fetal alcohol spectrum disorders, alcohol-related injuries, and community responses to alcohol problems.

Lessons Learned

High-level collaboration with decision makers is needed to strengthen mental health action in line with the PAHO/WHO model and to increase funding for mental health.

The TAG on Alcohol Policy has provided new ideas for technical cooperation activities and political support to advance the alcohol policy agenda in the Region. The TAG was a valuable resource for strategic planning and focused actions by PASB, and its work should continue to inform the new Strategic Plan 2020-2025.

Cross-cutting Themes

Human rights are a leading cross-cutting theme in mental health and are promoted mainly through the WHO QualityRights initiative.

Mental health of indigenous populations represented a significant area of work during the biennium.

2.3 Violence and Injuries

Main Achievements

Road safety

In support of the Global Status Report on Road Safety, launched in December 2018, regional data collection and analysis was conducted on the key legislative and public health interventions in this area. The analysis revealed that mortality rates from road traffic injuries are not decreasing but remaining constant, while deaths among motorcycle users are on the rise and require urgent attention. A regional report is in preparation and will be launched in early 2020.

Brazil, Mexico, and Uruguay have prioritized road safety and enacted strong regulation during the biennium, particularly on speed control, seatbelt use, and drink driving. The enabling factors and impact of these legislative

changes have been analyzed and documented, and a series of success stories have been prepared. These will serve as an example for other countries in the Region on effective strategies for implementing road safety interventions.

Health professionals and members of the United Nations Department of Safety and Security were trained on the use of child restraint systems (CRS) to reduce road traffic injuries in children in Chile. The course included information on the types of CRS, good practices and common mistakes when choosing and installing a CRS, and safe travel. Since road traffic injuries are the leading cause of death for people aged 5 to 29 years worldwide, replicating this initiative in other countries will be important. An informational document on CRS addressing common questions of parents is being prepared.

PAHO promoted the launch of the Latin American Parliamentary Road Safety Network in September 2019 in Paraguay with the participation of parliamentarians from Bolivia, Brazil, Costa Rica, Honduras, Paraguay, and Peru, as well as representatives from the Central American Parliament and the Andean Parliament. PAHO serves as technical secretariat for the network.

Costa Rica and the Dominican Republic embarked on a Cooperation among Countries for Health Development (CCHD) project with PAHO to develop best practices and tools that could contribute to the reduction of mortality, morbidity, disability, and property damage caused by road traffic accidents in both countries. As a result of this collaboration, the Dominican Republic is revamping its vehicular inspection program, ensuring the adoption of safety features and guidelines informed by the best practices implemented in Costa Rica. Meanwhile, Costa Rica is implementing new communication techniques through social media, learning from the experience of the Dominican Republic.

An analysis of road traffic mortality trends in the Region was completed and is expected to be published in 2020.

Violence prevention

A regional expert meeting on youth violence prevention was convened to identify multi-stakeholder strategies to address different forms of youth violence in the Americas, including gang violence, and to support Member States in identifying and implementing “best buy” initiatives for violence prevention. The meeting called for strengthening comprehensive approaches to violence prevention by promoting collaboration with other health programs (such as child and adolescent health) and by addressing the intersections between types of violence in the Region.

A side event on violence prevention was organized at the 57th Directing Council of PAHO to strengthen regional and subregional dialogue on this topic, with participation from high-level representatives from El Salvador, Guyana, and Paraguay.

The first subregional conference on INSPIRE: Seven Strategies for Ending Violence against Children took place in El Salvador and was attended by representatives from key government sectors (health, education, justice, and social services) of nine countries. The conference was jointly organized by PAHO, UNICEF, UNODC, the Global Partnership to End Violence Against Children, Save the Children, and Together for Girls. Participants called for global norms to be adapted to the regional and subregional levels and emphasized the value of subregion-specific multi-sector capacity building for countries.

A survey on violence against children was completed in 28 Member States, and data analysis is ongoing. The results will be published in a status report in 2020.
The partnership with the United Nations-European Union Spotlight Initiative was strengthened. This resulted in greater efforts to prevent and respond to violence against women through a subregional program for Latin America as well as country programs in Grenada, Guyana, Jamaica, and Trinidad and Tobago. Development of a Caribbean subregional program is ongoing.

A comparative analysis of prevalence estimates of intimate partner violence (IPV) against women in the Americas was completed for 24 countries in the Region. This study documented reported prevalence of physical and/or sexual IPV ranging from about one in seven (14%-17%) ever-partnered women aged 15-49 in Brazil, Panama, and Uruguay, to more than half (58.5%) in Bolivia. An analysis of changes over time for the eight countries that have such data showed a decline in levels of partner violence, though the gains are fragile and require sustained investment. A peer-reviewed paper was accepted for publication and an infographic was produced.

Health care providers in Bolivia, Brazil, Dominican Republic, and Guatemala were trained to identify and provide care to women and children survivors of violence and to improve multisectoral coordination. Additionally, the Organization guided the development of national policies and protocols to strengthen the health system response to different forms of violence in several countries.

Challenges

While governments have committed to reduce by half the number of deaths from road traffic accidents by 2020, this commitment has not resulted in new legislation or improved enforcement of road safety laws Furthermore, motorcycle use has increased in the Region, and with lack of regulation and legislation to safeguard these vulnerable road users, related mortality is increasing. These trends will impede the achievement of SDG 3, target 3.6.

Violence continues to increase in the Region as a result of the changing political climate, socioeconomic instability, and increasing migration. Violence in the Americas takes many different, often intersecting forms, and the most vulnerable populations, including women and children from diverse population groups, continue to be disproportionately affected. The limited capacity of the health system to prevent violence and respond to the needs of survivors is hampering progress in this area. Inadequate attention and investment impede the development of a coherent and unified response across key sectors, including health as well as social affairs, education, police, and justice.

Lessons Learned

The work on violence prevention goes beyond the health sector and requires strong capacity for partnership, including capacity within the health sector to engage with other sectors and stakeholders. The Organization's work with other UN agencies and regional institutions is key to facilitate multisectoral dialogue on violence prevention and response.

Despite financial constraints, ministries of health show increasing interest in multi-sector actions on violence prevention and road safety. To respond to the numerous requests for assistance in these areas, steps have been taken to build the capacity of PAHO/WHO Representative Office focal points through trainings and workshops. This has been an effective strategy and should be continued in future.

Cross-cutting Themes

Human rights-based and gender-responsive approaches have been incorporated into technical work on violence prevention, especially gender-based violence, for example by integrating these themes into publications, trainings, and technical advice.

2.4 Disabilities and Rehabilitation

Main Achievements

New strategic directions for prevention, detection, and treatment of retinopathy of prematurity (ROP) were produced in the Retinopathy of Prematurity Regional Experts Group meeting. The group discussed strategies to

strengthen the national policies on ROP programs, standardize clinical practices in premature babies (neonatology-ophthalmology), and increase universal access to quality services.

An updated regional assessment of subnational access to services for ROP was published in the journal Seminars in Perinatology, and the study Inequality in the Distribution of Ear, Nose and Throat Specialists in 15 Latin American Countries was published in BMJ Open.

The first population-based rapid assessment of hearing loss in the Region started fieldwork in Santiago, Chile.

Efficiency and quality of eye care in public hospitals was improved in several countries, reducing outpatient and cataract surgery waiting lists and increasing access for vulnerable people.

A regional meeting on rehabilitation data was held in January 2019 in Bethesda, Maryland, co-hosted by the National Institutes of Health (NIH). Participants discussed how to strengthen and improve collection, integration, and analysis of data on rehabilitation systems in order to enhance the sector's contribution to regional and global health data. Representatives from eight countries participated, in addition to PAHO focal points from Central and South America and other key strategic partners.

New partnerships have been built and existing ones extended, including with the American Speech-Language-Hearing Association (ASHA), American Physical Therapy Association, Special Olympics, NIH, and two PAHO/WHO Collaborating Centers in São Paulo and Mexico City. ASHA provides technical support to countries on communication disorders and has engaged in activities in Belize, El Salvador, Guyana, Honduras, and Paraguay. A work plan with Special Olympics is based on a memorandum of understanding signed in November 2017. PASB facilitated the participation of representatives from ministries of health of seven countries in health events at the Special Olympics World Tennis Invitational in Dominican Republic in October 2018. These events focused on health equity and access for people with intellectual disabilities.

The Plan of Action on Disabilities and Rehabilitation 2014-2019 concluded with several countries having made significant progress. Advances include an increase in the number of countries with disability laws and legislation; an increase in the number of countries implementing the International Classification of Functioning, Disability and Health (ICF) for purposes of disability determination and certification; and an increase in the number of countries integrating disability components in their emergency plans. Much remains to be done, however. It is hoped that a new plan of action on rehabilitation will be developed and that disability will become more integrated into the Organization's work on health equity as a transversal theme.

Guyana and Haiti became the first two countries in the Region to undertake a Systematic Assessment of Rehabilitation Situation, a WHO tool for rehabilitation service strengthening. The assessment is the first step in a process to develop a national strategic plan for comprehensive rehabilitation services.

There has been an increase in attention to the sexual and reproductive health of persons with disabilities within the Region, including a very productive project in partnership with United Nations Population Fund (UNFPA) and UN Women in Uruguay and with UNICEF and UN Women in Bolivia. There has also been a greater focus on this issue in the Andean Region.

Challenges

Despite interest in new tools for rehabilitation service strengthening and strong support for a regional meeting on the issue of health equity and disability, identifying external funding to support these activities has been challenging.

There is a need to comprehensively present the nature of PASB work on disability and rehabilitation, as there are different understandings across the Region.

Lessons Learned

Improving the efficiency of public services and the distribution of resources at the subnational level will increase access to vision services for all people and reduce preventable visual impairment.

Eye and ear care should be incorporated into neonatal care, schoolchildren's health, and adult/elderly health, following the life course perspective, and into diabetes care and rehabilitation programs to improve promotion of eye/ear health along with detection and referrals of visual impairment conditions.

Cross-cutting Themes

Work around health equity and disability, including projects undertaken with Special Olympics, connects strongly to human rights, particularly article 25 of the Convention on the Rights of Persons with Disabilities, which has been signed or ratified by 34 of 35 Member States within the Region.

2.5 Nutrition

Overview

SDG 2 calls for ending malnutrition in all its forms. Even though undernutrition has been reduced in the majority of the Region's countries, some still face the double burden of malnutrition (undernutrition and overweight). It is a persistent problem for populations in situations of vulnerability. Beyond the activities described under Program Area 2.1, the Organization has been working on policies to promote, improve, and protect breastfeeding. The International Code of Marketing of Breast-milk Substitutes, adopted in 1981, still has not been fully implemented and/or is not monitored by most Member States. The Baby-Friendly Hospital Initiative (BFHI), relaunched in 2018, needs to get more traction in order to cover a significant part of the Region's population.

Main Achievements

All Latin American and Caribbean countries have enacted some breastfeeding and maternity protection laws, adopted the Baby-Friendly Hospital Initiative, or developed educational materials that support optimal breastfeeding and complementary feeding practices to varying degrees. Only a few countries have a significant body of legislation in place and enforced. Through these laws and policies, countries have adopted many but not all provisions of the WHO International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions.

PASB facilitated trimestral virtual meetings and a face-to-face meeting of the Caribbean and Latin American networks on the BFHI. It also organized subregional workshops and provided technical assistance to implement the NetCode protocol, which contains procedures, guidance, and tools to establish a national system for monitoring compliance with the International Code of Marketing of Breast-milk Substitutes. Chile, Ecuador, Mexico, Panama, and Uruguay conducted in-depth surveys on inappropriate marketing practices based on the protocol.

Development and technical assistance was provided to help countries implement public policies and programs to prevent obesity in children and adolescents.

As a result of the implementation of the Plan of Action for the Prevention of Obesity in Children and Adolescents, 23 countries currently have school feeding programs that comply with their national nutritional guidelines, and 20

countries have norms or regulations for the sale of foods and beverages. PASB has supported the Caribbean subregion in the development of technical recommendations for foods and beverages in schools so that more countries can develop national guidelines.

Barbados, Chile, Dominica, Ecuador, Mexico, and Peru approved legislation that imposes taxes on sugar-sweetened beverages. Chile, Ecuador, Mexico, Peru, and Uruguay implemented regulations to protect the child and adolescent population from the impact of promotion and marketing of SSBs, fast food, and energy-dense nutrient-poor products. These countries also implemented a front-of-package labeling system to discourage the consumption of processed or ultra-processed products that are high in sugar, fat, and salt. Brazil and Argentina completed their technical proposals for the adoption of front-of-package labeling.

PASB continues to make strides in promoting a healthier nutrition environment through labeling of ultra-processed foods and SSBs. Front-of-package labeling continues to advance in the Region, with growing evidence of its public health impact.

PAHO supported the development of recommended nutrient intakes for the Caribbean, providing countries of the subregion with information to use in developing strategies for preventing and combating obesity and NCDs.

Challenges

Interference by the infant formula industry continues to affect efforts around promotion and protection of breastfeeding.

There is a lack of enabling environments to support breastfeeding practices.

There is not enough progress on national policies to expand the BFHI.

Lessons Learned

Having a good enforcement mechanism, in addition to monitoring, has proven necessary to improve compliance with the International Code of Marketing of Breast-milk Substitutes.

Budget Implementation

Table 2. Category 2 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
2.1 Noncommunicable diseases and risk factors	32,500,000	23,622,046	23,245,451	73%	72%	98%
2.2 Mental health and psychoactive substance use disorders	8,300,000	7,322,513	7,307,281	88%	88%	100%

2.3 Violence and injuries	6,500,000	3,225,803	3,215,836	50%	49%	100%
2.4 Disabilities and rehabilitation	3,500,000	2,733,593	2,730,050	78%	78%	100%
2.5 Nutrition	8,300,000	4,959,932	4,941,814	60%	60%	100%
TOTAL	**59,100,000**	**41,863,886**	**41,440,431**	**71%**	**70%**	**99%**

Budget Implementation Analysis

Table 2 provides the financial information for Category 2. Total approved budget was US $59.1 million, which represented 9.5% of the $619.6 million total budget approved for base programs in 2018-2019.[1]

Category 2 received funds in the amount of $41.9 million (71% of its approved budget) during the 2018-2019 biennium for implementation in its program areas. It was the second-lowest-funded category in 2018-2019, with a funding gap of $17.2 million (29% of its approved budget). The category implemented a total of $41.4 million (95%) of resources available for implementation toward the end of 2019.

Implementation of available funds was 100% for all program areas except Program Area 2.1 (noncommunicable diseases and risk factors), which implemented 98%. Most of the funds not implemented for this program area are voluntary contributions that will be carried over into the next biennium.

Financing of this category is still a challenge, despite the fact that Program Area 2.1 (NCDs and risk factors) is the highest-rated health priority in the Region. Four of the five program areas in the category had financing levels less than 80% of their approved levels. In the case of Program Areas 2.3 (violence and injuries) and 2.5 (nutrition), levels of financing were the lowest of the category, at 50% and 60% respectively. Funding has also been affected by cash-flow issues the Organization faced as a result of non-payment of assessed quota contributions by several Member States. For Program Area 2.3, where availability of voluntary contributions is traditionally limited, the reduction in flexible funds has led to a reduced capacity to respond to specific requests for support, such as for planned in-person workshops and trainings to strengthen the health system response to violence. To mitigate the impact of the financial situation, PASB has strengthened partnerships with other UN agencies and regional actors to organize events jointly and has explored the use of virtual platforms to provide additional support.

Resource Mobilization

During the current biennium, Category 2 successfully mobilized funds by forming alliances with various strategic partners, including the United States Agency for International Development (USAID); US Centers for Disease Control (CDC) and CDC Foundation; Global Affairs Canada; the governments of Norway, Panama, and Peru; United Nations Development Programme (UNDP); World Diabetes Foundation; European Commission; Korea International Cooperation Agency (KOICA); United Nations Population Fund (UNFPA); Public Health Agency of Canada; Vital Strategies; and 14 more donors representing 20% of the category voluntary contributions.

[1] All dollar amounts are US dollars unless otherwise indicated.

Detailed Assessment by Program Area

Program Area 2.1: Noncommunicable Diseases and Risk Factors **OUTCOME: Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors** OCM indicator assessment: 3/14 achieved, 2/14 partially achieved, 8/14 not achieved, 1/14 data not available OPT indicator assessment: 1/12 exceeded, 2/12 achieved, 7/12 partially achieved, 2/12 not achieved	**Rating: Partially met expectations**

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
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 liters/person/ year (2010) Revised baseline: 8.24 liters/person/year (2010)	5% reduction	Achieved
In 2018, APC was 7.8 L at regional level. The target proposed was minimal and not expected to relate to significant reductions in mortality or morbidity associated with alcohol consumption. It is a level within the confidence interval expected for per capita alcohol consumption estimates.				
2.1.1b	Prevalence of alcohol-use disorders (AUD) 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	Not achieved
The methodology used to estimate rates for 2010 has changed; new rates exist for 2016 only (published in 2018 by WHO) and are not comparable with 2010. Nonetheless, in 2016, rates were estimated at 8.2% for AUD (4.1% for alcohol dependence and 4.1% for harmful use of alcohol).				
2.1.1c	Age-standardized prevalence of heavy episodic drinking (HED)	13.7% Revised baseline: 25% (2010)	5% reduction	Achieved
The prevalence for 2016 (published in 2018 by WHO) was 23.3%, representing a reduction greater than 5% (23.75%). The methodology and estimations were changed by WHO, almost doubling the baseline prevalence of HED. Although the 5% reduction was achieved, the improvement is too small to be significant at the population and regional levels. The indicator fails to capture all aspects of excessive drinking in a population and therefore is not considered a reliable indicator at regional level.				
2.1.2a	Prevalence of current tobacco use among adolescents 13-15 years of age	TBD	TBD	Not available

The data for this indicator as written are not available, unfortunately. The monitoring of tobacco consumption among adolescents 13-15 years of age is carried out by PASB and Member States through the collection of data from the Global Youth Tobacco Survey (GYTS), which is part of the Global Tobacco Surveillance System. The GYTS surveys collect data from three specific ages (youth 13, 14, and 15 years old), which means that the calculation of age-standardized rates is not recommended. The prevalence of tobacco use among adolescents measured in different periods can present great variability across countries. The calculation of mean prevalence for the Region could result in data with little precision, making it difficult to determine a baseline and target. Furthermore, in most countries the sale of tobacco products to minors is prohibited, and therefore there should not be any adolescents using tobacco.				
2.1.2b	Age-standardized prevalence of current tobacco use (18+ years of age)	21%	17%	Achieved
The prevalence is 16%, so this target has been achieved. The baseline and target for this indicator are reported with respect to tobacco smoking by persons 15+ years of age, as this is the indicator available and published every two years by the WHO Global Health Observatory.				
2.1.3a	Prevalence of insufficient physical activity in adolescents 13-17 years of age	Last country reported prevalence of insufficient physical activity between 2009 and 2012	5% reduction with respect to the country baseline prevalence value by 2016-2019	Not achieved
This indicator was not achieved, with only 21 of 28 countries reporting a reduction between 0.1% and 2.0%; the remaining countries did not report.[2] The indicator is defined as prevalence of adolescents aged 13-17 years participating in fewer than 60 minutes of moderate-to-vigorous physical activity daily. Indicator is self-reported through the Global School-based Student Health Survey, which is being implemented by countries at least once every five years.				
2.1.3b	Age-standardized prevalence of insufficient physical activity in adults	Last country reported prevalence of insufficient physical activity between 2009 and 2012	5% reduction with respect to the country baseline prevalence value by 2016-2019	Partially achieved
This indicator was partially achieved: four of 20 countries reached or surpassed the 5% reduction, while two of 20 countries reported reductions between 0.6% and 3.4%.[3] This indicator is defined as prevalence of adults aged 18+ years (age-standardized) attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent. Indicator is self-reported and is measured through STEPS surveys.				
2.1.4	Percentage of controlled hypertension at population level (<140/90mmHg) among persons 18+ years of age	5%	35%	Not achieved

[2] WHO Global Health Observatory. https://apps.who.int/gho/data/node.main
[3] WHO Global Health Observatory. https://apps.who.int/gho/data/node.main

Hypertension control continues to be a challenge in the Region. Only two of the 14 countries with data available have reported at least 35% of the population with hypertension controlled. The sources of this indicator are the STEPS surveys and national health surveys. The HEARTS in the Americas initiative is being taken up by countries and can contribute to improvements in hypertension control.				
2.1.5	Age-standardized prevalence of raised blood glucose/diabetes among persons 18+ years of age	7.9%	8.3%	Not achieved
This indicator has not been achieved, as no country has halted the rise in prevalence of raised blood glucose/diabetes. According to the latest available data (2014), regional prevalence in the Americas is 8.3%. More attention and focus, increased investment, policy development, and health service changes are needed to improve diabetes prevention and control efforts in all countries of the Region. Note that for this indicator there is a reporting error: the target should be the same as the baseline, so as to contribute to the WHO global NCD target to halt the rise in diabetes and obesity by 2025.				
2.1.6a	Prevalence of overweight and obesity in adolescents 13-17 years of age	Baseline estimate: 30.3% (2013)	Halt rise in prevalence of overweight and obesity in adolescents	Not achieved
The prevalence was 31.7% for the population 10 to 19 years old in 2016 (latest year available). There is no estimate available for this specific age bracket in this indicator. Overweight and obesity in children (5-19 years old) is defined as body mass index (BMI) greater than 1 standard deviation above the median, according to the WHO child growth standards. Data are reported in the Global Health Observatory for age groups 5-9 and 10-19 years; the latter value was chosen as a proxy. Overweight and obesity continues to rise worldwide, especially in low- and middle-income countries.				
2.1.6b	Prevalence of overweight and obesity in adults (men and women 18+ years of age)	60.9%	60.9%	Not achieved
The prevalence in 2016 was 62.5%. The indicator is defined as percentage of the population (18+ years) that is overweight and obese (age-standardized BMI greater than or equal to 25 kg/m^2). Overweight and obesity continues to rise worldwide. It is a complex problem that requires political commitment from all sectors and a comprehensive set of policies and interventions to modify the obesogenic environment throughout the life course.				
2.1.7	Age-standardized mean population intake of salt (sodium chloride) per day, in grams, in persons aged 18+ years of age	11.5 grams	7 grams	Not achieved
The intake was 9.4g for males and 8.6g for females in 2016. This is measured through STEP surveys and specific surveys, ideally by means of 24-hour urine collection. However, other methods such as spot urine and food frequency surveys may be more feasible to administer at the population level. More engagement by countries is required to implement the WHO “best buy” interventions for salt reduction. Currently only 10 countries have adopted salt reduction targets, and they are mainly voluntary.				
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	5	15	Not achieved

	once, or more often and for younger or older age groups according to national programs or policies, by 2019			
This indicator was not achieved, as only five target countries reached at least 70% coverage. Countries continue to implement cervical cancer screening programs, yet these programs have large gaps. The regional Plan of Action for Cervical Cancer Prevention and Control sets out strategies and interventions that can be adopted to increase screening coverage.				
2.1.9	Number of countries and territories with a prevalence rate of treated end-stage renal disease of at least 700 patients per million population (pmp)	8	17	Not achieved
This indicator has not been achieved, as only seven countries and territories have a prevalence rate of treated end-stage renal disease of at least 700 pmp. There is some progress on this indicator, but significant efforts will be required to improve treatment of end-stage renal disease. The coverage and quality of the registries are key elements in evaluating progress and access to treatment.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
2.1.1a	Countries and territories enabled to develop national multisectoral policies and plans to prevent and control noncommunicable diseases (NCDs) and risk factors, pursuant to the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019	Number of countries and territories with at least one operational multisectoral national policy/strategy/action plan that integrates noncommunicable diseases and shared risk factors	23	34	Not achieved
Nineteen countries achieved the indicator. Four countries partially achieved the indicator.					
2.1.1b	Countries and territories enabled to develop national multisectoral policies and plans to prevent and control noncommunicable diseases (NCDs) and risk factors, pursuant to the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019	Number of countries and territories that have set time-bound national noncommunicable disease targets and indicators based on the WHO NCD Global Monitoring Framework and regional NCD plan of action	28	32	Not achieved
Twenty-four countries achieved the indicator. One country partially achieved the indicator.					

2.1.2a	Countries and territories enabled to implement very cost-effective interventions ("best buys") to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol)	Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with the regional Plan of Action to Reduce the Harmful Use of Alcohol and the WHO Global Strategy to Reduce the Harmful Use of Alcohol	7	20	Partially achieved
Three countries achieved the indicator. Seven countries partially achieved the indicator. The implementation of public policies to reduce the physical, economic, and social availability of alcohol is politically difficult. Commercial and public health interests may collide, and countries need stronger political commitment and national data to inform decision making, as well as a civil society organized and mobilized to promote the changes needed.					
2.1.2b	Countries and territories enabled to implement very cost-effective interventions ("best buys") to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol)	Number of countries and territories implementing policies to reduce physical inactivity and/or promote physical activity	8	14	Partially achieved
Eight countries achieved the indicator. Five countries partially achieved the indicator. The major challenges in advancing the implementation of policies to reduce physical inactivity and/or promote physical activity include the need for intersectoral work with governmental sectors beyond health, and the need for infrastructural changes to provide physical environments that are accessible and safe for more active living. In many countries and communities public security is a barrier that need to be dealt with through intersectoral work.					
2.1.2c	Countries and territories enabled to implement very cost-effective interventions ("best buys") to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol)	Number of countries and territories implementing policies to reduce salt consumption in the population	13	18	Partially achieved
Fifteen countries achieved the indicator. One country partially achieved the indicator. Despite the progress, one remaining challenge preventing more countries from advancing effective policies to reduce salt consumption is the opposition of the food and drink industries to "best buys," such as the application of front-of-package labeling to allow the population to easily and quickly identify products that have excessive sodium.					
2.1.2d	Countries and territories enabled to implement very cost-effective interventions ("best buys") to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol)	Number of countries and territories implementing fiscal policies or regulatory frameworks on food marketing or front-of- package labeling norms to prevent obesity in children and adolescents, according to the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents	5	11	Partially achieved

Eight countries achieved the indicator. One country partially achieved the indicator. There is clear recognition of the need to apply effective fiscal policies, marketing regulation, and front-of-package labeling to food and drink products whose demand and offer need to be reduced to contribute to the prevention of obesity. Manufacturers and marketers of such products are the major opponents of these policies and frequently act to weaken, delay, and/or impede them.					
2.1.2e	Countries and territories enabled to implement very cost-effective interventions ("best buys") to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol)	Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (tobacco taxation, smoke-free environments, health warnings, and banning of advertising, promotion, and sponsorship) at the highest level of achievement as defined in the 2015 WHO Report on the Global Tobacco Epidemic	6	11	Achieved
Ten countries achieved the indicator. Thirteen countries partially achieved the indicator. Tobacco industry interference remains one the most important impediments to the full implementation of the WHO FCTC in the Region. This includes the aggressive marketing of new and novel tobacco and nicotine products by the industry.					
2.1.3a	Countries and territories enabled to improve the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, and their risk factors, including in crises and emergencies	Number of countries and territories that have evidence-based national guidelines/protocols/ standards, recognized/approved by government, for the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases	14	16	Exceeded
Seventeen countries achieved the indicator, exceeding the established target.					
2.1.3b	Countries and territories enabled to improve the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, and their risk factors, including in crises and emergencies	Number of countries and territories that have incorporated early detection, referral, and management of noncommunicable diseases into primary health care	17	18	Achieved
This indicator has been achieved, with all the target countries reporting that NCD management is incorporated in primary care.					
2.1.3c	Countries and territories enabled to improve the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, and their risk factors, including in crises and emergencies	Number of countries and territories where essential noncommunicable disease medicines (aspirin, statins, angiotensin-converting enzyme inhibitors, thiazide diuretics, long-acting calcium channel blockers, metformin, insulin, bronchodilators, and steroid inhalants) and	8	12	Partially achieved

		technologies (blood pressure measurement devices, weighing scales, blood sugar and blood cholesterol measurement devices with strips, and urine strips for albumin assay) are generally available in the public health sector			
This indicator has almost been achieved, with 10 countries reporting they have NCD medicines and technologies available in the public sector and two countries reporting partial availability.					
2.1.4	Monitoring framework implemented to report on progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, and the regional Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013-2019	Number of countries and territories with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets	23	33	Partially achieved
Twenty-four countries achieved the indicator. One country partially achieved the indicator.					
2.1.5	Countries and territories enabled to improve their chronic kidney disease (CKD) surveillance	Number of countries and territories with a national high-quality, population-based registry for dialysis and kidney transplantation	10	19	Partially achieved
Fourteen countries achieved the indicator. Two countries partially achieved the indicator.					

Program Area 2.2: Mental Health and Psychoactive Substance Use Disorders **OUTCOME: Increased service coverage for mental health and psychoactive substance use disorders** OCM Indicator Assessment: 1/1 partially achieved OPT Indicator Assessment: 1/3 partially achieved, 2/3 not achieved	**Rating: Partially met expectations**

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
2.2.1	Number of countries and territories that have increased the rate of consultations through mental health outpatient treatment facilities over the regional average of 975 per 100,000 population	19	30	Partially achieved
Nineteen countries achieved the indicator. Eight countries partially achieved the indicator.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
2.2.1	Capacity of countries and territories strengthened to develop and implement national policies, plans, and information systems in line with the PAHO Plan of Action on Mental Health 2015-2020 and the WHO Comprehensive Mental Health Action Plan 2013-2020	Number of countries and territories with a national policy and/or plan for mental health that is in line with the PAHO Plan of Action on Mental Health 2015-2020 and the WHO Comprehensive Mental Health Action Plan 2013 2020	24	41	Not achieved
Twenty-one countries achieved the indicator. Seventeen countries partially achieved the indicator. Technical development of mental health plans was relatively efficient, though final administrative and legal approval is sometimes challenging. It is of utmost importance to provide technical support from the beginning of the drafting process, since by the time the work has reached an advanced phase, especially after consultative actions have already taken place, it becomes very difficult to legitimately provide input. As in the previous biennium, countries already included in the baseline may need to review their policies/plans and may become target countries.					
2.2.2	Countries and territories with technical capacity to develop integrated mental health services across the continuum of	Number of countries and territories that have established a program to integrate mental health into primary health care using	13	23	Partially achieved

	promotion, prevention, treatment, and recovery	the mhGAP (Mental Health Gap Action Programme) Intervention Guide			
Sixteen countries achieved the indicator. Seven countries partially achieved the indicator. Countries continue to move toward the integration of mental health at primary care level. Since 2018-2019, mhGAP is being implemented in most countries in the Region. PAHO has provided technical support, through face-to-face interaction, for implementation of the program, and many countries are benefiting from virtual campus trainings. Virtual trainings and related initiatives, such as the mental health virtual clinic pilot project, are a useful modality for achieving greater participation; however, they require an exhaustive identification of committed participants by ministries of health. An important challenge for implementation of the mhGAP plan is to ensure that training is accompanied by monitoring, supervision, and evaluation.					
2.2.3	Countries and territories enabled to expand and strengthen strategies, systems, and interventions for disorders due to alcohol and other psychoactive substance use	Number of countries and territories with expanded prevention and treatment strategies, systems, and interventions for substance use disorders and associated conditions	4	8	Not achieved
Two countries achieved the indicator. Four countries partially achieved the indicator.					

Program Area 2.3: Violence and Injuries **OUTCOME: Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth** OCM Indicator Assessment: 1/2 partially achieved, 1/2 not achieved OPT Indicator Assessment: 2/3 achieved, 1/3 partially achieved	**Rating: Partially met expectations**

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
2.3.1	Number of countries and territories with at least 70% use of seatbelts by all passengers	4	7	Not achieved
This indicator has not been achieved, as only three countries report having achieved 70% seatbelt use. Countries need to improve data collection on seatbelt use and strongly enforce seatbelt laws to achieve the indicator. Some countries have a high rate of seatbelt use in front seats but a very low rate in rear seats; efforts are needed to change behavior in this regard. The health sector should work in an intersectoral manner (i.e., with the transportation and police sectors) to fulfill the indicator.				
2.3.2	Number of countries and territories that use a public health perspective in an integrated approach to violence prevention	3	7	Partially achieved
Three countries achieved the indicator. A new value will be calculated based on a planned regional status report on violence on children, scheduled for fall 2020. Based on early findings, there has been an increase of at least 1% in the number of countries between the baseline year and 2019.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
2.3.1	Development and implementation of multisectoral plans and programs to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011-2020	Number of countries and territories with funded road safety strategies	17	26	Achieved
All 26 target countries achieved the indicator.					

2.3.2	Countries and territories enabled to mainstream the human security approach in existing health plans as a mechanism to prevent violence and injuries (including youth violence) in accordance with global and regional mandates	Number of countries and territories that have assessed the level of mainstreaming of the human security approach in at least one existing health program, following PAHO's 2015 guidelines for assessing the incorporation of the human security approach in plans	0	1	Achieved
One country achieved the indicator.					
2.3.3	Development and implementation of policies and programs to address violence against children and violence against women facilitated	Number of countries and territories that create or adjust national standard operating procedures/protocols/ guidelines for the health system response to violence against children or violence against women, consistent with WHO's guidelines	2	11	Partially achieved
Three countries achieved the indicator. Eight countries partially achieved the indicator. A new value will be calculated based on a planned regional status report on violence against children, scheduled for fall 2020.					

Program Area 2.4: Disabilities and Rehabilitation **OUTCOME: Increased access to social and health services for people with disabilities, including prevention** OCM Indicator Assessment: 1/2 achieved, 1/2 not achieved OPT Indicator Assessment: 2/3 achieved, 1/3 partially achieved	**Rating: Partially met expectations**

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
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	Not achieved
Three countries achieved the indicator. Ten countries partially achieved the indicator. There has been progress in the Region on provision of access to habilitation, rehabilitation, and social services for persons with disabilities. As of the end of 2019, 33 of 35 Member States have ratified the UN Convention on the Rights of Persons with Disabilities. Furthermore, the launch by WHO of Rehabilitation 2030: A Call for Action has created a new momentum around these issues, and a number of countries are starting to implement new tools for assessment, planning, monitoring, and implementation of rehabilitation services that became available in mid-2019. The outcome indicator was found to be extremely challenging to measure. The planned methodology turned out not to be feasible, as countries generally do not capture rehabilitation/social service user data at national level. As a result, only three countries have been able to definitively measure the indicator through national surveys on disability. However, it is thought that at least seven other countries are likely to be achieving or partially achieving this OCM. Unfortunately, definitive data to verify these estimates are not available at this time.			
2.4.2	Number of countries and territories reaching cataract surgical rate of 2,000/million population/year	19	25	Exceeded
Twenty-seven countries achieved the indicator, exceeding the target number by two. Data for the stated indicator, “cataract surgical rate,” were only collected until 2017. In the 2017 WHO World Report on Vision, it was noted that 27 countries reported achieving this indicator. The indicator subsequently changed to “effective cataract surgical coverage”; data on the new indicator not yet available. Avoidable blindness due to cataract has been reduced thanks to better quality of care and increasing efficiency in eye care services in public hospitals in several countries, which has increased access to eye care for poor people by reducing outpatient and surgery waiting lists.			

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
2.4.1	Implementation of the WHO Global Disability Action Plan 2014–2021 and the PAHO Plan of Action on Disabilities and Rehabilitation 2014-2019, in accordance with national priorities	Number of countries and territories implementing comprehensive programs on health and rehabilitation pursuant to the WHO Global Disability Action Plan 2014–2021 and the PAHO Plan of Action on Disabilities and Rehabilitation 2014-2019	1	8	Partially achieved
Five countries achieved the indicator. Three countries partially achieved the indicator. The eight countries have all made some progress in implementing the PAHO Plan of Action on Disabilities and the WHO Global Disability Action Plan, though not all countries have comprehensive programs. Data collection and application of the International Classification of Functioning, Disability and Health (ICF) remain inconsistent. Notwithstanding the progress in eight Member States, there is a need to step up efforts in other countries and territories to meet the large and growing need for comprehensive programming in the areas of disability and rehabilitation.					
2.4.2	Countries and territories enabled to strengthen prevention and management of eye diseases in the framework of health systems	Number of countries and territories that have completed a national eye care health service assessment according to PAHO/WHO recommendations	9	11	Achieved
All 11 target countries achieved the indicator. The retinopathy of prematurity program reduced blindness in children in several countries by improving access to quality services. This was done through policies and guidelines, human resources development, and strengthening of services. Better quality of care and increasing efficiency in eye care services in public hospitals in several countries increased access to eye care for poor people by reducing outpatient and surgery waiting lists. This has a direct impact on reducing avoidable blindness due to cataract.					
2.4.3	Countries and territories enabled to strengthen prevention and management of ear diseases and hearing loss in the framework of health systems	Number of countries implementing ear and hearing care strategies in collaboration with PAHO/WHO	0	1	Achieved
One country achieved the indicator. Additionally, 14 countries carried out assessments of inequities in subnational distribution of ear and nose specialists. This will be the baseline for efforts to improve recruitment, development, training, and retention of the health workforce in the underserved areas.					

Program Area 2.5: Nutrition **OUTCOME: Nutritional risk factors reduced** OCM Indicator Assessment: 3/3 achieved OPT Indicator Assessment: 2/2 partially achieved	**Rating:** **Met expectations**

Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
2.5.1	Percentage of children less than 5 years of age who are stunted	Revised baseline: 8.3% (2010)	7.5%	Achieved
At regional level, stunting decreased from 8.3% to 6.3% between 2010 and 2019.[4]				
2.5.2	Percentage of women of reproductive age (15-49 years) with anemia	17.8%	18%	Achieved
The percentage of women of reproductive age (15-49 years) with anemia in the Region of the Americas is 19.1%, according to latest estimates (2016). This demonstrates a non-significant increase of 1.3 percentage point over baseline prevalence, with confidence intervals including the target of 18%.[5]				
2.5.3	Percentage of children less than 5 years of age who are overweight	7% (2010)	7%	Achieved
The percentage of children under age 5 who are overweight is 7.3% (2019). There was a 0.3 percentage point (non-significant) increase between 2010 and 2019.[6]				

[4] UNICEF/WHO/World Bank Group joint child malnutrition estimates. Updated every year, including revision of estimates for previous years. https://www.who.int/nutgrowthdb/estimates/en/

[5] WHO Global Health Observatory. https://apps.who.int/gho/data/node.main

[6] UNICEF/WHO/World Bank Group joint child malnutrition estimates. Updated every year, including revision of estimates for previous years. https://www.who.int/nutgrowthdb/estimates/en/

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
2.5.1a	Countries and territories enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms, and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals	Number of countries and territories that are implementing national policies consistent with the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals	25	36	Partially achieved
Twenty-nine countries achieved the indicator. Two countries partially achieved the indicator. The prevention of all forms of malnutrition and improvements in its determinants require structural changes to the health, food, and social protection systems to allow countries to achieve these goals. Important progress has been made, but such systemic structural changes require time and sustained work to be completed. The achievement of these goals also requires a great deal of intersectoral work, accompanied by safeguards against conflicts of interest to ensure policy coherence.					
2.5.1b	Countries and territories enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms, and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals	Number of countries and territories that implement policies to protect, promote, and support optimal breastfeeding and complementary feeding practices	4	8	Partially achieved
One country achieved the indicator. Seven countries partially achieved the indicator. Progress has been made, but interference by the infant formula industry on adoption and implementation of policies to protect, promote, and support optimal breastfeeding remains a great challenge.					