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STRATEGY FOR BUILDING RESILIENT HEALTH SYSTEMS AND POST-COVID-19 PANDEMIC RECOVERY TO SUSTAIN AND PROTECT PUBLIC HEALTH GAINS

Introduction

1. The COVID-19 pandemic has significantly impacted health, lives, and livelihoods in the Americas and has caused a social and economic crisis characterized by mass unemployment, increased impoverishment, and exacerbation of longstanding inequities. The critical path to recovery[1] and progress toward the Sustainable Development Goals requires intensified actions to control the pandemic; adequate management of persons with COVID-19, including *a)* the post COVID-19 condition experienced by some individuals; *b)* the rapid and equitable deployment of COVID-19 vaccines; and *c)* the mitigation of disruptions in the provision and availability of essential health services to protect health gains. A progressive transition from pandemic response to recovery will require a renewed focus on building sustainable, resilient health systems, informed by and building on the COVID-19 response.

2. Resilience refers to a system's ability to adjust its activity in order to retain its basic functionality when challenges, failures, and environmental changes occur. It is a defining property of many complex systems. Health system resilience refers to the ability to absorb disturbances and to respond and recover with the timely provision of needed services. It relies on the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; to adapt system components to maintain core functions when a crisis hits; and—informed by monitoring, impact evaluation, and lessons learned—to reorganize and transform if conditions require it. Resilience is an attribute of a

[1] Recovery: The restoring or improving of livelihoods and health, as well as economic, physical, social, cultural, and environmental assets, systems, and activities, of a disaster-affected community or society, aligning with the principles of sustainable development and "build back better," to avoid or reduce future disaster risk. Source: United Nations General Assembly, "Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction," 2016. Available from: https://www.preventionweb.net/files/50683_oiewgreportenglish.pdf.

well-performing health system moving toward universal access to health and universal health coverage. In the current context, it also implies sustainability of services and recuperation of population health gains that have been impacted by the pandemic. These are both objectives and results of health system strengthening and/or transformation efforts *(1-3)*.

3. Experience during the pandemic has made clear that investing to build resilience in health systems is imperative to protect and promote health as well as social and economic development. This document provides a strategic framework that will support actions by Member States to accelerate the recuperation and protection of lost public health gains and advance transformation toward more resilient, sustainable, and inclusive health systems during what may be a complex and protracted social and economic crisis in the Americas. While the focus is on the immediate post-pandemic period, the framework also aims to guide future strategic public investments that will protect and promote health and social and economic development.

Background

4. In response to public health emergencies in the Americas, Member States of the Pan American Health Organization (PAHO) approved the policy on Resilient Health Systems (Resolution CD55.R8) in 2016 *(3)*. The policy provides guidance to Member States on how to improve the responsiveness and adaptiveness of their health systems in the face of immediate threats, supporting and sustaining improvements in health and contributing to continued social and economic development of the Region of the Americas. The policy accompanies other relevant PAHO and World Health Organization (WHO) resolutions and documents that address these issues *(4-8)*.

5. Although Member States have made some progress in developing resilient health systems, the COVID-19 pandemic has exposed longstanding deficiencies in health systems that have affected response capacity and public health outcomes. At the same time, innovations and investments in health systems have contributed positively to the pandemic response. Furthermore, COVID-19 has highlighted the inextricable linkages between health, the economy, the environment, and social protection policies and mechanisms. Leadership, governance, and stewardship have been critical determinants in pandemic preparedness and response. They are especially important in coordinating the implementation of national response plans, including the mobilization of required resources (including human resources, financial resources, scientific evidence, medicines, and health technologies) *(5-7)*.

6. As the Region begins the transition from response to recovery, there are empirical lessons to be learned from the COVID-19 pandemic that can further guide strategic actions to build resilience within health systems and societies. This will help ensure that countries in the Region are better prepared to respond to health needs of the population, including during a future international health emergency of the magnitude of the COVID-19 pandemic.

Situation Analysis

7. The COVID-19 pandemic has impacted health services and health outcomes in the Americas, particularly in vulnerable populations. As of 31 May 2021, there are 67,472,965 confirmed cases in the Americas, with 1,653,255 reported deaths *(9)*. In 2020, the Region of the Americas accounted for the highest number of excess deaths of all WHO Regions, including deaths linked both directly and indirectly to the pandemic.[2] Differences in SARS-CoV-2 transmission and health outcomes have been reported by income quintile, race, and ethnicity, showing that excess mortality is higher in lower-income, indigenous, and Afro-descendant populations. At least 44 studies report that disadvantaged groups are disproportionately impacted through higher COVID-19 infection rates, worse COVID-19 severity, and lack of access to treatment, resulting in higher COVID-19 mortality rates. The COVID-19 pandemic thus has amplified existing barriers in access to health, particularly among vulnerable communities *(10-18)*.

8. The pandemic has generated a social and economic crisis, negatively affecting lives and livelihoods, with a disproportionate impact on women. This in turn has led to social unrest in several countries in the Region. The global reduction in gross domestic product (GDP) was the largest reported since 1946, and in Latin America and the Caribbean the GDP per capita returned to 2010 levels; poverty rates and inequality are set to rise *(19)*. Without the massive stimulus measures taken by governments throughout the Region, the impact of the pandemic would have been even more catastrophic *(19-23)*.

9. Within this complex economic and social landscape, longstanding deficiencies in health systems undermined the capacity of countries to confront and manage such a large-scale and extended event as the COVID-19 pandemic. The most notable issues include segmentation and fragmentation of health systems; persistently low levels of public investment in health; access barriers (financial, geographic, cultural, and legal); gaps and capacity needs in the health workforce; and low-resolution capacity of the first level of care. All these have historically affected health access and coverage. Also important were weaknesses in the formulation and execution of disease prevention and health promotion policies and strategies, including environmental protection and economic interventions in support of such strategies *(24-28)*.

10. Overall, the pandemic laid bare a lack of coherence in the planning of public health activities, including weak integration between individual and collective health services along with weaknesses in public health preparedness and response planning. Health authorities faced difficulties when confronted with the need to act coherently and in concert, with an integrated interpretation of their functions. Given the complexity of public health threats and challenges, there is need for an integrated approach to public health

[2] Preliminary WHO mortality data presented by William Msemburi to meeting of the WHO and United Nations Department of Economic and Social Affairs (UN DESA) Technical Advisory Group on COVID-19 Mortality Assessment, 12 March 2021.

policy development and implementation that firmly embeds public health within health systems and health security agendas *(29)*.

11. As highlighted in Document CD58/6, COVID-19 Pandemic in the Region of the Americas *(5)*, the pandemic shined a spotlight on gaps in the adaptive response capacity of governance and health systems that had not been captured by existing metrics, that were not highly visible, or that simply materialized in the context of the pandemic, especially at critical junctures. The Independent Panel for Pandemic Preparedness and Response (IPPPR) *(30)* and the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response *(31)*, in their final findings and recommendations to the 74th World Health Assembly, noted that the COVID-19 pandemic exposed largely anticipated deficiencies in national and global alert and response systems and in preparedness activities, broadly pertaining to the essential public health functions and emergency response arrangements. Preparedness efforts were not sufficiently focused on building, in advance, the capacity of health systems to expand and adapt in quantitative and qualitative terms. In a summary of its report, the IPPPR stated, "National pandemic preparedness and response needs to be strengthened through increased multi-disciplinary capacity in public health institutions, annual simulation exercises, increased social protections and support to health workers, including community health workers, investment in risk communication, planning with communities and in particular those who are marginalized" *(30)*.

12. Countries in the Region experienced major disruptions to the delivery of health services for all conditions, as well as reductions in the demand for and utilization of needed health services in priority areas such as mental health services, care of older persons and persons with disabilities, rehabilitation, maternal and child health, noncommunicable diseases, immunization, tuberculosis/HIV, and other communicable diseases. Access for populations in conditions of vulnerability (indigenous people, Afro-descendants, and remote rural communities, among others) was further compromised by the limited priority given to the first level of care. Health systems did make adaptations aimed at maintaining service delivery, notably including the expanded use of telemedicine, extended prescription, and mobile pharmacies, among others *(32)*.

13. As of April 2021, many countries in the Region have reached a breaking point in terms of their hospital occupancy rate (at or beyond the 80% threshold), particularly in intensive care units (ICUs). This situation has prevailed for several months and is impacting essential health service delivery, despite efforts to expand hospital capacity deployment of national and regional emergency medical teams and setting up alternative medical care sites. Health systems have faced the need to expand ICU capacity for almost a year. During the surge in cases, it became increasingly difficult to sustain and further expand capacity, with reported mental and physical burnout of health personnel and stockouts of supplies and emergency medicines for case management (e.g., oxygen, analgesics, sedatives, muscle relaxants, anticoagulants, etc.).

14. The health workforce has been hit hard by the pandemic. A total of 1,827,112 COVID-19 cases among health care workers, including 9,159 deaths, have been reported to PAHO by 22 countries in the Americas in the period up to 12 May 2021.[3] The pandemic exposed a chronic underinvestment in human resources for health (HRH) and a lack of information systems to report on HRH distribution, lines of care and professional categories, and composition and characteristics of interprofessional health teams. As health systems surged capacity, countries faced challenges in the recruitment, deployment, protection, and retention of the health workforce, including providing psychosocial support to health workers on the frontlines. Similar critical challenges were faced in ensuring access to essential medical supplies, medicines, and health technologies, an important issue that is addressed separately in the proposed policy Increasing Production Capacity for Essential Medicines and Health Technologies (Document CD59/8), which will also be presented to the Directing Council in September 2021. Additionally, in the context of a pandemic caused by a novel virus, there are challenges regarding the availability of scientific evidence for the development of public health interventions and difficulties in persuading the public to adopt and sustain major changes to their livelihoods. These further reduce the ability to preserve health system functions *(24-26)*.

15. At the same time, the pandemic has also accelerated innovations in health systems. It advanced efforts to reorganize and/or expand service delivery in all 51 countries and territories in the Region; fast-tracked the adoption of digital health technologies in service provision; spurred innovations in HRH management, task sharing, and workforce planning; increased research and knowledge translation capacities and partnerships; strengthened the capacity of national regulatory authorities in emergency use authorizations and post-marketing surveillance of new health technologies; led to new intersectoral mechanisms for improved governance and stewardship of the pandemic response; generated innovations in financial resources management to facilitate inflow of resources to frontline health service providers, including those in the private sector; increased public financing for health and social protection across the Region; and generated a new awareness of the importance of science- and evidence-based decision making in public health *(5)*.

16. Despite their central importance to human health, public health interventions are often underfunded and underprovided relative to investments in personal, facility-based services. As a consequence of this lack of political priority, public financing is insufficient to address population health needs and its determinants and to respond effectively to a prolonged global health crisis. This underfunding of public health looms as a continuing challenge during the long road to pandemic recovery that international financial institutions (IFIs) are currently forecasting. Moreover, many countries have experienced a deterioration in their creditworthiness, forcing them to make structural reforms that can directly impact social sectors and threaten the recuperation of lost public health gains, preparedness for future pandemics, and health systems resilience *(20-23, 29)*.

[3] PAHO COVID-19 Information System for the Region of the Americas. Available from: https://paho-covid19-response-who.hub.arcgis.com/.

Proposal

17. Given the magnitude of the health, social, and economic impacts of the COVID-19 pandemic in the Region of the Americas, there is an urgent need to recuperate lost public health gains and get back on track toward the Sustainable Development Goals. This means taking strategic and targeted actions to address the systemic and structural deficiencies in health systems exposed by the pandemic and to build resilient health systems for the future by rapidly expanding access and coverage in health, addressing health inequities and environmental risk factors, and adopting and consolidating health system innovations developed during the pandemic response. It is imperative to improve capacities for emergency preparedness and response to future multi-hazard health emergencies, especially disease pandemics and climate-induced extreme weather events.

18. Four interdependent strategic lines of action are proposed to guide Member States, as applicable to national contexts and priorities, in the transformation of health systems for greater resilience. Strengthened leadership, stewardship, and governance are central to each of them. These lines of action complement other actions for the transformation and strengthening of health systems set out in other PAHO strategies, plans of action, and implementation frameworks, including the Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev.2) *(2)* and the Sustainable Health Agenda for the Americas 2018-2030 *(33)*.

Strategic Lines of Action

Strategic Line of Action 1: Transform health systems, based on a primary health care approach, to accelerate pandemic recovery, recuperate and sustain public health gains, and retake the path toward universal health

19. Advancing the transformation of health systems by addressing a broad range of structural and organizational issues and refocusing on specific capacities and actions to build resilience will facilitate recovery in the short term and ensure sustainability in the medium/long term. Health systems that are resilient, responsive, and adaptive, and that address the needs of the whole population in an inclusive manner are essential to protect and promote health and ensure human security, enabling countries to retake the path toward universal health.

20. Toward this end, it is more important than ever to accelerate the implementation of a primary health care (PHC) approach. This approach addresses the needs of people, families, and the communities where they live through comprehensive, integrated, quality care. It relies on a continuum of services ranging from health promotion and disease prevention (including enhanced water, sanitation, and hygiene, infection prevention and control, and vaccination), through screening, early diagnosis, treatment, rehabilitation, and supportive care. It also requires actions to address the social, environmental, and economic determinants of health throughout the life course.

21. Member States are encouraged to renew their commitment to implement recommendations of the High-Level Commission "Universal Health in the 21st Century: 40 Years of Alma-Ata" *(27)* and Compact 30.30.30: PHC for Universal Health *(28)*. The latter report calls on Member States to transform their health systems based on PHC by 2030, reducing barriers to access by at least 30%, increasing public financing to at least 6% of GDP, and allocating at least 30% of these resources to the first level of care. The PHC Compact will accelerate recovery of lost public health gains and improve the capacity and resilience of health systems.

22. Health systems paradigms need to undergo transformation to foster inclusive social participation, including coordination across sectors and stakeholders. These new paradigms must aim to provide equitable, inclusive, comprehensive, quality services based on PHC. They should also seek to influence health determinants, with an explicit emphasis on intersectoral interventions.

Strategic Line of Action 2: Strengthen leadership, stewardship, and governance through a renewed focus on the essential public health functions

23. A whole-of-government and whole-of-society approach is needed to enhance public health capacities and to design and strengthen institutional structures that can coordinate different public health interventions and programs across sectors. This requires intersectoral collaboration and coordination under the stewardship and leadership of health authorities. Leadership is also needed to enhance, sustain, and institutionalize mechanisms and capacity to effectively translate sound and contextualized evidence into policy and practice and to scale up proven innovations that support the transformation of health systems.

24. Steps should be taken to strengthen capacities for performance of the essential public health functions (EPHF) in accordance with the framework launched by PAHO in December 2020 *(29)*. This framework calls for actions in four broad areas: *a)* evaluation, which includes strengthening the capacity of health authorities to assess and monitor the health status of their communities, including equity and access barriers, the social, environmental, and economic determinants of health, and performance of health systems; *b)* formulation and implementation of evidence-informed policies for the promotion and protection of health at the national and subnational levels, including policies to address risk factors and the social, environmental, and economic determinants of health; *c)* allocation of resources and enactment of laws and regulations that strengthen institutional arrangements and mechanisms to support public health actions; and *d)* access, ensuring universal and equitable access to all public health interventions, including individual, community-, and population-based health services.

25. It is important to measure the institutional capacities of health authorities to perform the essential public health functions as a basis for developing sectoral and intersectoral action plans to strengthen the EPHF. These action plans should be integrated into the

country policy and budget cycle as an input that contributes to the country's health policy-making process.

26. Capacity building should enhance workforce competencies to implement the EPHF agenda, including competencies in governance, regulation, and management of human resource teams to address health population needs and current and future pandemic challenges. The development and training of new cadres of personnel, based on PHC, will be critical to achieve resilience.

27. Leadership should also work toward improved regional cooperation in health that is aligned with specific country priorities, in accordance with the Paris Declaration. This includes promoting cooperation among countries to optimize existing health capacities and to encourage the sharing of knowledge and know-how between partners.

Strategic Line of Action 3: Strengthen capacities of health service delivery networks to expand access and improve preparedness and response to public health emergencies

28. An integrated, well-resourced, and well-managed health service delivery network is fundamental to ensure universal and equitable access to all public health interventions, including individual, community-, and population-based health services. The capacity to sustain a baseline level of preventive and routine health services, including those related to priority programs, and to scale up specific services in the event of a public health emergency will depend on the resolution capacity of the entire network, including the first level of care and specialized services.

29. There is a need to develop capacities for adaptability, response, and reorganization of the health services network, including health care surge capacity. This includes capacities for the development of adaptable response plans for the entire network of health services to guide allocation of scarce resources and timely decision making in the event of a public health emergency.

30. Governance of health systems should be strengthened through improved management and coordination, with special efforts to overcome fragmentation of service delivery in order to leverage capacities in all subsystems and sectors (public and private). This includes building capacities for the management of health networks, including the management of ancillary services, critical infrastructure, and transportation. To ensure sustained improvement in the provision of quality health services, mechanisms should be implemented for coordination of care along the continuum of health services according to patients' needs. Such mechanisms include straightforward referral and counter-referral pathways, information systems and monitoring processes to track patient encounters and outcomes, and monitoring of key performance indicators for quality care *(34, 35)*.

31. There is an urgent need to offset the impact of disruptions in service delivery and foregone care that occurred during the pandemic. Toward this end, actions should be taken to strengthen the response capacity of the first level of care, including the assessment and

rapid adoption of evidence-based innovations in health services. A strong first level of care will help ensure the rapid recuperation of lost health gains while constituting an investment in the future health of people and their communities and in the resilience of health systems. The first level of care is critical for the implementation of priority programs and for increasing access to services for persons living in conditions of vulnerability. Most countries and territories reported disruptions during the pandemic and have been chronically disproportionately underfunded. Particular attention should be given to the strengthening of services related to mental health and psychosocial support for the general population, vulnerable groups and health care workers. A territory-based planning approach and stronger linkages between health services and social services are required *(34, 35)*.

32. Improved planning and management of human resources, including incentives and policies for retention, are essential to ensure preparedness for response to public health emergencies. Countries and health institutions must have the capacity to respond with human resources that are sufficient in quantity and that possess the skills and competencies necessary to meet the needs of the population in a timely, relevant, efficient, and effective manner. This includes the strengthening of interprofessional health teams at the first level of care and the formation of specialists to ensure continuity of care throughout the health care network.

33. Actions for digital transformation of the health sector and the strengthening of information systems for health must be accelerated. This includes the adoption of digital solutions to enhance access to health services, including those tools employed during the COVID-19 pandemic. Improvements in health care delivery and health system resilience depend on a shift toward interoperable information systems that integrate disease and other risk factor-specific data, data on health facility capacities (health workforce, supplies, medicines, and other health technologies), and data from community-based organizations and nongovernmental organizations. The production of real-time information on key health services indicators as well as the impact of illness or injury on different population groups, employing a gender and vulnerability analyses, is required to support decision-making processes during a public health emergency.

Strategic Line of Action 4: Increase and sustain public financing in health and social protection, including for actions to address the social, environmental, and economic determinants of health

34. Within the context of a precarious economic outlook for the Region of the Americas, sustained and increased public financing in health will be required to support the transformation of health systems, improve resilience, and recover lost gains in health and development indices. Efforts to advance toward the benchmark of 6% of GDP allocated to public expenditure in health, with the elimination of direct payments as a barrier to access, are more necessary than ever, since the Region remains far from achieving this goal.

35. Increased investments are necessary to develop capacities to implement the EPHF, including those functions related to IHR compliance and disaster risk reduction and management. Based on multisectoral and country-driven assessments of the EPHF, actions should be incorporated in national health policies and plans, with the necessary budget allocations. These actions should give priority to increasing the public health workforce and building the capacities of health services networks to prepare for and respond to public health events, with due attention to the first level of care and actions at the territorial level. Capital investments and recurrent expenditures are needed in national budgets to maintain and enhance surveillance and information systems, public health risk assessment, public health laboratories, supplies, medicines, and other health technologies (including vaccines), health infrastructure, community engagement, and communication.

36. Investments in the first level of care should be prioritized, allocating at least 30% of total public expenditure in health to the first level, as proposed by the PHC Compact. Increased investments in infrastructure and ancillary services, in health and digital technologies, in the education, recruitment, and retention of health workers (including community health workers), and in the development of interprofessional health teams are required to support the delivery of comprehensive health services (both individual and population-based) and to improve the adaptability, response capacity, and resilience of the health systems.

37. In addition to ongoing efforts to increase fiscal space and pooling, capacities in planning and financial management for health systems are required to improve efficiency and reduce segmentation of financing. Stronger capacities for costing, budgeting, and allocation of resources, including alignment of various funding sources to fully finance national health plans/response plans, are key to optimize resources available and to inform national dialogues and coordination/alignment of funding from IFIs and donors. Actions to enhance performance of the financing functions—collection, pooling, allocation, and prediction—by the health authorities should be supported through a strategic budget-planning process aimed at improving public health. The quality, efficiency, and transparency of these functions must be strengthened through institutional oversight and regulatory mechanisms.

38. Intersectoral action is required to support health, social, and public financing functions to address the social, environmental, and economic determinants of health. Government action to reduce the level of informality in the Region’s economies will accelerate poverty reduction and support recovery and the development or strengthening of social protection programs and mechanisms, including those for income security, that protect the most vulnerable populations. Strengthening social, environmental, and economic protections related to health, including targeting initiatives to address the generational issue of the long post-pandemic recovery of children and youth, will reduce inequities and accelerate recuperation of health gains. Strengthening these protections should also be central to intersectoral pandemic preparedness and response planning to ensure that populations remain protected in the event of future public health emergencies. Preparedness to implement emergency social protection and income security programs at

times of crisis can have an important impact on alleviating the depth, breadth, and duration of public health crises, especially with respect to their socioeconomic repercussions. As countries seek funding from the IFIs to support health sector transformation and social protection post-COVID-19, the health sector must assume its role as a lead stakeholder, including through the negotiation of loan agreements, to support the development or strengthening of resilient health systems and societies as a whole.

Monitoring and Evaluation

39. The proposed time frame for this strategy is 10 years. Actions will be integrated in the biennial Program Budgets, and therefore the monitoring and reporting to Member States will be synchronized with the corresponding reports (Strategic Plans and Program Budgets). A midterm review will be conducted at the end of year five (2026), and a final report will be presented the year after completion of the strategy (2032).

Financial Implications

40. No additional financial resources are required for the implementation of this Strategy. Actions of the Pan American Sanitary Bureau will be incorporated in the corresponding Program Budgets (see Annex B).

Action by the Directing Council

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

Annexes

References

1. Gao J, Barzel B, Barabási AL. Universal resilience patterns in complex networks. Nature 2016;530(7590):307-312. Available from: http://www.nature.com/nature/journal/v530/n7590/abs/nature16948.html.

2. Pan American Health Organization. Strategy for universal access to health and universal health coverage [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/5, Rev.2) [cited 2021 April 20]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27312&Itemid=270&lang=en.

3. Pan American Health Organization. Resilient health systems [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Resolution CD55.R8) [cited 2021 April 20]. Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-R8-e.pdf.

4. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020-2025 [Internet]. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Official Document 359) [cited 2021 April 20]. Available from: https://iris.paho.org/handle/10665.2/51599?locale-attribute=es.

5. Pan American Health Organization. COVID-19 pandemic in the Region of the Americas [Internet]. 58th Directing Council of PAHO, 72nd Session of the Regional Committee of WHO for the Americas; 2020 Sep 28-29; virtual session. Washington, DC: PAHO; 2020 (Document CD58/6) [cited 2021 April 20]. Available from: https://www.paho.org/en/documents/cd586-covid-19-pandemic-region-americas.

6. Pan American Health Organization. Plan of action for disaster risk reduction 2016-2021 [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/17, Rev. 1) [cited 2021 April 20]. Available from: https://iris.paho.org/handle/10665.2/31424.

7. Pan American Health Organization. Implementation of the International Health Regulations (IHR) [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/12, Rev .1) [cited 2021 April 20]. Available from: https://www.paho.org/en/documents/cd5512-rev-implementation-international-health-regulations-ihr.

8. European Observatory on Health Systems and Policies. Strengthening health systems resilience: key concepts and strategies. Policy Brief 36. Copenhagen: WHO Regional Office for Europe; 2020 [cited 2021 April 20]. Available from: https://apps.who.int/iris/bitstream/handle/10665/332441/Policy-brief%2036-1997-8073-eng.pdf.

9. Pan American Health Organization. PAHO Daily COVID-19 Update: 31 May, 2021. Washington, DC: PAHO; 2021 [cited 2021 May 31]. Available from: https://www.paho.org/en/covid-19-global-and-regional-daily-update.

10. World Health Organization. World health statistics 2020: monitoring health for the SDGs. Geneva: WHO; 2020 [cited 2021 April 20]. Available from: https://apps.who.int/iris/bitstream/handle/10665/332070/9789240005105-eng.pdf.

11. Valentine N. Extent, scope and impacts of COVID-19 on health inequities: the evidence [Internet]. Geneva: WHO; 2020 [cited 2021 April 20]. Available from: https://www.who.int/docs/default-source/documents/social-determinants-of-health/overview---covid-19-impacts-(nicole-valentine).pdf.

12. Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. J Epidemiol Community Health 2020;74(11):964-968. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4024226/.

13. Pan American Health Organization. Health in the Americas+: 2017 edition. Washington, DC: PAHO; 2017 [cited 2021 April 20]. Available from: https://www.paho.org/salud-en-las-americas-2017/.

14. Organisation for Economic Co-operation and Development. The territorial impact of COVID-19: managing the crisis across levels of government [Internet]. Paris: OECD; 2020 [cited 2021 April 20]. Available from: https://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/.

15. Houghton N, Bascolo E, Del Riego A. Socioeconomic inequalities in access barriers to seeking health services in four Latin American countries. Rev Panam Salud Publica 2020;44:e11. Available from: https://doi.org/10.26633/RPSP.2020.11.

16. Báscolo E, Houghton N, Del Riego A. Leveraging household survey data to measure barriers to health services access in the Americas. Rev Panam Salud Publica 2020;44:e100. Available from: https://iris.paho.org/handle/10665.2/52572.

17. Organisation for Economic Co-operation and Development. Revenue statistics in Latin America and the Caribbean 2020. Paris: OECD; 2020 [cited 2021 April 20]. Available from: https://doi.org/10.1787/68739b9b-en-es.

18. Organisation for Economic Co-operation and Development. Health at a glance 2019: OECD indicators. Paris: OECD; 2019 [cited 2021 April 20]. Available from: https://doi.org/10.1787/4dd50c09-en.

19. Economic Commission for Latin America and the Caribbean and Pan American Health Organization. Health and the economy: a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean. Washington, DC: ECLAC/PAHO; 2020 [cited 2021 April 20]. Available from: https://iris.paho.org/handle/10665.2/52535.

20. Economic Commission for Latin America and the Caribbean. Preliminary overview of the economies of Latin America and the Caribbean. Santiago: ECLAC; 2021 [cited 2021 April 20]. Available from: https://www.cepal.org/en/publications/type/preliminary-overview-economies-latin-america-and-caribbean.

21. United Nations. World economic situation and prospects as of mid-2021. New York: UN; 2021 [cited 2021 April 20]. Available from: https://www.un.org/development/desa/dpad/publication/world-economic-situation-and-prospects-as-of-mid-2021/.

22. Economic Commission for Latin America and the Caribbean. Political and social compacts for equality and sustainable development in Latin America and the Caribbean in the post-COVID-19 recovery. Santiago: ECLAC; 2020 [cited 2021 April 20]. Available from: https://www.cepal.org/sites/default/files/publication/files/46146/S2000672_en.pdf.

23. World Bank. The cost of staying healthy: semiannual report of the Latin America and Caribbean region. Washington, DC: World Bank; 2020 [cited 2021 April 20]. Available from: https://elibrary.worldbank.org/doi/abs/10.1596/978-1-4648-1650-5.

24. Gupta N, Balcom SA, Gulliver A, Witherspoon RL. Health workforce surge capacity during the COVID-19 pandemic and other global respiratory disease outbreaks: a systematic review of health system requirements and responses. Int J Health Plan Manage 2021;36(S1):26-41. Available from: http://dx.doi.org/10.1002/hpm.3137.

25. Pan American Health Organization. Strategy on human resources for universal access to health and universal health coverage [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/10). [cited 2021 April 20]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=41531-csp29-10-e-531&Itemid=270&lang=es.

26. World Health Organization. COVID-19 response. 73rd World Health Assembly; 2020 May 19. Geneva: WHO; 2020 (Document WHA73.1) [cited 2021 April 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.

27. Pan American Health Organization. Universal health in the 21st century: 40 years of Alma-Ata: report of the High-Level Commission. Washington, DC: PAHO; 2019 [cited 2021 April 20]. Available from: https://www.paho.org/en/documents/universal-health-21st-century-40-years-alma-ata-report-high-level-commission-revised.

28. Pan American Health Organization. Compact 30.30.30: PHC for universal health. Washington, DC: PAHO; 2019 [cited 2021 April 20]. Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=15470:compact-30-30-30-phc-for-universal-health&Itemid=39594&lang=en.

29. Pan American Health Organization. The essential public health functions in the Americas: a renewal for the 21st century: conceptual framework and description. Washington, DC: PAHO; 2020. [cited 2021 April 20]. Available from: https://iris.paho.org/handle/10665.2/53124.

30. Independent Panel for Pandemic Preparedness and Response. Covid-19: make it the last pandemic: a summary. 2021. [cited 2021 May 12]. Available from: https://theindependentpanel.org/wp-content/uploads/2021/05/Summary_COVID-19-Make-it-the-Last-Pandemic_final.pdf.

31. World Health Organization. Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response [Internet]. 74th World Health Assembly; 2021 May 24-1 June; Geneva: (Document A74/9, Add I). Geneva: WHO; 2021 [cited 2021 April 20]. Available from: https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies.

32. World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021: interim report. Geneva: WHO; 2021 [cited 2021 April 20]. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1.

33. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030 [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/6, Rev. 3) [cited 2021 April 20]. Available from: https://iris.paho.org/bitstream/handle/10665.2/49170/CSP296-%20eng.pdf.

34. Pan American Health Organization. Considerations for strengthening the first level of care in the management of the COVID-19 pandemic. Washington, DC: PAHO; 2021 [cited 2021 April 20]. Available from: https://iris.paho.org/handle/10665.2/53190.

35. Pan American Health Organization. Recommendations to adapt and strengthen response capacity at the first level of care during the COVID-19 pandemic. Washington, DC: PAHO; 2020 [cited 2021 April 20]. Available from: https://iris.paho.org/handle/10665.2/53188.

Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

59th DIRECTING COUNCIL

73rd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Virtual Session, 20-24 September 2021

CD59/11
Annex A
Original: English

PROPOSED RESOLUTION

STRATEGY FOR BUILDING RESILIENT HEALTH SYSTEMS AND POST-COVID-19 PANDEMIC RECOVERY TO SUSTAIN AND PROTECT PUBLIC HEALTH GAINS

THE 59th DIRECTING COUNCIL,

(PP1) Having reviewed the *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CD59/11);

(PP2) Recognizing that the COVID-19 pandemic has significantly impacted health, lives, and livelihoods in the Region of the Americas;

(PP3) Considering that action by Member States is required to address the systemic and structural deficiencies in health systems and emergency preparedness and response that have been exposed by the pandemic, and aware of the potential benefits to be realized by rapidly adopting and consolidating health system innovations observed during the pandemic response;

(PP4) Noting the urgency to invest and build resilience in health systems that fully address the social, environmental, and economic determinants of health as a means to protect, promote, and sustain health, advance social and economic development, and accelerate the recuperation of lost public health gains,

RESOLVES:

(OP)1. To approve the *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CD59/11).

(OP)2. To urge Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to:

a) strengthen leadership, governance, and stewardship to implement the strategic lines of action of the Strategy for Building Resilient Health Systems;

b) advance in transforming health systems based on the primary health care approach, inclusive social participation, and a whole-of-government and whole-of-society approach, with intersectoral action to address the social, environmental, and economic determinants of health;

c) measure the institutional capacities of health authorities to perform essential public health functions and develop sectoral and intersectoral action plans to strengthen these functions, integrated into the country policy and budget cycle;

d) build and expand the capacities of health service delivery networks to improve access and overcome fragmentation, including capacities for management and coordination of the networks, planning and management of human resources, digital transformation and strengthening of information systems for health, availability and management of critical supplies, medicines, and other health technologies and infrastructure, community engagement, and the development of adaptable response plans;

e) increase and sustain public investments in health to support the transformation and strengthening of health systems toward the achievement of universal health, paying due attention to the development of capacities for implementation of the essential public health functions, including compliance with the International Health Regulations; and prioritize investments in the first level of care to support the delivery of comprehensive health services (both individual and population-based).

(OP)3. To request the Director to:

a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the Strategy for Building Resilient Health Systems;

b) exercise leadership to promote regional cooperation and dialogue in health and foster cooperation among countries and the sharing of knowledge and experiences;

c) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of this strategy through a midterm review in 2026 and a final report in 2032.

CD59/11
Annex B

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1.	**Agenda item:** 4.8 Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains
2.	**Linkages to Program Budget of the Pan American Health Organization 2020-2021:** *Outcome 1:* Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-and community-centered, toward universal health *Outcome 7:* Adequate availability and distribution of a competent health workforce *Outcome 8:* Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage *Outcome 9:* Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health *Outcome 10:* Increased and improved sustainable public financing for health, with equity and efficiency *Outcome 23:* Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector *Outcome 24:* Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

3. Financial implications:

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

Area	Estimated cost (in US$)
Human resources	6,062,500
Training	1,212,500
Consultants/service contracts	2,425,000
Travel and meetings	1,212,500
Publications	250,000
Supplies and other expenses	1,188,250
Total	**12,350,750**

b) Estimated cost for the 2020-2021 biennium (including staff and activities):

Area	Estimated cost (in US$)
Human resources	606,250
Training	121,250
Consultants/service contracts	242,500
Travel and meetings	121,250
Publications	25,000
Supplies and other expenses	118,825
Total	**1,235,075**

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

All cost can be subsumed under existing programmed activities.

4. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken: All levels of the Organization will be involved.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

No additional staffing is required.

c) Time frames (indicate broad time frames for the implementation and evaluation):

10 years, with a midterm review in 2026 and a final report in 2032.

CD59/11
Annex C

Analytical Form to Link Agenda Item with Organizational Mandates

1. **Agenda item:** 4.8 Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains

2. **Responsible unit:** Health Systems and Services (HSS) and Health Emergencies (PHE)

3. **Preparing officer:** Dr. James Fitzgerald

4. **Link between Agenda item and the Sustainable Health Agenda for the Americas 2018-2030:**

   Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.

   Goal 2: Strengthen stewardship and governance of the national health authority, while promoting social participation.

   Goal 3: Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health.

   Goal 4: Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families

   Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.

   Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor and respond to disease outbreaks and emergencies and disasters that affect the health of the population.

5. **Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020-2025:**

   Outcome 1: Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-and community-centered, toward universal health

   Outcome 7: Adequate availability and distribution of a competent health workforce

   Outcome 8: Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage

   Outcome 9: Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health

Outcome 10: Increased and improved sustainable public financing for health, with equity and efficiency

Outcome 23: Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector

Outcome 24: Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

6. List of collaborating centers and national institutions linked to this Agenda item:

- Centre for Epidemiology and Health Policy, Faculty of Medicine, Universidad del Desarrollo, Chile
- Programs and Partners Team, Global Health Security Branch, Division of Global Health Protection, Center for Global Health, Centers for Disease Control and Prevention (CDC), United States of America
- Department of Health Planning and Administration (DPAS), Institute of Social Medicine (IMS), University of the State of Rio de Janeiro, Brazil
- Canadian Patient Safety Institute (CPSI), Canada
- Department of Family and Community Medicine, University of Toronto, Canada
- Bruyère Research Institute, Canada
- Comisión Nacional de Arbitraje Médico (CONAMED), Secretaria de Salud, Mexico
- HEU, Centre for Health Economics, Department of Health Economics, University of the West Indies at St. Augustine, Trinidad and Tobago

7. Best practices in this area and examples from countries within the Region of the Americas:

- Pan American Health Organization. Resilient health systems: progress report. Washington, DC: PAHO; 2020 (Document CD58/INF/14). Available from: https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-f-resilient-health-systems-progress-report.

- Pan American Health Organization. Implementation of the International Health Regulations (IHR). Washington, DC: PAHO; 2020 (Document CD58/INF/1). Available from: https://www.paho.org/en/documents/cd58inf1-implementation-international-health-regulations.

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