























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

Category 1: Communicable Diseases

Table 1. Category 1 Programmatic Summary

Program area	Rating 2014-2015	Rating 2016-2017	Rating 2018-2019	Output indicator rating	Outcome indicator rating
1.1 HIV/AIDS, STIs, and viral hepatitis				1/4 exceeded 3/4 partially achieved	1/5 achieved 4/5 partially achieved
1.2 Tuberculosis				1/4 achieved 3/4 partially achieved	1/3 achieved 2/3 partially achieved
1.3 Malaria and other vector-borne diseases (including dengue and Chagas)				1/6 exceeded 4/6 achieved 1/6 partially achieved	2/4 achieved 2/4 partially achieved
1.4 Neglected, tropical, and zoonotic diseases				2/5 achieved 3/5 partially achieved	7/8 partially achieved 1/8 not achieved
1.5 Vaccine-preventable diseases (including maintenance of polio eradication)				3/5 achieved 2/5 partially achieved	2/4 achieved 1/4 partially achieved 1/4 not achieved
1.6 Antimicrobial resistance ¹	n/a	n/a		1/7 exceeded 3/7 achieved 3/7 partially achieved	1/1 achieved
1.7 Food safety				2/3 achieved 1/3 partially achieved	1/1 partially achieved
Category 1 summary				3/34 exceeded 15/34 achieved 16/34 partially achieved	7/26 achieved 17/26 partially achieved 2/26 not achieved

 Met expectations  Partially met expectations

Overview of the Category

During the 2018-2019 biennium, the Pan American Sanitary Bureau (PASB) continued working in collaboration with its Member States and strategic partners toward the mutual, overarching goal of reducing the burden of communicable diseases in the Region. This work included efforts toward the surveillance, prevention, control, and elimination of infectious diseases, including HIV/AIDS, sexually transmitted infections (STIs), and viral hepatitis; tuberculosis (TB); malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; vaccine-preventable diseases; and foodborne illnesses. Work was also undertaken to decrease the negative impact of antimicrobial resistance (AMR) on human health.

¹ This report includes the revised outcomes 1.1, 1.6, and 1.7 as per the 2017 amendment to the PAHO Strategic Plan 2014-2019.

The following landmark achievements were reached during 2018-2019:

- Six countries and territories were revalidated for another two years by the World Health Organization (WHO) for the dual elimination of mother-to-child transmission (EMTCT) of HIV and syphilis.
- Paraguay and Argentina were certified as malaria-free countries.
- Colombia was confirmed in October 2019 as having interrupted the transmission of Chagas disease by *Rhodnius prolixus* in 34 additional municipalities in seven endemic departments.
- Mexico became the first country in the world to be certified by WHO for eliminating human rabies transmitted by dogs as a public health problem.
- In 2019, the Region of the Americas celebrated 25 years of being certified as a region free of polio transmission. Additionally, the Region was certified as free of wild poliovirus type 3.
- The European Union-supported project Working Together to Fight Antimicrobial Resistance (2020-2022) was launched in the Americas. This project is being led by the Pan American Health Organization (PAHO), in collaboration with the Food and Agriculture Organization of the United Nations (FAO) and World Organization for Animal Health (OIE), to support countries in the implementation of their One Health AMR action plans.
- Certification of foot-and-mouth disease (FMD) free territories: in 2018, the entire Brazilian territory was certified by the OIE as FMD-free with and without vaccination. Additionally, Peru and Suriname reached the status of FMD-free countries without vaccination.

Following an analysis of the programmatic and budgetary components of Category 1 across functional levels, including the mitigation of identified risks, Category 1 is assessed as having partially met expectations at the end of the 2018-2019 biennium. Overall, the Category and Program Area Network assessed 7 of 26 (26.9%) outcome indicators as achieved, 17 of 26 (65.4%) as partially achieved, and 2 of 26 (7.7%) as not achieved. Those not achieved were OCM 1.4.6, related to target coverage of schistosomiasis treatment, and OCM 1.5.1, related to regional average coverage with three doses of the diphtheria, tetanus, and pertussis-containing vaccine (DTP3). Regarding output indicators, 3 of 34 (8.8%) were assessed as exceeded, 15 of 34 (44.1%) were assessed as achieved, and 16 of 34 (47.1%) were assessed as partially achieved. No output indicators were assessed as not achieved during the biennium.

Category 1 mobilized and/or was awarded over US \$102.9 million during the biennium through joint efforts across all functional levels of the Organization.² Overall, 97% of available funding was implemented by the end of 2019. A total of 90% of funding was implemented when compared to the approved Program and Budget (PB) 2018-2019.

Programmatic Implementation by Outcome

1.1 HIV/AIDS, STIs, and Viral Hepatitis

² All dollar amounts are US dollars unless otherwise indicated.

Overview

Technical cooperation in this program area follows the regional Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021 and the regional Plan of Action for the Prevention and Control of Viral Hepatitis 2015-2019. The focus is mainly on achieving universal access and universal health coverage through quality and comprehensive HIV/STI and viral hepatitis (VH) prevention, care, and treatment services. This requires the active participation of civil society and a people-centered approach that focuses on key populations and other groups living in situation of vulnerability.

Main Achievements

- With respect to HIV, 86% of Member States (30/35) have implemented the WHO “Treat All” strategy. Forty percent have initiated the transition to dolutegravir-based (DTG) first-line therapy, following WHO recommendations, and an additional 48% are planning the transition in 2020.
- Thirty-seven percent of Member States (13/35) are implementing PrEP (pre-exposure prophylaxis) as either public policy or a demonstration project. Four additional countries have developed national guidelines ready for implementation in 2020.
- Six countries and territories were revalidated for another two years by WHO for the dual elimination of mother-to-child transmission of HIV and syphilis.
- PAHO supported the development of five viral hepatitis investment cases in the Region, with support for planning and funds allocation. They included hepatitis B virus (HBV) and hepatitis C virus (HCV) in Brazil and Colombia, and HCV in Chile.
- The initiative for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis B, and congenital Chagas (EMTCT Plus) is being implemented in the Region. In 2019, 16 countries reported data compatible with the elimination of mother-to-child transmission of HIV and congenital syphilis, while 13 reported data compatible with the elimination of perinatal and early childhood transmission of hepatitis B.

Challenges

- Low political commitment has hindered the scale-up of PrEP within the framework of combination HIV prevention.
- Slow country responses to increasing levels of HIV resistance to antiretrovirals and weak supply management systems affect transition to DTG, resulting in stockouts or wastage of antiretroviral drugs (ARVs).
- There is some resistance to implementing WHO recommendations regarding innovations in HIV testing services (lay provider testing and HIV self-testing).

The WHO process for **EMTCT** validation is becoming more complex and burdensome to countries, which makes it difficult keep pushing the initiative forward.

- Scarcity of reliable data on hepatitis B and C, combined with low political commitment to elimination of viral hepatitis, continues to affect planning and investment in actions to scale up viral hepatitis diagnosis and treatment in Latin America and the Caribbean.

Lessons Learned

- Dialogue and engagement with stakeholders has helped improve the delivery of technical cooperation, and better integration of workplans from different donors has resulted in a more efficient use of resources.
- Subregional multilateral initiatives offer opportunities to improve technical cooperation. Countries in MERCOSUL and the Andean Health Organization (ORAS) have committed to the elimination of viral hepatitis, and ORAS is conducting a TB laboratory project.
- Continuously integrating syphilis and other STI responses within national HIV responses has contributed to improving the STI response in the Region.

Cross-cutting Themes

- Transgender variables have been included in the regional monitoring framework for gender-based data analysis with countries. The World Professional Association for Transgender Health was consulted during preparation of the trans health course. Regional data for analysis are also disaggregated by sex at birth.
- The intercultural perspective has been integrated into a standardized methodology for the review of national programs that is in line with PAHO policy on ethnicity and health. Intercultural approaches and knowledge dialogues were promoted to address TB, HIV/STI, and VH.
- Technical cooperation supported packages of services for key populations, targeting Bolivia, El Salvador, Honduras, and Paraguay; the scaling up of PrEP for men who have sex with men (MSM); and a major communication campaign with youth and young MSM.

1.2 Tuberculosis

Overview

Work on tuberculosis prevention and control aims for elimination of the disease as a public health problem in the Americas, following the targets of the Sustainable Development Goals (SDGs), the global End TB Strategy, and the commitments of the United Nations high-level meeting on tuberculosis held in 2018. TB elimination requires an inter-programmatic and intersectoral approach to the social determinants of TB, with emphasis on vulnerable populations and a patient-centered approach. This approach is also consistent with the regional Plan of Action for the Prevention and Control of Tuberculosis 2016-2019.

Main Achievements

- The five countries with the highest burden of TB in the Region (Brazil, Colombia, Haiti, Mexico, and Peru) have updated and reoriented implementation of the End TB Strategy through PAHO-supported joint programmatic reviews.
- Fifteen countries with low incidence of TB have been engaged in the development of a project to eliminate TB by 2030. Three countries (Costa Rica, Cuba, and Jamaica) are participating in the first phase of the project in 2020 with secured seed funds.
- Five countries (Brazil, Dominican Republic, Guatemala, Haiti, and Peru) have undergone an in-depth epidemiological review (epi-review) of available data and information. Based on the results, each has now updated its TB epidemiological situation.

- Twenty countries (including nine not eligible for the Global Fund to Fight AIDS, Tuberculosis and Malaria) have strengthened their national TB laboratory networks, expanded their capacity for molecular diagnosis, and secured assistance of three supranational reference laboratories through an ORAS/Global Fund grant and PAHO technical cooperation.
- Eighteen countries have introduced new TB drugs and regimens, especially for drug-resistant TB through the Regional Green Light Committee (rGLC), with the support of PASB.
- Four countries (Brazil, Colombia, Guatemala, and Paraguay) have piloted implementation of regional guidance on TB in indigenous groups, thus strengthening more systematically TB prevention and control in this key TB-vulnerable population.

Challenges

- With respect to TB responses, the status quo can prove difficult to overcome. Progress requires intense coordination with different actors at different levels along with large investment of time.
- Slow implementation of the End TB Strategy and of the commitments of the UN high-level meeting on TB reflects low uptake of the latest WHO guidelines and limited introduction of new drugs and tools.

Lessons Learned

- Engagement of low-incidence countries as part of an ambitious elimination project can lead to significant interest in and political commitment to efforts to eliminate TB.
- A constructive process involving multiple partners requires earlier involvement of all actors in planned activities.
- Limited investment in TB within countries requires prioritization of recommended interventions.

Cross-cutting Themes

- Initial implementation of the regional guidelines on TB in indigenous populations involved both national TB programs and indigenous groups in four pilot countries.
- Following the lead principles of the End TB Strategy, all technical cooperation on TB is compliant with the framework on equity in health and human rights.

1.3 Malaria and Other Vector-borne Diseases (including Dengue and CHAGAS)

Overview

The Regional Malaria Program advanced in the implementation of the Plan of Action for Malaria Elimination 2016-2020, developing and implementing a technical framework to operationalize changes in malaria programs by focusing on elimination. A technical strategy was formulated to improve access to prompt case detection, diagnosis, and treatment, along with additional detection efforts triggered by the index case (the DTI-R strategy). Guidance and instruments were developed to implement this approach at the local level to transform active foci into residual ones. This technical framework was widely promoted and incorporated into a new alliance for malaria elimination in Central America known as the Regional Malaria Elimination Initiative (RMEI). Another major priority was the WHO certification process for malaria elimination in Argentina and Paraguay and the preparation for the upcoming certification processes in Belize, El Salvador, and Suriname. The regional dengue program expanded during the biennium to incorporate work in other arboviruses, integrating technical cooperation in dengue, Zika, and

chikungunya for the first time. Following a lull in transmission, 2018 and 2019 saw intense transmission of arboviral diseases, especially dengue. With over 3 million cases, 2019 represented the year with the highest dengue case count ever recorded in the Americas. The regional program on public health entomology and vector control worked to consolidate the development of the integrated vector management (IVM) strategy for the Region of the Americas, focusing on the development of normative and technical tools to improve the capacities of countries for the analysis of information, decision making, and the implementation of entomological surveillance and vector control. Efforts continue to expand technical assistance regarding Chagas disease beyond vector control by expanding activities in prevention and control of congenital transmission through implementation of EMTCT Plus in selected countries. Significant efforts are under way to better collect and analyze Chagas data of endemic countries to produce stronger information, epidemiological profiles, and understanding of the burden of disease.

Main Achievements

- Paraguay and Argentina were certified as malaria-free countries. During 2018-2019, PAHO supported the final phase of this process.
- Eighteen of the 19 remaining malaria-endemic countries and territories in the Region adopted PAHO/WHO technical approaches for malaria elimination, as evidenced by their updated national malaria elimination and/or corresponding operational plans. This was made possible by the political commitment of the countries and by external support from the United States Agency for International Development (USAID), the Regional Malaria Elimination Initiative, the Global Fund, and Malaria Zero.
- Despite increased intensity and severity of the dengue season in 2019, the case-fatality rate for the Region was maintained under the regional goal of 0.05%. This was largely due to enhanced training for clinicians on early predictors of severe dengue disease in primary health care settings.
- Eleven countries completed their national plans for monitoring and managing insecticide resistance. Seven countries conducted insecticide resistance monitoring for *Anopheles* spp. and two for *Aedes* spp.
- Colombia was verified in October 2019 as having interrupted the transmission of Chagas disease by *Rhodnius prolixus* in 34 additional municipalities of seven endemic departments. In November 2018, Paraguay was certified for the elimination of household transmission of Chagas disease by *Triatoma infestans*.

Challenges

- The fulfillment of the regional targets for malaria mortality and morbidity reduction was affected by the massive increase in transmission in Venezuela. The situation continues to be critical, without substantial changes in the determinants of the epidemic and with continuing structural gaps in the response.
- There are malaria-endemic countries where technical cooperation cannot be funded by the USAID Umbrella Grant. Additional funds for technical cooperation are necessary to sustain the achievements and move toward elimination. Countries encounter challenges in accessing malaria diagnostics, antimalarials, and other commodities; this applies as well to countries that only seek to procure small quantities of antimalarials, a problem that is becoming more relevant as more countries in the Region approach elimination.
- During 2019, the most dengue cases ever recorded in the history of the disease in the Americas were registered, giving rise to an intense demand for technical cooperation. The epidemiologic profile of the disease is shifting, with changing seasonal patterns and greater impact borne by younger populations. Paradoxically, donors' interest in this area continues to wane.

- The possibility of introduction of new vector-borne diseases in the Region requires a coordinated and integrated effort by Member States, PASB, and other stakeholders.
- Chronic Chagas patients seeking to access diagnosis and treatment services through the existing health care networks still encounter significant gaps.

Lessons Learned

- There was a reduction in the local transmission of malaria in countries where a technical cooperation approach to address priority foci was implemented (Guatemala, Honduras, and Peru). These elements are included in new initiatives, namely RMEI and Municipalities for Zero Malaria.
- Collaboration with new partners (such as the Inter-American Development Bank within the RMEI) has required adjustments in the model of work with counterparts and partners in the countries. Active communication with partners and PAHO/WHO Representative Offices is essential.
- By uploading arbovirus data into PLISA, the Health Information Platform for the Americas, countries benefit from an automated platform that facilitates analysis and generation of data visualizations. At the same time, they obtain epidemiological information that allows for the formulation of evidence-based prevention and control actions.
- Despite the spike in dengue cases, interventions have been successful in reducing the severity and deaths from the disease through a focus on identifying early predictors of severe disease in primary health care settings.
- Work was carried out with different partners, including the Oswaldo Cruz Foundation (Fiocruz), US Centers for Disease Control (CDC), Center for Research on Pests and Insecticides (CIPEIN), USAID, and WHO, to facilitate and strengthen the implementation of strategic actions in the area of entomological surveillance. This included formation of a network for the surveillance and management of insecticide resistance and development of a new operational model to control *Aedes*-borne diseases.

Cross-cutting Themes

- Control of malaria in indigenous populations in Peru and Nicaragua, with special emphasis on the malaria technical approach, has improved malaria response in foci among populations in situations of vulnerability.
- Support to countries under the PAHO Regional Malaria Program included data analysis and microstratification exercises that considered ethnicity and other variables relevant to human rights and equity. This emphasis on specific foci and populations should result in improvements to the malaria response.

1.4 Neglected, Tropical, and Zoonotic Diseases

Overview

The PAHO regional program on neglected infectious diseases (NIDs) works within the framework of the Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022. It principally addresses the surveillance, management, control, and elimination of 13 NIDs: Chagas disease, cystic echinococcosis/hydatidosis, fascioliasis, human plague, leishmaniasis, leprosy (Hansen’s disease), lymphatic filariasis, onchocerciasis (river blindness), dog-mediated human rabies, schistosomiasis, soil-transmitted helminthiasis, taeniasis/cysticercosis, and trachoma. Also, the regional program is supporting country efforts to assess the epidemiological situation of other NIDs affecting groups living in vulnerable conditions, such as Buruli

ulcer, ectoparasitic infections (e.g., lice, scabies, tungiasis), selected fungal infections, myiasis, strongyloidiasis, venomous snakebite and arthropod bite poisonings, and yaws.

Main Achievements

- Mexico became the first country in the world certified by WHO as having eliminated human rabies transmitted by dogs as a public health problem.
- Brazil and the Dominican Republic successfully started the post-treatment surveillance phase for lymphatic filariasis, bringing these two countries closer to the elimination of this disease as a public health problem.
- Ten countries have reduced the proportion of children under 10 years old who have cutaneous leishmaniasis, while 11 countries are diagnosing at least 80% of cutaneous/mucosal leishmaniasis cases by lab testing.
- Guyana achieved the optimal treatment coverage (at least 65%) for lymphatic filariasis in the past two years, reaching all eight endemic regions of the country in 2019.
- Eleven countries are deworming children under 15 years old for soil-transmitted helminthiasis.

Challenges

- Lack of or weak political commitment at the highest level hinders allocation of domestic resources needed to reach the NID elimination goals.
- There are barriers to inclusion of NID-affected people in the existing social protection systems of countries within the framework of universal access to health and universal health coverage. Issues include discrimination and stigmatization of people affected by NIDs, as well as low capacities in countries for managing morbidity, preventing disability, and addressing the mental health and social aspects of NIDs.
- It remains difficult to develop intersectoral synergies to address the social determinants of health through collaboration in relation to water, sanitation, and hygiene (WASH), education, housing, etc.
- There is a need to build and strengthen country capacity to accelerate efforts toward elimination of NIDs by completing the assessment of the regional epidemiological situation (i.e., trachoma, ectoparasitic diseases, yaws, etc.), implementing integrated public health actions tailored to the needs of affected (including hard-to-reach) populations, and monitoring and evaluating progress.
- Steps should be taken to guarantee availability and access to drugs at affordable prices for all people affected by NIDs in all countries.

Lessons Learned

- A high level of advocacy with countries is required for NIDs in the last stages of elimination in order to maintain adequate levels of funding and technical cooperation.
- PASB and countries must work together to emphasize the importance of post-elimination surveillance of NIDs and to develop post-elimination surveillance strategies.
- PASB collaboration with partners and PAHO/WHO Collaborating Centers for the development and dissemination of initiatives and tools to accelerate efforts to eliminate NIDs has been fruitful and is valued by the countries.

The tools developed are being implemented in the field and contribute to strengthening the countries' technical capacities.

Cross-cutting Themes

- Age and sex variables are included in the regional reporting system for NID data from countries. This includes the joint application package for NIDs targeted for preventive chemotherapy (trachoma, soil-transmitted helminthiasis, lymphatic filariasis, schistosomiasis, and onchocerciasis) as well as reports for leprosy, leishmaniasis (SisLeish), and Chagas disease.
- Inter-programmatic collaboration to implement NID elimination actions in hard-to-reach populations includes a vaccination campaign against rabies transmitted by hematophagous bats among the indigenous population living along riverbanks in the Amazon region of Brazil. In addition, the road map for the elimination of trachoma, other NIDs, and other diseases causing blindness in communities of the Amazon Basin involves the participation of several departments within PASB as well as delegates from countries with populations in the Amazon.

1.5 Vaccine-Preventable Diseases (including Maintenance of Polio Eradication)

Overview

Over the biennium, the PAHO Regional Immunization Program has maintained close collaboration with Member States to provide technical collaboration to support and strengthen the Expanded Program on Immunization in the Americas. This work includes efforts to reduce inequities and improve coverage of the routine program at the local level; strengthen regional and national surveillance for effective outbreak detection and response; improve information systems and the quality of coverage and case data; strengthen the technical capacity of the cold chain; and model technical excellence through the development and implementation of Technical Advisory Group recommendations. These efforts, as well as intense negotiations with resource mobilization partners, have allowed the Region to remain a leader in the prevention and control of vaccine-preventable diseases.

Main Achievements

- Vaccination coverage improved in many countries during the biennium. Twenty-two countries in the Region increased their vaccination coverage in 2018 over 2017 levels.
- In addition to supporting maintenance of measles elimination in most countries, PAHO has played an important role in controlling the measles outbreak in Venezuela. Financial resources for this effort included the mobilization of \$7.8 million from partners such as the Measles and Rubella Initiative and the Office of US Foreign Disaster Assistance within USAID. As a result of this joint effort, 8.9 million Venezuelan children between 6 months and 15 years of age were vaccinated during the biennium.
- The Region remains a leader in the introduction of new vaccines (pneumococcal, rotavirus, human papillomavirus) and in the use of seasonal influenza vaccine (with more than 300 million doses applied each year).
- In 2019, the Region of the Americas celebrated 25 years of being certified as a region free of polio transmission. Additionally, the Region was certified as free of wild poliovirus type 3.
- The 17th Vaccination Week in the Americas had participation from 45 countries and territories and resulted in the application of more than 65 million doses of vaccines.

Challenges

- A major effort is needed to maintain the Region free from endemic measles transmission and to regain this status for Venezuela and Brazil.
- Maintaining high immunization coverage also requires ensuring that coverage is homogeneous and equitable, both among and within countries.
- Steps should be taken to implement recommendations from the external evaluation of the PAHO Immunization Program.
- Countries need to increase coordination with health services in order to guarantee availability of vaccination services at the local level for all populations.
- Funds must be made available at national level, beyond the costs of vaccines, to complete operation of the immunization programs.

Lessons Learned

- Proper coordination between partners, ministries of health, and PASB facilitates and ensures the success of activities and technical cooperation.
- The implementation of simultaneous and coordinated activities in neighboring countries in response to outbreaks or cases of measles allowed timely control of these outbreaks and allowed most Member States to maintain their measles-free status.
- The establishment of nominal registrations in some Member States allowed subnational administrative levels to better understand the status of their vaccination coverage and to take the appropriate corrective means.
- Proper action planning before, during, and after introduction of the HPV vaccine in countries led to its widespread uptake. The vaccine is currently used in 43 national immunization programs.

Cross-cutting Themes

- Vaccination Week in the Americas strives to reach the most underserved populations, giving special emphasis to ethnic groups and indigenous populations to protect them against a variety of vaccine-preventable diseases.

1.6 Antimicrobial Resistance

Overview

The AMR Special Program guides Member States in taking all necessary action, in accordance with their context, needs, and priorities, to decrease the negative impact of antimicrobial resistance on human health, working in alignment with the global and regional AMR action plans. Under the One Health approach, the AMR Special Program supports Member States in the development, implementation, monitoring, and evaluation of their National Action Plans (NAPs). These place emphasis on raising AMR awareness, strengthening AMR surveillance capacity, preventing health care-associated infections, and building country capacity to treat and prevent infectious diseases through the responsible and rational use of safe, effective, accessible, affordable, and quality-assured antimicrobial drugs.

Main Achievements

- Eleven countries carried out point prevalence surveys on antibiotic use in hospitals (Barbados, Costa Rica, Cuba, El Salvador, Guyana, Haiti, Mexico, Nicaragua, Panama, Peru, and Saint Lucia). The results of these surveys provided key evidence and better understanding of the use of antibiotics, and all 11 countries are starting up antimicrobial stewardship programs in collaboration with PASB.
- Joint work between the Caribbean Community (CARICOM) and Argentina under a Cooperation among Countries for Health Development (CCHD) project has contributed to strengthening laboratory capacity for AMR detection and monitoring in health care settings.
- During the first joint ReLAVRA (Latin American Network for Antimicrobial Resistance Surveillance) and Caribbean AMR surveillance network meeting in October 2019, countries agreed to implement a new AMR surveillance methodology combining laboratory and epidemiology (patient) data for action. Improving Data Quality, Analysis and Reporting: One Standard Methodology in Latin America and the Caribbean will enable countries to provide data to the Global Antimicrobial Resistance Surveillance System (GLASS), which collects patient-centered AMR data. As of the end of the biennium, five countries in the Region have joined GLASS (Argentina, Brazil, Canada, Peru, and the United States of America).

Challenges

- Financial and human resources for implementation of the AMR NAPs under the One Health approach remain limited.
- Regulations that call for dispensing antibiotics only by prescription need to be better enforced, as antibiotics can still be bought without prescription in 80% of the countries in the Americas.
- The use of antibiotics in animal husbandry remains worrisome. For example, only a few countries (Argentina, Colombia, Ecuador, and Peru) have banned the use of colistin in animals.

Lessons Learned

- Messaging that focuses on AMR's impact on health, the economy, and national/global security is effective and can help foster multisectoral political commitment.
- Unless the countries themselves make an investment, AMR cannot be mitigated, as international funding from donors alone cannot suffice. Activities defined in the AMR NAPs should be prioritized, as this will enable countries to focus their efforts and take action, even when funds are limited.
- A comprehensive technical approach that addresses laboratory capacity, infection prevention and control practices, antimicrobial stewardship programs, and WASH infrastructure is the most effective way to tackle AMR in health care settings.

Cross-cutting Themes

- AMR presents a serious challenge to human and animal health, to food safety and security, and to national economies and development. The AMR Special Program aims to link various sectors and actors in defense of human, animal, and environmental health and rights.

1.7 Food Safety

Overview

Work in this program area aims to strengthen national food control systems in Member States with respect to food legislation and food control management, inspection, surveillance, information, education, and training. The main priorities of the 2018-2019 biennium were to strengthen countries' inspection systems, Codex Alimentarius focal points, and laboratory surveillance. In addition, PASB conducted on-site and virtual trainings on food safety and led food safety awareness campaigns within the Region.

Main Achievements

- The 9th Assembly of the Inter-American Network of Food Analysis Laboratories (INFAL), attended by 17 countries, represented a renewal of the commitment of member laboratories to support the network and its activities. During the biennium all INFAL platforms were upgraded to facilitate interaction and knowledge transfer between laboratories.
- The first World Food Safety Day was observed with the participation of 15 countries of the Region.
- Validation and publication of the Risk-Based Food Inspection Manual for the Caribbean was an important step toward the harmonization of inspection systems in the subregion.
- The first virtual course for English-speaking food handlers was launched, targeting food safety specialists in the Caribbean.
- Two projects of the FAO/WHO Codex Trust Fund were approved for Honduras and Bolivia to strengthen national Codex focal points with a view to improving public health and trade.
- In 2018, the entire Brazilian territory was certified by the World Organization for Animal Health as FMD-free with and without vaccination. In 2019, the 2017-2026 strategic plan on the withdrawal of FMD vaccination in Brazil was approved. Additionally, in 2018 Peru reached FMD-free status without vaccination, becoming the second country in South America to achieve that status through a control and eradication program. Suriname also achieved FMD-free status without vaccination. In Bolivia, the department of Pando was recognized by the OIE as FMD-free without vaccination, and vaccination was suspended in the department of Beni. As of the end of 2019, all countries of South America except Venezuela have reached official FMD-free status as recognized by the OIE.

Challenges

- Increasing awareness and commitment to food safety as a priority public health function at country level requires a multisectoral approach that includes the health and agriculture sectors, at minimum.
- During the 2018-2019 biennium, there were insufficient resources available from countries and PASB to provide the necessary technical cooperation for strengthening foodborne disease surveillance programs.
- There is a need to reinstitute the FMD control and eradication program in Venezuela to achieve eradication of the disease in the Americas under the framework of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA).

Lessons Learned

- Food safety is a public health challenge, with huge implications for national and international trade and tourism and for the overall development of countries and communities. It requires an intersectoral approach that involves the health and agriculture sectors and the public and private sectors, among others. Other areas such as climate change science, digital technologies, and human behavioral sciences are also relevant. PASB will continue to address food safety from all these dimensions, as well as strongly advocating with national health authorities to adopt intersectoral approaches.
- The negotiation and approval process for the cooperation agreement with Airbnb presented opportunities and lessons learned for PASB with respect to engaging the private sector in public health matters in a way that is mutually beneficial.
- There is much to be gained by holding a regular biannual assembly of INFAL, with the participation of laboratory representatives from 17 countries in the Region. Also valuable is the annual meeting of the South American Commission for the Fight Against Foot-and-Mouth Disease (COSALFA), which involves the participation of public and private sector delegates from 13 countries (12 South American countries plus Panama). These two forums provide important opportunities for coordination and articulation of the actors involved in food analysis and in the eradication of animal diseases, respectively.

Cross-cutting Themes

- Calendars produced in Spanish, Portuguese, and English were used to disseminate key messages to mothers and families on best practices for feeding children aged 0-5 years.

Budget Implementation

**Table 2. Category 1 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
1.1 HIV/AIDS, STIs, and viral hepatitis	13,800,000	9,740,678	9,668,796	71%	70%	99%
1.2 Tuberculosis	9,100,000	7,021,258	6,966,040	77%	77%	99%
1.3 Malaria and other vector-borne diseases (including dengue and Chagas)	24,100,000	20,729,908	20,676,325	86%	86%	100%
1.4 Neglected, tropical, and zoonotic diseases	15,400,000	15,372,905	15,344,383	100%	100%	100%

1.5 Vaccine-preventable diseases (including maintenance of polio eradication)	41,600,000	42,250,925	39,604,011	102%	95%	94%
1.6 Antimicrobial resistance	5,600,000	5,046,003	5,033,903	90%	90%	100%
1.7 Food safety	5,000,000	2,769,658	2,757,356	55%	55%	100%
TOTAL – Base programs	114,600,000	102,931,335	100,050,814	90%	87%	97%
Foot-and-Mouth Disease Eradication Program	9,000,000	9,075,216	9,076,544	101%	101%	100%
Polio eradication maintenance	n/a	4,104,868	3,741,647	n/a	n/a	91%
TOTAL-Special programs and emergencies³	9,000,000	13,180,084	12,818,191	146%	142%	97%

Budget Implementation Analysis

- The total approved budget for Category 1 was \$114.6 million, which represented 18.5% of the total approved budget for base programs (\$619.6 million). Category 1 reached \$102.9 million (or 90%) funding during the 2018-2019 biennium through joint efforts across all functional levels of the Organization. Overall, a total of \$100.0 million (97%) of funds available for implementation was executed by the end of 2019. Despite the category’s gap of \$11.7 million, Category 1 was the second highest-funded category during 2018-2019.
- Implementation levels of funding ranged from 94% (Program Area 1.5, vaccine-preventable diseases) to 99%-100% (all other program areas). In the case of Program Area 1.5, a lower level of implementation is partially due to a significant carry-over of voluntary contributions that do not expire until 2020.
- Program Areas 1.1 (HIV/AIDS, STIs, and viral hepatitis) and 1.3 (malaria and other vector-borne diseases) were considered among the Organization’s highest priorities in 2018-2019. Nevertheless, their funding was 71% and 86% of approved levels, respectively. Program Area 1.1 represented the category’s second-lowest level of funding.
- Program Areas 1.2 and 1.7 also had lower levels of financing. Only 77% was reached for 1.2, and 55% for 1.7 (the latter was the lowest of the category and the fifth-lowest of the entire Program and Budget).

³ Relevant for Categories 1 and 5: includes funding for Program Area 5.7 (OCR), outputs related to polio (1.5.4 and 1.5.5 under OCM 1.5b), and output related to foot-and-mouth disease eradication (1.7.3 under OCM 1.7b).

- The reduction in flexible funds and the moratorium due to the Organization’s cash-flow issues affected budget implementation across Category 1. Flexible funds are relied upon to support technical cooperation and cover gaps in countries where voluntary contributions cannot be implemented due to donor restrictions. In response to the reduction in available flexible funds, technical teams adjusted their work plans to rely more heavily on voluntary contributions and sought synergies and greater efficiencies whenever possible.

Resource Mobilization

- Over the course of the biennium, the program areas of Category 1 successfully mobilized funding through strong alliances with a wide variety of strategic partners, including USAID; the CDC; Gavi, the Vaccine Alliance; Global Affairs Canada; the governments of Brazil, Haiti, and Peru; United Nations Development Programme; Bill and Melinda Gates Foundation; Spanish Agency for International Development Cooperation (AECID); Korea International Cooperation Agency; Andean Health Organization (ORAS); and 20 more donors representing 9% of the category voluntary contributions.
- Despite these resource mobilization efforts, several priorities have particularly limited funding going into 2020, such as work in arboviral diseases, Chagas, hepatitis, and entomology for public health and vector control.

Recommendations

- Continue to promote and facilitate broad inter-programmatic collaboration in pursuit of health system strengthening and toward the achievement of the goals for elimination of priority communicable diseases as public health threats.
- Maintain the momentum and commitments made during the UN high-level meeting on TB in 2018 to accelerate implementation of the End TB Strategy and achieve the international targets toward eliminating TB as a public health problem. The Region of the Americas is well positioned to be the first region in the world to achieve elimination.
- Within the framework of the PAHO Disease Elimination Initiative, develop a model of inter-programmatic cooperation that addresses structural aspects of access to key elimination interventions by populations in situations of vulnerability.
- Promote multi-disciplinary and integrated actions involving other sectors and the community in tackling arboviral diseases.
- Develop intersectoral synergies to tackle the social determinants of NIDs (water, sanitation, housing, food safety, education, hygiene, environment, work, tourism, etc.) within the framework of the Sustainable Development Goals and Health in All Policies.
- Promote the inclusion of NIDs in existing social protection systems in the countries to offer comprehensive, quality services to those affected.
- Ensure drug supplies and access to drugs at affordable prices for the prevention, treatment, and control of NIDs through various mechanisms, such as procurement through the PAHO Strategic Fund and donations through WHO.
- Create the capacity for inter-programmatic control and elimination of NIDs, offering comprehensive care, including chronic morbidity management and disability prevention, to affected people and communities so that no one is left behind.
- Develop an intersectoral approach to improve food safety systems in countries of the Americas, including the health and agriculture sectors as well as the public and private sectors, and involving other areas such as climate change science, digital technologies, and human behavioral sciences.
- Maintain adequate and timely funding for the activities of the immunization program, establishing budget items for the operation of the program in addition to the purchase of vaccines.
- Strengthen epidemiological surveillance of vaccine-preventable diseases, including through diagnostic laboratories, as an alert element for timely decision making, ensuring the necessary operational and financial resources.
- Foster intersectoral collaboration within the framework of the Tripartite Alliance (FAO, OIE, and PAHO/WHO), also including regional organizations such as the International Regional Organization for Plant and Animal Health (OIRSA) and the Inter-American Institute for Cooperation on Agriculture, to ensure a comprehensive approach to AMR surveillance and control and to support countries in the implementation of their National Action Plans.

Detailed Assessment by Program Area

<p>Program Area 1.1: HIV/AIDS, STIs, and Viral Hepatitis</p> <p>OUTCOME: Increased access to key interventions for HIV, STIs, and viral hepatitis prevention and treatment OCM Indicator Assessment: 1/5 achieved, 4/5 partially achieved OPT Indicator Assessment: 1/4 exceeded, 3/4 partially achieved</p>	<p>Rating: Partially met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.1.1	Number of countries and territories that have 80% coverage of antiretroviral therapies (ART) in eligible populations	6	22	Partially achieved
<p>Seventeen countries and territories achieved the indicator. Four countries and territories partially achieved the indicator.</p> <p>All 17 countries that achieved this indicator adopted the WHO Treat All policy, initiated or planned transition to dolutegravir-based regimens, and reached ARV coverage >50% of the total estimated people living with HIV (PLHIV). Nevertheless, the target of 80% of PLHIV was not achieved by any of them. Ongoing efforts should seek to improve focused HIV testing services, linkage and retention in care, and quality of services in order to minimize attrition along the continuum of care. The four countries that partially achieved the indicator did not yet adopt the Treat All policy, or their ARV coverage persisted <50% of estimated PLHIV. Policy changes and strengthening of the continuum are recommended for these countries.</p>				
1.1.2	Number of countries and territories with at least 95% coverage of HIV prophylaxis treatment for prevention of mother-to-child transmission of HIV	0	24	Partially achieved
<p>Twelve countries and territories achieved the indicator. One country partially achieved the indicator.</p> <p>Progress in the Region has been slower than anticipated, with reductions in coverage in some countries. Issues seem to be related to social unrest, migration, and worsening of socioeconomic determinants in some countries, while uncertainties around data quality may be an issue in other countries.</p>				
1.1.3	Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	0	22	Partially achieved
<p>Eleven countries and territories achieved the indicator. One country partially achieved the indicator.</p> <p>In contrast with the Caribbean, where coverage has increased, in much of Latin America syphilis treatment coverage among seropositive pregnant women has been stagnant at around 83% to 85% since 2011, and some countries have reported coverage reductions. Additionally, several countries reported that syphilis treatment is given to</p>				

<p>pregnant women, but the data are not recorded or reported. Challenges in the national surveillance systems for maternal and congenital syphilis therefore remain an issue. There are barriers to the adoption of syphilis rapid screening tests (RT) at antenatal care services, and immediate treatment is seldom provided. Many Caribbean and several Central American countries have not adopted RT for syphilis; instead they provide results and treatment in a subsequent appointment, resulting in patients lost to follow-up and delays in treatment. Some countries do not treat pregnant women at the first level of care because of health care providers' concerns about adverse outcomes when using penicillin. Technical cooperation is focused on efforts to promote rapid diagnostic tests aligned with the Strategic Fund price list, to encourage national authorities to change country norms, and to strengthen information systems.</p>				
1.1.4	Number of countries and territories with at least 95% coverage of routine infant vaccination for hepatitis B (below 1 year of age)	15	25	Partially achieved
<p>Four target countries increased coverage of routine infant vaccination for hepatitis B (third dose) to ≥95%. In total, 22 countries achieved or partially achieved the target: 14 countries achieved it with ≥95% coverage, and eight countries partially achieved it with ≥90% to <95% coverage. Three countries did not achieve the target (<90% coverage). Work is ongoing to better understand subnational coverage inequities and to implement actions to maintain and increase the number of countries that reach the target.⁴</p>				
1.1.5	Number of countries and territories that include in their national essential medicines lists one or more drugs recommended by WHO for hepatitis C treatment	8	15	Achieved
<p>Fifteen countries and territories achieved the indicator. Three countries and territories partially achieved the indicator.</p> <p>The very high cost associated with hepatitis C direct-acting antivirals, and the limited access to generic versions of the drugs, makes it difficult for countries to include these drugs as part of their essential medicines lists. In addition, the high price may also limit access to treatment in countries that have these drugs as essential medicines. PAHO has been working to reduce the prices, increase access to generic drugs, and promote supply management capacity for countries in the Region.</p>				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.1.1	Countries enabled to deliver and expand coverage of key HIV interventions through active engagement in policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation	Number of countries with national HIV strategies and plans incorporating regional prevention and 90-90-90 targets and implementing fast-track actions in line with the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 and PAHO Regional Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021	6	12	Partially achieved

⁴ Source: PAHO-WHO/UNICEF Joint Reporting Forms, 2019 (2018 data).

<p>Ten countries achieved the indicator. One country partially achieved the indicator.</p> <p>All countries should fully adopt and implement key WHO guidelines for HIV prevention and care (PrEP, Treat All) to deploy high-impact, evidence-based interventions for all persons in need.</p>					
1.1.2	Countries enable to deliver and expand coverage of key hepatitis interventions through active engagement in advocacy, policy dialogue, adaptation of normative guidance and development of implementation tools, generation, analysis and dissemination of strategic information and provision of technical cooperation	Number of countries with national strategies and/or national plans for prevention and control of viral hepatitis that are in line with Global Health Sector Strategy 2016-2021 and PAHO Regional Plan for Viral Hepatitis 2015-2019	14	20	Exceeded
<p>Twenty-one countries achieved the indicator. One country partially achieved the indicator.</p> <p>The Region has seen substantial and consistent progress in addressing hepatitis, with more countries including hepatitis in their national health planning. Advances are particularly noted in the Caribbean, where a subregional meeting with national programs, in 2018, raised awareness and political commitment and encouraged several countries in the subregion to develop national strategies.</p>					
1.1.3	Countries enabled to deliver and expand coverage of key STI interventions through active engagement in policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation	Number of countries with national strategies and/or plans (integrated in HIV plans) for prevention and control of STIs that are in line with the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 and PAHO Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021	21	33	Partially achieved
<p>Nine countries achieved the indicator. Thirteen countries partially achieved the indicator.</p> <p>The alignment of national strategies or plans requires the adoption of most of the priority global and regional targets. A main limitation of this indicator is that the respective time frames of the global strategy and the regional plan of action are not necessarily aligned. PAHO has been working with the countries that recently updated their national strategies and plans or are currently doing so to ensure such alignment. For countries whose national strategies and plans are compatible with the global and regional time frames, the adoption of antimicrobial resistance surveillance of <i>N. gonorrhoeae</i> to update national treatment guidelines has been challenging, primarily due to the costs involved in the implementation of adequate surveillance and reporting systems. PAHO has published a consolidated guidance document to simplify and support countries in this task, in addition to ongoing technical cooperation provided by the Secretariat.</p>					
1.1.4	Countries enabled to implement and expand coverage of interventions for prevention of mother-to-child transmission, including for HIV, syphilis,	Number of countries that are progressing toward goals and targets for elimination of MTCT as indicated in the WHO Global Guidance on Criteria and Processes for	13	17	Partially achieved

	<p>and hepatitis B virus, through active engagement in policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation</p>	<p>Validation: Elimination of Mother-to-Child Transmission of HIV and Syphilis (2015)</p>			
<p>Fifteen countries achieved the indicator. Eleven countries partially achieved the indicator.</p> <p>Progress in the Region has been slower than anticipated, with countries not able to maintain HIV and/or syphilis screening and treatment during antenatal care. Barriers to implementation of point-of-care diagnostics and point-of-care treatment persist. Technical cooperation is focused on efforts to promote rapid diagnostic tests aligned with the Strategic Fund price list, to encourage national authorities to change country norms, and to strengthen information systems. Uncertainties around data quality may be an issue for some countries. Publication of a new national strategy for EMTCT in Colombia in 2018 has renewed national commitment to EMTCT of HIV and syphilis and expanded the initiative to include hepatitis B and Chagas.</p>					

<p>Program Area 1.2: Tuberculosis</p> <p>OUTCOME: Increased number of tuberculosis patients successfully diagnosed and treated OCM Indicator Assessment: 1/3 achieved, 2/3 partially achieved OPT Indicator Assessment: 1/4 achieved, 3/4 partially achieved</p>	<p>Rating: Partially met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.2.1	Cumulative number of TB bacteriologically confirmed patients successfully treated in programs that have adopted the WHO-recommended strategy since 1995	1.45 million patients	2.50 million patients	Achieved
The target will most probably be achieved once the current treatment cohort becomes available in 2021. The target was almost reached in 2017, when the cumulative treatment cohort was 2.33 million patients.				
1.2.2	Annual number of tuberculosis patients with confirmed or presumptive MDR-TB, based on WHO definitions (2013), including rifampicin-resistant cases, placed on MDR-TB treatment in the Americas	2,960 patients	5,490 patients	Partially achieved
In 2018, a total of 4,229 patients with multidrug-resistant TB (MDR-TB) were treated. The target might be nearly achieved in 2019 (pending data analysis) based on the recent increasing trend in the number of MDR-TB treatments per year.				
1.2.3	Percentage of new TB patients diagnosed in relation to the total number of TB incident cases	79%	90%	Partially achieved
The percentage was 81% in 2018. The indicator has been difficult to achieve due to difficulties with the WHO TB estimates for the Region, which are based on notifications. Since TB notifications have increased in recent years, due to country efforts in case detection and introduction of molecular diagnosis, the numerator has increased accordingly. A revised estimate of the calculations is due in 2020.				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.2.1	Implementation of the regional plan and targets for tuberculosis prevention, care, and control after 2015 in line with the WHO Global Strategy	Number of countries that have set targets, within national strategic plans, for reduction in tuberculosis mortality and incidence in line with the targets set in the regional tuberculosis plan	12	28	Partially achieved

<p>Twenty-four countries achieved the indicator. Two countries partially achieved the indicator.</p> <p>Most countries achieved this indicator, as they have updated their TB national strategic plans according to the End TB Strategy and the regional Plan of Action for the Prevention and Control of Tuberculosis. The countries that partially achieved or did not achieve the indicator have included only one target or none, respectively.</p>					
1.2.2	Policy guidelines and technical tools updated to support implementation of the global strategy and targets for tuberculosis prevention, care, and control after 2015, covering the strategy's three pillars	Number of countries that have adopted/adapted the technical tools for implementation of the global tuberculosis strategy	13	20	Achieved
<p>Twenty countries achieved the indicator (available data through 2018).</p> <p>All countries have adopted and or adapted technical tools of the End TB Strategy using the document Implementing the End TB Strategy: The Essentials.</p>					
1.2.3	Policy guidance and technical guidelines updated to strengthen country capacity for early diagnosis and treatment of MDR-TB patients	Number of countries and territories implementing WHO guidelines for early diagnosis and treatment of MDR-TB	24	28	Partially achieved
<p>Twenty-two countries and territories achieved the indicator. Six countries and territories partially achieved the indicator (available data through 2018).</p> <p>Most countries are in the process of implementing WHO guidelines for early diagnosis and treatment of multidrug-resistant TB. The countries that partially achieved the indicator do not have full drug susceptibility testing capacity to diagnose MDR-TB and/or have not yet implemented the latest treatment guidelines.</p>					
1.2.4	Countries enabled to integrate TB-HIV care	Number of countries and territories integrating TB-HIV care	9	15	Partially achieved
<p>Ten countries achieved the indicator. Four countries partially achieved the indicator (available data through 2018).</p> <p>The barriers to achieving this indicator are limited coordination and capacity of national TB and HIV programs to offer a package for HIV testing and TB screening, follow the dual treatment protocol, offer preventive therapy, and implement infection control measures.</p>					

<p>Program Area 1.3: Malaria and Other Vector-borne Diseases (including Dengue and Chagas)</p> <p>OUTCOME: Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases</p> <p>OCM Indicator Assessment: 2/4 achieved, 2/4 partially achieved</p> <p>OPT Indicator Assessment: 1/6 exceeded, 4/6 achieved, 1/6 partially achieved</p>	<p>Rating: Met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.3.1	Percentage of confirmed malaria cases in the public sector receiving first-line antimalarial treatment according to national policy (based on PAHO/WHO recommendations)	85%	95%	Achieved
<p>Based on official data from annual country reports for 2018 (received in 2019), 100% of malaria cases confirmed in the public sector received first-line antimalarial treatment according to national policy (based on PAHO/WHO recommendations). However, the reported figures are likely not accurate, and in reality this number is probably lower. Given the epidemic situation in Venezuela, there were periods with important delays in treatment of malaria confirmed cases. In some areas of Haiti and Guyana, stockouts of commodities for diagnosis and treatment were reported for weeks. Additionally, while access to diagnosis and treatment has improved in some areas, it continues to be a challenge in hard-to-reach areas and in vulnerable communities of certain countries.</p> <p>During the biennium, the Regional Malaria Program specifically promoted early access to diagnosis and treatment by developing and promoting a strategy (DTI-R) based on early detection, approaching foci in the countries, and collaborating with external partners. All endemic countries made progress in incorporating these elements into their national plans. There is permanent management by PAHO to support the supply of antimalarials in the Region.</p>				
1.3.2	Number of countries and territories with installed capacity to eliminate malaria	10	21	Partially achieved
<p>Sixteen countries and territories achieved the indicator. Five countries and territories partially achieved the indicator.</p> <p>The 16 countries and territories that achieved the indicator made important progress in adopting PAHO/WHO-recommended policies and interventions for malaria elimination (diagnosis, treatment, and surveillance interventions), in both the public and private sectors, as well as other enabling measures. By the end of 2019, these malaria-endemic countries and territories were implementing the following policies: centralized register of malaria cases and foci; malaria database and surveillance of malaria as a notifiable disease nationwide; active case detection efforts in groups at high risk or with poor access to services (“proactive” case detection); case and foci investigation and classification (including “reactive” case detection) in situations with a low number of cases; cases detected confirmed by microscopy or rapid tests; and radical treatment with primaquine for <i>P. vivax</i>. In addition, Amazon countries implemented treatment with artemisinin-based combination therapies plus single-dose primaquine for <i>P. falciparum</i>. In the countries that only partially achieved the indicator, key challenges remain in providing key malaria interventions (such as prompt diagnosis and treatment) to high-risk or hard-to-reach populations and in integrating malaria into the health system.</p>				

1.3.3	Number of countries and territories with installed capacity for the management of all dengue cases	14	30	Achieved
<p>Thirty countries and territories achieved the indicator.</p> <p>All 30 countries and territories had installed capacity for the management of all dengue cases by 2019. Technical support must continue to ensure sustainability of the achieved indicator.</p>				
1.3.4	Number of countries and territories where the entire endemic territory or territorial unit has a domestic infestation index (by the main triatomine vector species or by the substitute vector, as the case may be) of less than or equal to 1%	17	21	Partially achieved
<p>Ten countries and territories achieved the indicator. Seven countries and territories partially achieved the indicator.</p> <p>There have been varying levels of progress in all the endemic countries and territories, but efforts must be intensified in those that have either partially achieved or not achieved the target.</p>				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.3.1	Countries enabled to implement evidence-based malaria strategic plans, with a focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy, and insecticide resistance monitoring and surveillance through capacity strengthening for enhanced malaria reduction	Number of malaria-endemic countries in which an assessment of malaria trends is being undertaken using routine surveillance systems	21	21	Achieved
<p>Twenty-one countries achieved the indicator.</p> <p>At the end of the biennium, all 21 countries that were endemic in 2017 maintained the progress achieved in previous years in developing routine malaria information systems. In all those countries, malaria is reported as a notifiable disease, and the malaria surveillance system is based on nominal databases that are operational and guiding national and local analysis. During the biennium, two of those countries, Paraguay and Argentina, were certified as malaria-free countries by WHO. The certification included the verification of capacities and processes related to the malaria information system.</p>					
1.3.2	Updated policy recommendations and strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment (including for hard-to-reach populations), integrated management of	Number of malaria-endemic countries and territories that are applying malaria strategies to move toward elimination based on WHO criteria	15	21	Achieved

	febrile illness, surveillance and disaggregation of data, epidemic detection, and response for accelerated malaria reduction and elimination				
<p>Nineteen malaria-endemic countries and territories achieved the indicator. One malaria-endemic territory partially achieved the indicator.</p> <p>By the end of 2019, 19 malaria-endemic countries and territories achieved the indicator. All those countries implemented malaria interventions and changes in national strategies to move toward malaria elimination. Paraguay and Argentina were certified by WHO as malaria-free countries in 2018 and 2019, respectively, but they are counted among these 19 countries because they were still considered endemic at the beginning of the biennium. One endemic territory partially achieved the indicator because key challenges remain regarding malaria policies and strategies for miners and mobile populations. One endemic country did not achieve the indicator because the massive increase and spread of malaria transmission throughout the country, driven by strong social factors and the economic situation, has limited the implementation of elimination strategies and policies.</p>					
1.3.3	Implementation of the new PAHO/WHO dengue classification to improve diagnosis and treatment within the framework of the regional Integrated Management Strategy (IMS) for Arboviral Disease Prevention and Control and the WHO Global Strategy for Dengue Prevention and Control 2012-2020	Number of countries and territories implementing the "Dengue: Guidelines for Patient Care in the Region of the Americas (2nd edition)" and the Tool for the Diagnosis and Care of Patients with Suspected Arboviral Diseases	0	5	Exceeded
<p>Twenty-one countries and territories achieved the indicator.</p> <p>Medical staff have been properly trained in the clinical diagnosis and management of dengue, chikungunya, and Zika cases based on the PAHO handbook Dengue: Guidelines for Patient Care in the Region of the Americas (2nd edition) and the Tool for the Diagnosis and Care of Patients with Suspected Arboviral Diseases. In addition, printed copies of both guidelines have been distributed in all countries and territories, and digital copies are available at no cost on the PAHO website.</p>					
1.3.4	Implementation of the Strategy and Plan of Action for Chagas Disease Prevention, Control and Care	Number of countries and territories that have established integrated control programs for Chagas in the endemic territorial units where transmission is domiciliary	16	19	Achieved
<p>Seventeen countries and territories achieved the indicator. Four countries and territories did not achieve the indicator.</p> <p>Extreme scarcity of resources for technical cooperation in 2019 impeded meetings of the subregional Chagas initiatives.</p>					
1.3.5	Endemic countries enabled to strengthen their coverage and quality of care for patients infected with <i>Trypanosoma cruzi</i>	Number of endemic countries and territories implementing national plans of action to expand coverage and quality of care for patients infected with <i>T. cruzi</i>	11	18	Partially achieved

Thirteen endemic countries and territories achieved the indicator. Two countries partially achieved the indicator.

Extreme scarcity of resources for technical cooperation in 2019 impeded subregional meetings of the initiative.

1.3.6	Implementation of integrated vector management (IVM) with focus on improving or contributing to the achievement of global and regional targets for control, interruption, and elimination of vector-borne diseases	Number of countries and territories that have established a system for monitoring resistance to insecticides used in public health in accordance with the PAHO/WHO guidelines	5	15	Achieved
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Fourteen countries and territories achieved the indicator. One territory partially achieved the indicator.

It is necessary to continue supporting the countries in structuring the monitoring of insecticide resistance according to PAHO guidelines. Seventeen countries received insecticide-impregnated papers from PAHO to establish the baseline level of insecticide resistance.

<p>Program Area 1.4: Neglected, Tropical, and Zoonotic Diseases</p> <p>OUTCOME: Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of neglected, tropical, and zoonotic diseases</p> <p>OCM Indicator Assessment: 7/8 partially achieved, 1/8 not achieved</p> <p>OPT Indicator Assessment: 2/5 achieved, 3/5 partially achieved</p>	<p>Rating: Partially met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.4.1	Number of countries with annual increase in the proportion of diagnosed and treated cases of leishmaniasis, per the recommended treatment in the PAHO/WHO guidelines	0	12	Partially achieved
<p>Three countries achieved the indicator. Eight countries partially achieved the indicator.</p> <p>It is important for all countries to improve their national information systems by improving the quality of data and information flow. Reasons why countries partially achieved the indicator include, among others, lack of reporting of laboratory diagnosis or treated cutaneous leishmaniasis patients; improvement in patients treated but a decline in laboratory diagnosis; and improvement in laboratory diagnosis but a decline in patients treated.</p>				
1.4.2	Number of endemic countries and territories with high burden of leprosy that have reduced, by 35%, the rate of new cases with grade-2 disabilities per 100,000 population, as compared to their own baseline 2012 data	0/10	10/10	Partially achieved
<p>Three endemic countries and territories achieved the indicator.</p> <p>The reduction of disability due to leprosy is related to early diagnosis followed by prompt and adequate treatment. This needs to be strengthened in many national leprosy control programs. Some reduction was observed in other countries that did not achieve the 35% reduction.</p>				
1.4.3	Number of endemic countries having achieved the recommended treatment target coverage (65% or more) of population at risk of lymphatic filariasis	1/4	4/4	Partially achieved
<p>Three countries achieved the indicator, having reached the target in all their endemic areas. One country partially achieved the indicator, having achieved the target in some areas of the country.</p> <p>Political commitment, adequate technical support, and availability of sufficient financial resources are key to achieving the goals.</p>				
1.4.4	Number of endemic countries having achieved the recommended treatment target coverage (85% or more for each round of treatment) of population at risk of onchocerciasis	1/2	2/2	Partially achieved
<p>Two countries partially achieved the indicator.</p>				

<p>The main obstacles to achieving the minimum expected coverage of 85% are the geographic and cultural barriers to access among the Yanomami population, particularly the hyperendemic communities along the Brazil-Venezuela border.</p>				
1.4.5	Number of endemic countries having achieved the recommended treatment target coverage (80% or more) of population at risk of trachoma that could lead to blindness	0/3	3/3	Partially achieved
<p>One endemic country achieved the indicator. One endemic country partially achieved the indicator.</p> <p>Challenges for achieving the target include lack of funds for reaching remote populations in the Amazon Basin, administrative issues with the importation of donated azithromycin, and the need to update the status of trachoma to know where the interventions should be targeted.</p>				
1.4.6	Number of endemic countries having achieved the recommended treatment target coverage (75% or more) of population at risk of schistosomiasis	0/2	2/2	Not achieved
<p>Two endemic countries did not achieve the indicator.</p> <p>These countries have not implemented mass drug administration for schistosomiasis control. One of these countries needs to remap schistosomiasis to identify endemic areas.</p>				
1.4.7	Number of endemic countries having achieved the recommended treatment target coverage (75% or more) of population at risk of soil-transmitted helminthiasis	5/24	16/24	Partially achieved
<p>Seven endemic countries achieved the indicator. Four endemic countries partially achieved the indicator.</p> <p>Integration with other health programs (for example, lymphatic filariasis) and platforms (immunization programs, health weeks, etc.) positively contributed to the achievement of the target. Lack of structured, integrated control programs for soil-transmitted helminthiasis that include deworming hinders its achievement.</p>				
1.4.8	Number of countries and territories with established capacity and effective processes to eliminate human rabies transmitted by dogs	28	35	Partially achieved
<p>Thirty countries and territories achieved the indicator. Five countries and territories partially achieved the indicator.</p> <p>The Region has progressed significantly, and it is very close to the elimination of human rabies transmitted by dogs. At the end of the first biennium, there were 12 countries in progress toward achieving the indicator; now there are only five. However, some countries do not follow PAHO/WHO technical recommendations, which makes it difficult to reach the goal of elimination by 2022. In 2018, 13 cases of human rabies transmitted by dogs were registered. In 2019, only three cases were registered.</p>				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.4.1	Implementation and monitoring of the WHO roadmap to overcome the impact of neglected tropical diseases through the regional Plan of Action for the Elimination of Neglected Infectious Diseases (NIDs) and Post-elimination Actions 2016-2022	Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status in line with the WHO roadmap for NTDs	9	14	Partially achieved
<p>Twelve endemic countries and territories achieved the indicator. Two endemic countries and territories partially achieved the indicator.</p> <p>The main factor hindering achievement of the targets is the low priority given to neglected infectious diseases in the public health agendas of the countries. Another important factor is the diversion of financial and human resources, initially allocated for interventions to control or eliminate NTDs, to respond to outbreaks and public health emergencies.</p>					
1.4.2	Endemic countries enabled to establish integrated surveillance of leishmaniasis in human population	Number of endemic countries and territories that have integrated surveillance of human leishmaniasis	7	12	Partially achieved
<p>Four endemic countries and territories achieved the indicator. Five endemic countries and territories partially achieved the indicator.</p> <p>The endemic countries that partially achieved the indicator are currently in the process of implementing surveillance and entomology actions to control leishmaniases. Some of the countries that did not achieve the indicator currently do not carry out vector surveillance for leishmaniases, and in one country the national surveillance system does not even officially acknowledge the visceral leishmaniasis cases.</p>					
1.4.3	Implementation of the WHO Global Strategy for Further Reducing the Disease Burden Due to Leprosy 2016-2020	Number of endemic countries for leprosy in the Americas applying the Global Leprosy Strategy 2016-2020, "Accelerating towards a leprosy-free world"	3	8	Achieved
<p>Eight endemic countries achieved the indicator.</p> <p>PASB provided technical cooperation to countries to implement the WHO Global Strategy for Further Reducing the Disease Burden Due to Leprosy 2016-2020.</p>					
1.4.4	Countries enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies	Number of countries and territories implementing plans of action to strengthen rabies prevention, prophylaxis, surveillance, control, and elimination	26	30	Partially achieved
<p>Twenty-five countries and territories achieved the indicator. Four countries and territories partially achieved the indicator.</p> <p>In some of the countries that partially achieved the indicator, efforts were made to partially implement control measures, and work is being done to strengthen the countries' capacities, including for massive vaccination campaigns. However, difficulties with primary health care and availability of resources remain as important challenges to full achievement of the indicator by all countries.</p>					

1.4.5	Countries enabled to implement plans of action for strengthening zoonotic disease prevention, surveillance, and control programs	Number of countries and territories implementing plans of action to strengthen zoonosis prevention, surveillance, and control programs according to international standards	9	19	Achieved
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Eighteen countries and territories achieved the indicator.

In general, all the target countries have intersectoral and/or integrated zoonotic disease prevention, surveillance, and control programs, including diagnosis, response to emergencies, and measures to decrease the incidence of zoonoses within their populations.

<p>Program Area 1.5: Vaccine-Preventable Diseases (including Maintenance of Polio Eradication)</p> <p>OUTCOME: Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases</p> <p>OCM Indicator Assessment: 2/4 achieved, 1/4 partially achieved, 1/4 not achieved</p> <p>OPT Indicator Assessment: 3/5 achieved, 2/5 partially achieved</p>	<p>Rating: Partially met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.5.1	Regional average coverage with three doses of the diphtheria, tetanus, and pertussis-containing vaccine	92%	94%	Not achieved
<p>The most recent regional average coverage (2018) for DTP3 is 89%, which is higher than the global average (86%) but still below the target. Twenty-two countries increased their coverage between 2017 and 2018. Five countries have higher numbers of children who do not complete their vaccination schedule on time, and these countries are lowering the regional average. The Region is working toward a better understanding of subnational coverage disparities, among other activities aimed at reducing immunization inequities.⁵</p>				
1.5.2	Number of countries and territories with reestablishment of endemic transmission of measles and rubella virus	0	0	Partially achieved
<p>All countries and territories in the Region remain free of rubella, and 97% of countries have sustained measles elimination. Two countries reestablished endemic transmission of measles, and regional and country efforts are ongoing toward being reverified as free of measles.⁶</p>				
1.5.3	Number of countries and territories that have introduced one or more new vaccines	34	51	Achieved
<p>Sixteen of the 17 target countries introduced at least one new vaccine (HPV, pneumococcal conjugate vaccine, rotavirus, meningococcal, hepatitis B birth dose, and/or seasonal influenza) during the reporting period. One country has conducted a cost-effectiveness analysis to inform the introduction of pneumococcal conjugate vaccine</p>				

⁵ Source: PAHO-WHO/UNICEF Joint Reporting Forms, 2019 (2018 data).

⁶ Source: Measles and Rubella Regional Monitoring and Re-verification Commission.

(PCV), which is planned for the near future. The Region of the Americas is the WHO region with the most countries and territories that have introduced new vaccines: to date, 43 have introduced HPV, 37 PCV, 22 rotavirus, 5 meningococcal, 39 seasonal influenza, and 30 hepatitis B birth dose. ⁷				
1.5.4	Number of countries and territories reporting cases of paralysis due to wild or circulating vaccine-derived poliovirus (cVDPV) in the preceding 12 months	0	0	Achieved
The Region of the Americas remains free of wild poliovirus or circulating vaccine-derived poliovirus. In 2019, the Region celebrated 25 years of being certified polio-free. ⁸				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.5.1	Implementation and monitoring of the Regional Immunization Action Plan aligned with the WHO Global Vaccine Action Plan 2011-2020 to reach unvaccinated and under-vaccinated populations	Number of countries and territories with DTP3 (diphtheria-tetanus-pertussis) immunization coverage less than 95% that are implementing strategies within their national immunization plans to reach unvaccinated and under-vaccinated populations	17	29	Achieved
<p>Twenty-eight countries and territories achieved the indicator.</p> <p>The target countries implemented strategies to reach unvaccinated or under-vaccinated children. The annual Vaccination Week in the Americas has provided a key opportunity to conduct these strategies and achieve this target. During this week in 2019, more than 45 countries and territories participated, vaccinating over 65 million individuals.</p>					
1.5.2	Implementation of the Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas	Number of countries that have met the annual notification rate of 2 suspected cases of measles and rubella per 100,000 population, in addition to three of the five measles and rubella surveillance targets	10	13	Achieved
<p>Most of the baseline countries have continued to meet the targets of the different components of the indicator. One target country has achieved the measles and rubella surveillance target, and the other two target countries have made progress toward it. Additionally, PASB believes that 14 countries achieved the target for notification of suspected cases along with at least three of the five surveillance targets.</p>					

⁷ Source: PAHO-WHO/UNICEF Joint Reporting Forms, 2019 (2018 data).

⁸ Source: Regional Certification Commission for the Polio Endgame in the Region of the Americas.

1.5.3	Countries enabled to generate evidence on the introduction of new vaccines	Number of countries and territories generating evidence to support decisions on the introduction of new vaccines	13	17	Achieved
<p>Seventeen countries and territories achieved the indicator.</p> <p>Countries in the Region have been conducting studies to support decisions on introduction of new vaccines, such as the one for hepatitis A. In addition, studies were conducted for HPV in two countries and PCV in one country.</p>					
1.5.4	Maintenance of regional surveillance systems for monitoring of acute flaccid paralysis (AFP)	Number of countries and territories that comply with monitoring three specified surveillance indicators of AFP	4	12	Partially achieved
<p>Five countries and territories achieved the indicator. Seven countries and territories partially achieved the indicator.</p> <p>The surveillance system has been sustained during the almost three decades since the last polio case in the Americas. One target country has achieved the target and seven target countries have made progress. Technical cooperation has been provided to strengthen in-country laboratory capacity, and weekly monitoring is being conducted in order to identify and respond to any additional capacity-building needs.⁹</p>					
1.5.5	Implementation of the Polio Eradication and Endgame Strategic Plan (PEESP)	Number of countries that have complied with the Regional Certification Commission (RCC) requirements for the containment of all wild poliovirus/ vaccine-derived poliovirus and Sabin type 2 viruses	5	43	Partially achieved
<p>Thirty-four countries achieved the indicator. Five countries and territories partially achieved the indicator.</p> <p>The Regional Certification Commission for the Polio Endgame in the Region of the Americas is closely monitoring the progress and generating actionable country-specific recommendations.¹⁰</p>					

⁹ Source: Integrated Surveillance Information System for Vaccine-Preventable Diseases.

¹⁰ Source: Regional Certification Commission report.

<p>Program Area 1.6: Antimicrobial Resistance</p> <p>OUTCOME: Increased national capacity to decrease the risk and prevent the spread of multidrug-resistant infections</p> <p>OCM Indicator Assessment: 1/1 achieved</p> <p>OPT Indicator Assessment: 1/7 exceeded, 3/7 achieved, and 3/7 partially achieved</p>	<p>Rating: Met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.6.1	Number of countries with increased antimicrobial resistance (AMR) surveillance capacity to decrease the risk and prevent the spread of multidrug-resistant infections	20	30	Achieved
<p>Twenty-six countries achieved the indicator. Four countries partially achieved the indicator.</p> <p>In one particular country where the indicator was partially achieved, the country, despite facing many challenges, was able to maintain its capacity for isolation, identification, and drug susceptibility tests of bacterial pathogens, which are the cornerstones of AMR surveillance. Therefore, the country made significant progress even though it is not considered to have fully achieved the indicator.</p>				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.6.1	Countries enabled to improve awareness and understanding of antimicrobial resistance through effective communication, education, and training	Number of countries that have campaigns on antimicrobial resistance and rational use aimed at the general public and professional sectors	4	11	Exceeded
<p>Sixteen countries achieved the indicator. Four countries partially achieved the indicator.</p> <p>The countries who achieved the indicator participate in World Antibiotic Awareness Week in November each year to raise awareness and understanding of AMR risks for human health through participation, training activities, or national campaigns. Maintaining the momentum to improve awareness of AMR and advocate for rational use remains a challenge. It is important for countries to continue and expand nationwide awareness-raising activities and measure the impact of their efforts.</p>					
1.6.2	Development and implementation facilitated of integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance	Number of countries that annually provide laboratory-based data on antimicrobial resistance	18	26	Partially achieved

Twenty-three countries achieved the indicator. Three countries partially achieved the indicator.

During the first joint ReLAVRA and Caribbean AMR surveillance network meeting in October 2019, countries agreed to implement a new AMR surveillance methodology combining laboratory and epidemiology (patient) data for action. Improving Data Quality, Analysis and Reporting: One Standard Methodology in Latin America and the Caribbean will enable countries to provide data to the Global Antimicrobial Resistance Surveillance System (GLASS), which collects patient-centered AMR data. As of the end of the biennium, five countries have joined GLASS.

The Caribbean network is still under development, and continuous capacity-building investments are needed in many Caribbean countries and territories to set up national AMR surveillance systems. The CCHD project involving CARICOM and Argentina has contributed to strengthening laboratory capacity for AMR detection and monitoring in health care settings.

1.6.3	Countries enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infection through effective sanitation, hygiene, and infection prevention measures	Number of countries with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities	10	20	Partially achieved
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Fourteen countries achieved the indicator. Five countries partially achieved the indicator.

Remaining challenges concern the limited financial and human resources dedicated to the implementation of specific programs to control antimicrobial resistance.

1.6.4a	National strategies in place to monitor the rational use of antibiotics, including strengthening the role of antibiotics committees	Number of countries with an intersectoral, national special group that has produced reports and recommendations to promote the appropriate use of antimicrobials and prevent the spread of infections in the last two years	4	12	Partially achieved
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Ten countries achieved the indicator. Two countries partially achieved the indicator.

Eleven countries carried out point prevalence surveys on antibiotic use in hospitals. The results of these surveys provided key evidence and better understanding of the use of antibiotics, and all 11 countries are starting up antimicrobial stewardship programs in collaboration with PASB. Remaining challenges concern the limited financial and human resources dedicated to the implementation of specific programs to control antimicrobial resistance.

1.6.4b	National strategies in place to monitor the rational use of antibiotics, including strengthening the role of antibiotics committees	Number of countries in which antibiotics are sold and acquired only with a prescription	6	12	Achieved
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Twelve countries achieved the indicator.

<p>Although regulations call for dispensing antibiotics only by prescription, enforcement of those regulations is weak, as antibiotics can still be bought without prescription in 80% of the countries in the Americas. The use of antibiotics in animal husbandry remains worrisome as well; to cite just one example, only a few countries have banned the use of colistin in animals.</p>					
1.6.5	Development facilitated of the economic case for sustainable and increased investment in new medicines, diagnostic tools, vaccines, and other interventions	Number of countries that are advancing in the development of agreements or new regulatory measures to evaluate new antimicrobial drugs, diagnostic tools, and vaccines	6	10	Achieved
<p>Nine countries achieved the indicator. One country partially achieved the indicator.</p>					
1.6.6	High-level political commitment sustained and effective coordination in place at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals	Number of countries with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance	6	16	Achieved
<p>Fifteen countries achieved the indicator. One country partially achieved the indicator.</p> <p>Most countries in the Region have developed their AMR National Action Plans and are in the process of implementing them through multisectoral coordinating mechanisms. Remaining challenges concern the limited financial and human resources dedicated to implementation of the AMR NAPs under the One Health approach.</p>					

<p>Program Area 1.7: Food Safety</p> <p>OUTCOME: Number of countries that have the capacity to mitigate risks to food safety and respond to outbreaks OCM Indicator Assessment: 1/1 partially achieved OPT Indicator Assessment: 2/3 achieved, 1/3 partially achieved</p>	<p>Rating: Met expectations</p>
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Assessment of outcome indicators

OCM #	OCM Indicator Text	Baseline 2013	Target 2019	Assessment Rating
1.7.1	Number of countries and territories that have adequate mechanisms in place for preventing or mitigating risks to food safety and for responding to outbreaks, including among marginalized populations	4	20	Partially achieved
<p>Eighteen countries and territories achieved the indicator. Two countries and territories partially achieved the indicator.</p> <p>Advances were possible during the most recent biennium despite the reduction of resources for technical cooperation in food safety. INFAL (Inter-American Network of Food Analysis Laboratories) offered trainings to over 6,000 staff from food analysis laboratories in 20 countries in Latin America to enhance their capacity, which is necessary to support food safety control measures and respond to outbreaks. All countries in the Caribbean received training on risk-based food inspection, which is one of the main pillars of the strategy to prevent foodborne illnesses.</p>				

Assessment of output indicators

OPT #	OPT Title	OPT Indicator Text	Baseline 2017	Target 2019	Assessment Rating
1.7.1	Countries and territories enabled to implement national food safety plans of action, aligned with global and regional strategies	Number of countries and territories with a regulatory framework that enables the effective implementation of food control objectives, in harmonization with international standards, guidelines, and recommendations	4	18	Partially achieved
<p>Sixteen countries and territories achieved the indicator. Two countries and territories partially achieved the indicator.</p> <p>As part of their food safety plans, countries strengthened their risk-based food inspection and risk communication systems according to international risk analysis guidelines. In addition, countries received training on food handling. The lack of funds for additional technical cooperation activities and weak commitment of national authorities hindered the full implementation of activities in two countries.</p>					

1.7.2	International standards set, scientific advice provided, and a regional information exchange platform, as well as multisectoral collaboration, in place for effectively managing foodborne risks	Number of countries and territories with a mechanism for multisectoral collaboration on reducing foodborne public health risks that takes into account social determinants	2	16	Achieved
<p>Sixteen countries and territories achieved the indicator.</p> <p>During this biennium, Codex Alimentarius activities were promoted within the Region through the participation of countries in the Codex Committee for Latin America and the Caribbean as well as by strengthening Codex national infrastructures. Countries received technical support for the implementation of Codex standards such as good hygienic practices and risk-based inspection.</p>					
1.7.3	Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)	Number of countries and territories implementing prevention, control, and elimination programs for foot-and-mouth disease (FMD) in accordance with the timeline and expected results established in the PHEFA Plan of Action 2011-2020	11	12	Achieved
<p>Eleven countries and territories achieved the indicator.</p> <p>During the biennium, Bolivia, Brazil, Peru, and Suriname were certified by the World Organization for Animal Health (OIE) as FMD-free with and without vaccination (in all or part of their territories). The main remaining challenge is to restore the FMD control and eradication program in one country to achieve eradication of the disease in the Americas in the framework of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA).</p>					