

59th DIRECTING COUNCIL

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

Virtual Session, 20-24 September 2021

Provisional Agenda Item 3.2

CD59/3*
23 August 2021
Original: English

ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU

Working through the COVID-19 Pandemic

* This version contains very minor editorial adjustments.

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To the Member States:

In accordance with the Constitution of the Pan American Health Organization, I have the honor to present the 2021 annual report on the work of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.

This report highlights the technical cooperation undertaken by the Bureau during the period from July 2020 to June 2021, within the framework of the 2020–2025 Strategic Plan of the Pan American Health Organization, defined and approved by the Governing Bodies.

This report is complemented by the Financial Report of the Director and the Report of the External Auditor for the year 2020.

Carissa F. Etienne
Director
Pan American Sanitary Bureau

Preface

August 2021

1. It is not an exaggeration to state that the period covered by this report, from July 2020 to June 2021, has been the most challenging ever encountered by the Pan American Health Organization (PAHO), which comprises PAHO's 35 Member States and its secretariat, the Pan American Sanitary Bureau (PASB or the Bureau).

2. Through its rapid spread and devastating health consequences, the pandemic caused by the coronavirus disease of 2019 (COVID-19) impacted people's lives and livelihoods, and threw countries, societies, economies, and development off track. This occurred in parallel with the numerous challenges and hurdles that are inevitable on the road to equitable, sustainable development and the achievement of the 2030 Sustainable Development Goals (SDGs) and the objectives of the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030), the regional response to the SDGs.¹

3. The values of the SHAA2030 comprise the right to the enjoyment of the highest attainable standard of health, Pan American solidarity, equity in health, universality, and social inclusion. PAHO Member States and PASB have had to demonstrate their mettle, their ability, and their capacity to display these values while responding to COVID-19 and other new and emerging conditions that have impacted the health of the people of the Americas. There has been considerable adaptation and innovation to ensure that, even as the response to COVID-19 has intensified, progress has continued toward other priorities, as set out in the PAHO Strategic Plan 2020–2025.²

4. It has been well documented that the Region of the Americas is one of the most inequitable in the world, and COVID-19 has highlighted and worsened that unfortunate reality. Inequities have become more evident in areas ranging from access to healthy food, health services, and conditions that facilitate recommended physical distancing, to the availability of personal protective equipment and COVID-19 vaccines.

5. The Economic Commission for Latin America and the Caribbean (ECLAC) noted that in 2021 the economic context in Latin America and the Caribbean remains complex and uncertain, given the persistence of the pandemic, the slow rollout of vaccination campaigns, and questions over the capacity to sustain expansionary fiscal and monetary policies.³ In that April 2021 report,

¹ Pan American Health Organization. The Sustainable Health Agenda for the Americas 2018–2030: a call to action for health and well-being in the region. Washington, D.C.: PAHO; 2017. Available from: <https://iris.paho.org/bitstream/handle/10665.2/49170/CSP296-eng.pdf>.

² Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020–2025: equity at the heart of health. Washington, D.C.: PAHO; 2020. Available from: https://iris.paho.org/bitstream/handle/10665.2/52473/9789275173619_eng.pdf.

³ Economic Commission for Latin America and the Caribbean. Fiscal panorama of Latin America and the Caribbean: fiscal policy challenges for transformative recovery post-COVID-19. ECLAC; Santiago; April 2021. Available from: https://repositorio.cepal.org/bitstream/handle/11362/46809/1/S2100169_en.pdf.

ECLAC estimated that most countries of the Region would not regain pre-pandemic gross domestic product levels before 2023.

6. Much has been said about the need to “build back better and fairer” during and after COVID-19, with multisectoral, whole-of-government, whole-of-society, and health-in-all-policy approaches that address the social, economic, environmental, commercial, and other determinants of health, emphasizing strategic partnerships and placing people—especially persons in conditions of vulnerability—at the core of interventions.

7. Over the almost 120 years of PAHO’s existence, the Organization has remained relevant, adapting to changing circumstances and continuing to operate in the best interests of the health of the peoples of the Americas. COVID-19 may bend us, but it will not break us.

8. We thank PAHO’s Member States for their continued support to achieve excellence and equity in health. We are also indebted to Member States in other World Health Organization (WHO) Regions; health and other ministries; staff at WHO Headquarters and other WHO regional offices; other United Nations agencies; civil society; and the health-supporting private sector.

9. Members of the PASB team, at all levels of the Organization, deserve special mention and praise for their willing adaptation to new ways of working and their steadfast commitment to ensure that quality technical cooperation with PAHO Member States continued as requested and agreed.

10. Once again, we affirm that health is not a privilege. It is a fundamental human right and all of us—governments, civil society, the private sector, intergovernmental institutions, and development agencies—have critical roles to play in the progressive realization of the right to health and other human rights. We affirm the Bureau’s commitment to take on board the lessons from the COVID-19 pandemic and to continue striving for equity in health.

Carissa F. Etienne
Director
Pan American Sanitary Bureau

Executive Summary

Overview

11. The theme of the 2021 Annual Report of the Director of the Pan American Health Organization (PAHO) is: Working through the COVID-19 Pandemic. Covering the period from July 2020 to June 2021, the report highlights achievements, challenges, and lessons learned as the Pan American Sanitary Bureau (PASB or the Bureau) undertook technical cooperation with PAHO Member States at national, subregional, and regional levels within the context of the pandemic caused by the coronavirus disease of 2019 (COVID-19), working with traditional and new partners to find equitable solutions for emerging and persisting health issues in the Region of the Americas.

12. During this reporting period, both Member States and PASB continued their efforts to respond to the COVID-19 pandemic that was declared in March 2020, as a result of the emergence and spread of the causative agent, SARS-CoV-2. The first case of COVID-19 in the Region was confirmed on 20 January 2020, and as at 30 June 2021, 72,331,911 cases (approximately 40% of all cases reported globally) and 1,900,929 deaths (approximately 48% of the global total) had been recorded in the Region.

13. Notwithstanding the importance of focusing on the pandemic response, to obviate its further detrimental impact on health, society, and the economy, the Bureau ensured its continued technical cooperation with and support for PAHO Member States in critical priority areas, adapting its strategies, activities, and procedures where needed, and innovating as appropriate.

Confronting Health Emergencies and Disasters during the COVID-19 Pandemic

14. The Bureau's technical cooperation specific to COVID-19 was undertaken within the framework of the 10 pillars of the PAHO COVID-19 response strategy, which is closely aligned with the COVID-19 strategic preparedness and response plan of the World Health Organization (WHO). The pillars—coordination, planning, financing, and monitoring; risk communication, community engagement, and infodemic management; surveillance, epidemiological investigations, contact-tracing, and adjustment of public health and social measures; points of entry, international travel and transport, mass gatherings, and population movement; laboratories and diagnostics; infection prevention and control, and protection of the health workforce; case management, clinical operations, and therapeutics; operational support and logistics, and supply chain; strengthening essential health services and systems; and vaccination—enabled a wealth of activities at all levels of the Organization: national, subregional, and regional.

15. These activities, coordinated through the Incident Management Support Teams (IMSTs) established in PASB's regional and country offices, were aligned with and contributed to global efforts to stem the spread and impact of SARS-CoV-2. The interventions incorporated operational and technical functions, and used primarily virtual methods in technical cooperation to counter the spread of SARS-CoV-2, including for training and dissemination of information and guidelines targeting policymakers, technical personnel, health professionals, civil society, and other key stakeholders to enable the development and implementation of national strategies, policies, and protocols. The Bureau also conducted analyses of trends, with updating of guidelines as new

evidence emerged, and ensured PASB's participation in WHO consultations to enable regional representation and incorporation of regional experiences in the COVID-19 response.

16. Resource mobilization was crucial for an effective response to the pandemic, and the Bureau mounted a donor appeal that had mobilized US\$ 319 million⁴ as at June 2021. A wide range of partners—including governments, intergovernmental agencies and organizations, international nongovernmental organizations, and international financing institutions (IFIs)—contributed to funding the response. PASB also received \$131.5 million from IFIs to support the procurement of critical essential supplies and equipment critical to the response.

17. The Bureau, while concentrating on the COVID-19 response, continued its work with Member States to tackle other health emergencies, including advancing the Smart Hospitals Initiative; making health facilities in the Northern Triangle of Central America—comprising El Salvador, Guatemala, and Honduras—more secure for both health workers and clients; strengthening preparedness for influenza and other respiratory viruses; enhancing core capacities to fulfil the International Health Regulations (2005); expanding the implementation of the Emergency Medical Teams initiative; responding to Hurricanes Eta and Iota in Central America; and working on certain critical issues in specific countries—cholera elimination in Haiti, and public health issues in Venezuela (Bolivarian Republic of) and neighboring countries.

Reorienting Health Systems to the Pandemic Response

18. In its technical cooperation related to health systems, the Bureau focused on continuity of essential health services, working to counter the disruptive effects of the pandemic on health facilities, health workers, supply chains, access to services, and on routine programs such as those related to immunization; maternal, newborn, child, and adolescent health; elimination of selected communicable diseases; and the prevention and control of noncommunicable diseases (NCDs).

19. PASB promoted the essential public health functions (EPHFs) for resilient health systems and universal health, emphasizing the importance of the primary health care (PHC) approach, with strengthening of the first level of care (FLC), and enhancement of integrated health service delivery networks (IHSDNs). The Bureau noted the innovative and increased use of telehealth modalities, including for triage, consultation, and counselling, and encouraged and supported their expansion to reach remote populations and persons in conditions of vulnerability.

20. PASB provided guidance and support for the repurposing of health teams and facilities to manage the pandemic, worked to source and distribute essential medicines, vaccines, and health technologies, and promoted efforts to reduce the Region's dependence on imported health products, seeking to foster regional capacities for research and development, and manufacturing.

21. Issues related to the quantity, quality, distribution, and retention of human resources for health (HRH) were exacerbated during the pandemic, and related gender issues quickly became apparent with the realization that 75% of HRH are women, who are also usually the main caregivers in the home. Also important was the protection of HRH, given their increased risk of

⁴ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

contracting COVID-19 as a direct result of their work. The Bureau collected and analyzed HRH-related data, issued guidance, and assisted countries to develop and/or update HRH plans to improve this critical component of resilient health systems.

22. In building HRH capacity to combat the pandemic, the PAHO Virtual Campus of Public Health (VCPH)—the Bureau’s educational platform for technical cooperation—played a significant role. In the reporting period, the VCPH attracted over 420,000 new users, and over 1 million participants were enrolled in the different VCPH courses, which featured several directly related to COVID-19, targeting various categories of health workers.

23. With the pandemic’s negative impact on national economies and livelihoods, as well as on lives, the Bureau advocated for and supported the expansion of social protection mechanisms; assisted in the development of financial protection indicators and related capacity-building; and analyzed trends in revenue, expenditure, and financing. PASB’s assessment of spending, fiscal space, and financial protection related to health enabled guidance and recommendations to Member States on measures to recoup the increased public spending occasioned by the pandemic and strengthen interventions for adequate health financing and social protection.

Striving for Fairer Outcomes over the Life Course

24. The Bureau maintained its focus on life course issues to address the heightened vulnerabilities of women, mothers, children, adolescents, and older persons during the pandemic, using interventions in school, workplace, and urban settings to promote health and safety, in collaboration with other entities within the United Nations and inter-American systems, intergovernmental agencies, and international nongovernmental organizations.

25. PASB enhanced COVID-19 surveillance among pregnant women and newborns, including the development of a form to facilitate reporting on pregnant women with acute respiratory infections of public health concern. It monitored confirmed cases of multisystem inflammatory syndrome in children and adolescents related to COVID-19, and participated in the preparation of a protocol to prevent COVID-19 in schools. The Bureau also recognized the toll that the pandemic was taking on the mental health of children and adolescents, and offered guidance in addressing these issues through revision of national mental health policies and plans, strengthening of services, and, in selected countries, supporting interventions to strengthen parenting skills and improve communication between parents and their adolescent children. PASB also provided guidance for reducing violence against children, publishing the first regional status report on the topic.

26. The Bureau devoted significant time and effort not only to preparing for the introduction of COVID-19 vaccines in the Region, but also to maintaining elimination of vaccine-preventable diseases (VPDs), such as polio, rubella, congenital rubella syndrome, measles, and tetanus, and controlling others. The 19th Vaccination Week in the Americas took place in April 2021, with the slogan “Vaccines bring us closer. #GetVax,” and the virtual launch featured high-level policymakers and high-profile personalities. PASB collaborated with media and healthcare workers—both important allies in overcoming vaccine hesitancy—to give guidance on presenting

evidence-based information to counter misinformation and disinformation, and foster trust in national authorities and the vaccines.

27. PASB, along with other key stakeholders, expressed concern at the decline in vaccination coverage for polio, a decrease in surveillance of acute flaccid paralysis, and gaps in population immunity for this disease. These trends put the Region's polio-free status at great risk, especially in light of the pandemic-induced strain on health services, including on immunization programs.

Advancing Reduction and Elimination of Communicable Diseases and Environmental Threats

28. The Bureau maintained its technical cooperation toward elimination of selected communicable diseases together with control of human immunodeficiency virus (HIV), sexually transmitted infections (STI), neglected infectious diseases, and other communicable diseases, while aiming to reduce possible co-infection with COVID-19 and complications due to antimicrobial resistance (AMR).

29. PASB's work with countries included definition and management of key populations of persons living with or at risk of HIV, including pre-exposure prophylaxis; prevention and control of drug-resistant tuberculosis (TB), and viral hepatitis; and malaria elimination. In collaboration with partners, the Bureau paid special attention to continued execution of the master plan to strengthen the response to HIV, TB, and malaria from a public health perspective in Venezuela (Bolivarian Republic of), and there were advances toward the elimination of lymphatic filariasis in Guyana, control of Chagas disease in Bolivia (Plurinational State of) and Colombia, and in building capacity for the reduction of arboviral diseases in the Region.

30. The Bureau's cooperation among countries for health development (CCHD) project between Argentina and CARICOM Member States aimed at strengthening AMR diagnosis and surveillance continued to pay dividends. Capacity-strengthening of nurses, physicians, and laboratory workers was achieved; assessment of AMR detection capacity was conducted; and infection prevention and control practices were strengthened, with promotion of the One Health approach and sharing of experiences to assist countries in improving the implementation of their AMR national action plans.

31. In working with Member States to reduce environmental threats, the Bureau advanced interventions related to water, sanitation, and hygiene (WASH), particularly connected to controlling the spread of SARS-CoV-2, and integrated environmental surveillance into routine health surveillance systems within the context of the pandemic. PASB also continued to promote the Five Keys for Safer Food, to strengthen national Codex Committees in selected countries, in collaboration with partners, and to strengthen risk-based food inspection.

32. In the Caribbean subregion, the Bureau strove to enhance activities for climate change mitigation, collaborating with partners to further the implementation of the Caribbean Action Plan on Health and Climate Change 2019–2023.

Promoting New Perspectives on the Prevention and Control of Noncommunicable Diseases, Including Mental, Neurological, and Substance Use Disorders

33. Faced with incontrovertible evidence of the severe impact of COVID-19 on persons living with NCDs and mental, neurological, and substance use (MNS) disorders, as well as the disruption of related services due to the pandemic, the Bureau stepped up its technical cooperation for the prevention and control of these conditions.

34. PASB implemented a regional adaptation and application of a tool to estimate the distribution of the population with underlying conditions that could affect their risk of severe COVID-19. This revealed that 24% of the population of the Americas—250 million people—were at higher risk of severe disease due to COVID-19. The Bureau also assessed and piloted WHO Emergency NCD Kits, which provide essential medicines and diagnostic supplies, in selected countries and territories in the Caribbean, training persons and deploying kits to Saint Vincent and the Grenadines as part of the response to the volcanic eruption there in April 2021.

35. PASB continued to work toward cervical cancer elimination; the development and implementation of national plans to prevent and control childhood cancer; and secondary prevention of cardiovascular diseases (CVDs) through the HEARTS program for improving hypertension control and diabetes management. The HEARTS program expanded to include four additional countries and territories, bringing to 16 the total number participating, covering 7 million people.

36. The Bureau's technical cooperation on NCD risk factors focused on healthy nutrition, encouraging policies to promote breastfeeding; addressed front-of-package warning labeling (FOPWL) using the proven effective black octagonal system; advanced efforts to reduce salt consumption and enable healthy nutrition in schools; and strongly advocated to reduce the consumption of unhealthy products through taxation, including the application of recommended levels of taxation to sugar-sweetened beverages and tobacco. PASB provided evidence and training on the application and efficacy of these fiscal measures, including through the conduct of investment cases, which showed proof of return on investment for recommended interventions to reduce NCD and MNS disorders.

37. While recognizing the imperative of whole-of-government and whole-of-society partnerships in addressing NCD reduction, including with the private sector, the Bureau advocated for strong efforts to counter industry interference and ensure the establishment of policies and mechanisms to identify and manage conflicts of interest.

38. PASB noted a real rise in rates of psychological distress among the general population due to the pandemic. However, worse mental health outcomes were observed among groups living in vulnerable or marginal conditions, including migrants, ethnic minorities, and indigenous populations, and in persons in other conditions of vulnerability. The Bureau placed great emphasis on incorporating mental health into the COVID-19 response, undertaking technical cooperation in mental health and psychosocial support (MHPSS) with most countries and territories in the Region. PASB directed its efforts on MHPSS coordination, service delivery, capacity-building, and communication, with the longer-term objective of strengthening mental health systems and

services post-COVID-19. This work took place in collaboration with several partners, and special attention was paid to the MHPSS needs of indigenous and Afro-descendant communities in the Region.

39. The Bureau also addressed issues related to alcohol and substance use, documenting increases in the consumption of stronger alcoholic beverages and illicit alcohol in the Region during the pandemic, despite an overall reduction in consumption and heavy episodic drinking. Moreover, it collaborated with partners to strengthen national capacities to reduce alcohol harms and formulate drug reduction policies with a public health orientation.

40. PASB also strove to reduce health inequities among persons with disabilities, engaging with those persons themselves to develop more disability-inclusive health programming. The Bureau established a forum for the community of persons with disabilities to interact with PASB technical advisors, identify the community's high-priority issues, and jointly develop solutions, particularly in the context of the pandemic. PASB convened webinars targeting rehabilitation professionals with up-to-date information on post-COVID-19 management and recovery, including rehabilitation assistance for "long COVID." It also assisted selected countries in carrying out national rehabilitation assessments, including of their assistive technical services, which provide equipment such as wheelchairs, eyeglasses, and communication devices.

Building on Pandemic-inspired Innovations for Digital Transformation and Decision-making in Health

41. The Bureau's work excelled in the volume, scope, and quality of the evidence-based information that it analyzed, contributed to, and disseminated. Using various platforms and methodologies to reach a variety of audiences, the Bureau guided the adoption and adaptation of information technology (IT) to enable the response to COVID-19, focusing on monitoring and research for health equity; catalyzing efforts to ensure that knowledge generated action; disseminating information widely; and implementing knowledge management strategies to facilitate knowledge translation.

42. With support from partners, PASB analyzed lessons learned over the four-year implementation period of its Information Systems for Health (IS4H) initiative, and aligned its technical cooperation in accelerating the digital transformation of the health sector with the eight areas of digital cooperation identified by the United Nations (UN)—universal connectivity, digital public goods, inclusive digital health, interoperability, human rights, artificial intelligence, information security, and public health architecture. The Bureau collaborated to develop a tool to assess the maturity of health institutions to implement telemedicine services, which will enable Member States to take advantage of the technology in strengthening equitable access to health services.

43. In efforts to identify and address health inequities, the Bureau sought to enhance methods for monitoring indicators and targets for Sustainable Development Goal 3 (SDG 3), the goal most directly related to health—"Ensure healthy lives and promote well-being for all at all ages"—from the perspective of social inequalities. PASB also developed the SDG 3 portal, where information related to monitoring of the SDG 3 targets is available.

44. In the dissemination of information, PASB's peer-reviewed scientific publication, the *Pan American Journal of Public Health* (PAJPH), played an important role, with an all-time record number of manuscripts received in 2020 and the publication of special issues on HRH, AMR, equity, SDG 3, research implementation, and infodemics. These special issues were produced in collaboration with various partners.

45. Also important was PASB's digital library, the Institutional Repository for Information Sharing (IRIS), which reported more than 19 million visits—sessions or page views—with publication of almost 2,000 scientific-technical documents, including approximately 1,500 related to the pandemic, many translated into more than one language. The Bureau established a database with COVID-19 guidance and the latest research in the Americas in a searchable platform, and worked with partners and networks to make information easily accessible, for example, through an update of the e-BlueInfo application, which includes new collections of documents; the launch of the Window of Knowledge on Nursing and COVID-19; and the creation of a new Health Science Descriptors/Medical Subject Heading website.

46. In addition, PASB developed EVID@Easy, a guided evidence search tool in the PAHO Virtual Health Library (VHL). This is a network of networks that integrates sources of health information to promote enhancement and expansion of access to scientific and technical information on health in Latin America and the Caribbean. Moreover, PASB initiated plans to strengthen the VHL network.

Enhancing Equity- and Human Rights-based Approaches

47. Taking advantage of partnerships and successful resource mobilization, PASB intensified its technical cooperation to address PAHO's crosscutting themes (CCTs) of gender, ethnicity, equity, and human rights. The Bureau accelerated work to develop health equity indicators and collect, analyze, and publish relevant data, with recommendations for reducing inequities.

48. PASB undertook an analysis of advances toward gender equality in health in the Region, in the framework of the PAHO Gender Equality Policy, and developed a report calling for new lines of action and a renewed gender policy to accelerate progress in gender equality. The Bureau also conducted analyses to highlight and document gender-related differences in the impact of the COVID-19 pandemic, with the aim of presenting recommendations for equitable and gender-sensitive national responses, including in humanitarian action. It also engaged in significant advocacy for women's leadership in health, highlighting the role of women in fighting the pandemic.

49. The Bureau adopted a participatory approach to obtaining information and developing solutions regarding inequities related to ethnicity. This included convening forums that involved and meaningfully engaged indigenous peoples and Afro-descendant representatives in discussions with decisionmakers from Member States on their rights and health. PASB also provided training on the use of knowledge dialogues as a key tool for improving accessibility to, and the cultural appropriateness of, health services for indigenous peoples and Afro-descendants.

50. PASB undertook an assessment of the degree to which health equity is currently included in several national health plans in the Region, noting gaps in the identification of populations in conditions of vulnerability, limited accountability mechanisms; the need to increase community participation in policy development; and limited collaboration with and regulation of private sector health providers. In further efforts to identify inequities and present evidence, the Bureau made a successful proposal to WHO for the inclusion of an indicator focusing on the CCTs in monitoring the global implementation of the WHO COVID-19 response strategy.

51. PASB paid special attention to the health of migrants, endeavoring to foster respect for their human rights and well-being, identify and address barriers to their health care, and monitor and mitigate the disproportionate impact of COVID-19 on them, including on their mental health.

52. In promoting the progressive realization of the right to health and other human rights, PASB carried out capacity-building at national level, and provided tools for, and rights-based approaches, to maternal mortality, mental health, WASH, and the pandemic, among other themes. The Bureau also issued numerous legal opinions on health regulations, legislation, and programs related to areas such as alcohol use reduction, healthy nutrition, food labeling, migration, aging, and, in particular, legal obligations related to the COVID-19 control measures taken by governments.

53. The Bureau continued to promote the PAHO Strategy on Health-related Law in areas other than human rights, and reviewed, proposed, and provided comments on the implementation of new legislation, reforms, regulations, norms, and standards related to a wide variety of themes, among them: NCD risk factor reduction, organ transplantation, and sexual and reproductive health. PASB assumed the role of technical secretariat of the Caribbean Public Health Law Forum, which was launched in June 2021 with the aim of using law as a tool to better address public health issues.

54. PASB maintained its country focus through strengthened partnerships, collaboration with subregional integration bodies, and the regional adaptation of the global approach to development of Country Cooperation Strategies (CCSs), the frameworks that guide the Bureau's technical cooperation with Member States. PASB contributed to the development of the WHO 2021 Country Presence Report; continued promotion of its CCHD program; and supported country-level resource mobilization efforts, including for national COVID-19 pandemic responses.

Institutional Strengthening and Enabling Functions

55. The hallmark of the Bureau's efforts toward institutional strengthening and the performance of the functions that enable and support its technical cooperation was to increase efficiency for rapid, quality response to the evolving situation caused by the pandemic.

56. In September 2020, the PASB Director launched the Organizational Development Initiatives (ODIs), based on selected recommendations from the Internal Steering Committee established in June 2020 to review the Organization's functions, structure, and budgets; identify possible adjustments in response to the difficult financing situation facing PAHO; and make recommendations to ensure that the Organization is fit for purpose and positioned to maximize its

limited resources in support of Member States. The ODIs provided a complementary framework for the Bureau's institutional strengthening and performance of the enabling functions.

57. In the area of human resources management, the objective was to ensure the health and safety of PASB personnel, most of whom were required to telework. The Bureau revised its teleworking policy, updated its standard operating procedures, and provided continuous support for the physical and mental well-being of its personnel. Among other actions, PASB developed a protocol for reporting COVID-19 cases and contact-tracing among its personnel; encouraged and facilitated uptake of the COVID-19 vaccines at Headquarters, country offices, and specialized centers; convened webinars and town hall meetings; offered access to an in-house counselor; and extended the Employee Assistance Program to cover all PASB entities.

58. PASB also developed the People Strategy 2.0 in support of the 2020–2025 Strategic Plan of the Pan American Health Organization, incorporating high-priority activities from the previous People Strategy 2015–2019, with pillars of functional optimization, innovation, and agility, and key performance indicators for each pillar.

59. In planning and budgeting, PASB developed the PAHO Program Budget 2022–2023 for presentation to the 59th Directing Council in September 2021, focusing on the strategic approaches to “protect, recover, and build stronger,” shaped by the impact of, and lessons learned from, the pandemic. The new Program Budget features a 5.8% increase in overall budget and a 3.2% increase for base programs from the 2020–2021 budget.

60. The Bureau also revised the PAHO Evaluation Policy, which was approved in March 2021, and created a work plan for its implementation; undertook capacity development of the PAHO Evaluation Network; developed a PAHO Evaluation Intranet; and formulated a PAHO Evaluation Handbook, consistent with the Bureau's commitment to enhanced accountability and transparency.

61. PASB also accelerated efforts to monitor the inclusion of the CCTs across all levels of its work, and adapted the methodology of the ODIs to examine the organizational structure and location for work related to the CCTs.

62. In addition to supporting non-COVID-19-related technical cooperation priorities, the Bureau's financial operations ensured efficient management of the significant increase in voluntary contributions for pandemic-related emergency response and procurement on behalf of Member States.

63. PASB received an unqualified audit opinion from the National Audit Office (NAO) of the United Kingdom of Great Britain and Northern Ireland. The NAO conducted a remote external audit of the Bureau's financial operations, focusing not only on the standard audit of accounting and other internal controls, but also on PASB's procurement on behalf of Member States, and human resources management.

64. PASB completed a competitive selection process to acquire third-party administrator services to support the processing of staff health insurance medical and pharmacy claims for

PAHO and WHO staff members and retirees residing in the United States of America, as well as their eligible dependents, resulting in significant savings.

65. Partnerships and resource mobilization were critical aspects of PASB's work in the reporting period. The Bureau mobilized a total of \$270.3 million, signed agreements with 25 new financial partners, and, in December 2020, launched its resource mobilization strategy 2020–2025. PASB also unveiled a road map 2021–2023 for working with the private sector—the first of its kind—aligned with the WHO Framework of Engagement with Non-State Actors (FENSA) and reflecting the Bureau's strategic approaches to collaboration with this sector.

66. PASB boosted its own capacity for resource mobilization, partnerships, and project management, offering webinars on the subjects that attracted personnel across all levels of the Bureau. PASB also offered specific training to key staff to strengthen their capacity to engage with the European Commission and European Union (EU) delegations, given the EU's position as one of the PASB's top 10 financial partners.

67. In ensuring ethics, transparency, and accountability in its operations, PASB issued new policies on the prevention, detection, and response to fraud and corruption, and on the prevention of sexual exploitation and abuse of beneficiary populations, especially those in conditions of vulnerability.

68. The Bureau also updated the PAHO Asset Accountability Policy and continued efforts to mitigate conflicts of interest, developing a new disclosure form specifically for consultants and automating the annual declaration of interest instrument for senior staff and staff in selected employment categories.

69. PASB continued its internal audit procedures, addressing country-level assignments in selected country offices, as well as thematic topics such as travel expenditure, and projects funded by voluntary contributions.

70. With regard to governance functions, the Bureau built on lessons learned under the new virtual modality of work to allow Member States to continue their governance of the Organization. PASB organized five meetings of the PAHO Governing Bodies between July 2020 and June 2021, including a Special Session of the Directing Council in December 2020 to consider pandemic-related issues.

71. Communications assumed paramount importance during the reporting period, especially in light of constantly emerging information and the infodemic that accompanied the COVID-19 pandemic. PASB hosted new weekly media briefings on COVID-19 in the Americas, led by the PASB Director, and convened hundreds of webinars, as well as special meetings of the PASB Director with ambassadors and ministers of health.

72. The Bureau updated the PAHO website, produced numerous videos for the PAHO YouTube channel, expanded its social media presence, and widened its traditional audiences through partnerships with popular media personalities and influencers. PASB produced and disseminated not only scientific and technical information in various formats and languages, but

also stories that revealed human perspectives of the COVID-19 pandemic and other health conditions, which were instrumental in promoting public health messages for wider audiences.

73. Information technology contributed significantly to innovations and digital transformation, and PASB undertook rapid implementation of digital solutions to support new ways of working and streamline administrative business processes. The Bureau deployed its first two “digital workers” through robotic process automation technology to power procurement processes and provide faster responses to COVID-19 vaccine demands.

74. PASB continued the adoption of cloud-based technologies, with consolidation of virtual workplace, meeting, and collaboration platforms for virtual videoconferencing with simultaneous interpretation; migration of the PAHO intranet from on-premises infrastructure to a web-hosting services provider; and implementation of external teams and collaboration sites to support remote interactions with Member States and partners.

75. Given the status of the PAHO Revolving Fund for Access to Vaccines (RFV) as the recognized procurement mechanism in the Americas for the COVID-19 Vaccines Global Access (COVAX) Facility, which aims to provide equitable access to COVID-19 vaccines, PASB deployed the COVAX Tracker in March 2021. This tool monitors the processing and delivery of COVID-19 vaccines to Member States, and in June 2021 the Bureau deployed the COVID-19 Vaccine Demand Planning tool as a centralized platform to document countries’ vaccine demands, and COVAX and bilateral agreements.

76. PASB strengthened its focus on cybersecurity, increasing user awareness and revamping its cybersecurity monitoring and response mechanisms, with tools based on machine-learning and artificial intelligence. The Bureau’s cybersecurity program, which is aligned with best practices and international standards, placed PAHO at the top of UN agencies in ratings for countering cybersecurity risk exposure.

77. In the area of publications and languages, PASB contributed hundreds of information products—several in more than one of the four official languages of the Organization—including COVID-19 guidance materials, and created a specific workflow to manage these documents and ensure that users could readily find the latest updates.

78. The Bureau created partnerships with many institutions in the Region and beyond for the promotion and dissemination of its publications through their networks. PASB also ensured that its publications with International Standard Book Numbers became more discoverable on the Web through the assignment of digital object identifiers (DOIs) and the registration of their permanent Uniform Resource Locator links in an official DOI registration agency.

79. In the reporting period, PASB surpassed the \$1 billion mark in annual procurement. Through the RFV, PASB co-led procurement for COVID-19 vaccines, organized the procurement of specialized equipment for those vaccines, and procured other vaccines to provide continued support to national immunization programs. In 2020, procurement through the PAHO Strategic Fund reached \$233 million, and, for the first time, almost 600 shipments were managed. As at the

end of June 2021, the Bureau had issued purchase orders for over \$209 million and almost 450 shipments.

80. PASB's procurement functions also supported the HEARTS program for NCD prevention and control; the Smart Hospitals Initiative; and specific countries in reviewing, identifying, and sourcing their requirements for specialized commodities.

81. In its general services operations, PASB invested in infrastructure projects at Headquarters and two country offices; implemented digitization projects at Headquarters and a country office; and conducted appraisals of PAHO properties at Headquarters and in selected countries. The Bureau also upgraded workspaces, terminated its warehouse contract, and recruited archive management services.

82. PASB maintained its country and subregional coordination to facilitate effective bridges across all levels of the Organization, adapting guidelines for country office transfers on appointment of new PAHO/WHO Representatives (PWRs) and conducting successful virtual transfers of PWRs in nine countries—Argentina, Bahamas, Bolivia (Plurinational State of), Dominican Republic, El Salvador, Guyana, Haiti, Peru, and Venezuela (Bolivarian Republic of)—and of Subregional Program Directors in the Caribbean and Central America.

83. The Bureau restructured its subregional programs to enhance engagement with subregional integration mechanisms at the highest levels, and to promote a more coordinated approach in addressing common health challenges. PASB also continued strategic dialogues and briefings between the PASB Director and the Bureau's country leadership; implemented capacity-building activities for the latter; and conducted a "bottom-up" exercise to enable the development of strategies for greater efficiency and effectiveness at country level in the current context, engaging in extensive dialogue with the PWRs.

84. PASB continued to pay special attention to countries in particularly difficult situations, such as Haiti and Venezuela (Bolivarian Republic of), through weekly meetings of dedicated task forces to closely monitor the countries' situations and enable timely decision-making and technical cooperation.

85. The Bureau's legal affairs apparatus continued to facilitate and enable internal procedures and technical cooperation, paying attention to the challenging and changing situation engendered by the pandemic. Legal interventions took place related to project development and implementation; launch of the cloud-based version of the PAHO E-Manual; negotiation and finalization of contracts related to human resources management; procurement of vaccines and essential medicines and supplies; resource mobilization and partnerships; and protection of PAHO's privileges and immunities.

Challenges and Lessons Learned

86. In the period under review, COVID-19 magnified existing challenges for the PASB and created fresh ones. Attention and resources were, understandably, diverted from agreed priorities to manage the concurrent health, social, and economic emergencies, but concerted efforts still had

to be made to continue technical cooperation in order to prevent reversals in public health gains that had been previously achieved.

87. The main challenges included misunderstanding of the nature and role of PAHO and WHO, with the apparent failure by many to appreciate their intergovernmental character and organizational structure, leading to erroneous perceptions and opinions of the leadership of their Secretariats, a circumstance with real potential to undermine the credibility, reputation, and work of both organizations.

88. Limited financing, in both countries and the Bureau, with concurrent reallocation of funding and cost containment, resulted in uncertainty, delays, and adjustments to planned technical cooperation in some areas of work.

89. Both Member States and PASB were also challenged to address the inequities and health system gaps aggravated by the pandemic, including limited data disaggregated by equity stratifiers such as sex, gender, ethnicity, and income; weaknesses in the FLC, with unavailability of national personnel due to many factors, including reassignment to pandemic-related duties and as a result of changes in political administration, with consequent shifts in technical and financial priorities; limitations in health supplies, due to disruptions in global supply chains, increases in air freight charges, and overdependence on importation of essential supplies; inadequate COVID-19 diagnostic capacity, aggravated by the emergence of SARS-CoV-2 variants of concern; effects of the infodemic, with rampant misinformation and disinformation; and limitations in the use of virtual platforms, due to factors such as lack of access to relevant technology and inadequate regulatory systems.

90. There were also barriers to addressing NCDs and MNS disorders, owing not only to the disruption of related services, but also to antihealth promotion interventions by some segments of the private sector and resource limitations for the provision of MHPSS. PASB itself faced internal challenges due to the redeployment of its own resources to respond to COVID-19; unpredictable funding; difficulties with contractual mechanisms for human resources recruitment; delays in the provision of legal guidance relating to pandemic-related responses; and shortfalls in the resources available for renovation and repair of infrastructure.

91. Notwithstanding the many challenges, the pandemic provided lessons to be learned and opportunities for strengthening equity- and rights-based approaches; preparing for and responding to emergencies; and developing resilient health systems that focus on the PHC approach, the FLC, and universal access to health and universal health coverage.

92. Among the main lessons learned were that communication strategies must be implemented to explain the nature of PAHO as an intergovernmental organization. Information should be disseminated to multiple audiences, including the general public, on the primacy of Member States in the governance and decision-making processes of the Organization, its relationship with WHO, its advantages and limitations; and the work it does for health and sustainable national development.

93. Greater attention must be paid to the Organization's CCTs, with enhanced coordination of the actors involved for coherent approaches that address the social determinants of health and reduce inequities and inequalities.

94. There must be greater and sustained investment in systems for emergency and disaster preparedness, mitigation, and recovery. Strengthening such systems during "normal" times is essential, and strategic partnerships in this area at national, subregional, regional, and global levels are critical. In addition, MHPSS preparedness, response, and recovery efforts must be multisectoral, and all emergency and disaster preparedness, response, and recovery initiatives must incorporate MHPSS. Investment in mental health must be increased to address the challenges generated by COVID-19, which will probably continue after the pandemic has ended.

95. Health systems strengthening is essential, and advocacy for governments to adopt and implement policies for health systems that promote equity, with strengthened local primary care networks and interfaces between first-level services and communities, must be sustained and monitored. In strengthening health systems, the recruitment, retention, and distribution of trained HRH, especially at the FLC and in underserved areas, is vital as a critical component of the PHC approach, and the VCPH has an important role to play in HRH capacity-building. Moreover, disaggregated data and information are essential for appropriate planning and monitoring of equity-based interventions, and an integrated and centralized mechanism is required in order to allow access to disaggregated, up-to-date, reliable, and timely information that includes the economic costs of various diseases and conditions.

96. The use of virtual tools must be maximized. Widespread utilization of virtual tools and decentralization of some activities was critical in the COVID-19 response and should be promoted, with adequate investment and attention to equity gaps in access to technology.

97. Interprogrammatic, intersectoral, people-centered collaboration is crucial. The establishment and strengthening of interprogrammatic and intersectoral collaboration, whole-of-government and whole-of-society approaches, and strategic partnerships, including the meaningful engagement of persons living with various conditions, are essential in order to optimize resources and address the social and other determinants of health.

98. Global and regional mandates and agreements provide important frameworks for action, and global and regional networks are invaluable assets. Interventions conducted within the framework of global and regional mandates and agreements, tailored to the national situation, are key, and international networks can facilitate efficiency in the mobilization of resources and provision of technical expertise.

99. There must be strengthening of communication exchanges and collaboration among different actors from civil society, academia, and governments to enhance policy design, promotion, and implementation in different countries, taking into account their local contexts. Involvement of the private sector is important in policy implementation, but conflicts of interest must be identified and managed, and relevant capacity built.

100. Accurate, timely communication from trusted sources to address the infodemic is essential. Prioritization exercises, rapid adaptability, and teamwork are key factors in coping with the overload of information available, and PASB and countries must invest in institutionalizing country capacity to bridge science, policy, and action. It is important to strengthen knowledge translation processes and capacity, raise political commitment, and empower the production and use of trustworthy evidence that can inform policies and practice during public health crises, and be used to address other health priorities. Sustained investment in communication, information dissemination, and knowledge management is imperative for both the Bureau and Member States.

101. There must be diversification of the Bureau's financing sources and intensified resource mobilization. Resources must be mobilized beyond the emergency to address shortfalls in voluntary contributions, with project proposals that have a comprehensive, sustainable, and holistic response to the pandemic and include the emerging demands of MNS disorders, environmental and climate change challenges, human resources in health, and gender inequities, among others.

102. There must be a balance between protecting the Organization's reputation and advancing partnerships with non-state actors, especially the private sector, and the implementation of FENSA should, where possible, allow PASB greater flexibility with the private sector, bearing in mind conflict-of-interest issues.

103. There must be permanent adoption of successful innovations and efficiencies by PASB. Some of the Bureau's pandemic-induced strategies and methodologies should become permanent features of work with Member States and partners. The continued tightening of PASB's cybersecurity and strengthening of its IT governance process are critical for success. Given the ever-increasing number and sophistication of cyberattacks, the area of cybersecurity requires continued focus and attention, and the establishment of a PASB IT business relationship management team is desirable to bridge the gap between business needs and technology.

104. Early requests for legal opinions on, and input into, the Bureau's technical cooperation projects and interventions will guard against complications and barriers related to the Organization's privileges and immunities. The continued support of external legal experts in some areas in which the Bureau lacks expertise, including third-party administration of health insurance, is critical.

Conclusions and Looking Ahead

105. In tailoring its technical cooperation during the COVID-19 pandemic, PASB continued to adapt, innovate, analyze, guide, and recommend. The Bureau produced and contributed to numerous evidence-based guidelines and recommendations to steer efforts by Member States, civil society, and other key stakeholders through the uncharted waters of the pandemic. PAHO's function and reputation as a learning and knowledge organization shone brightly, with products and publications targeting specific audiences, from policymakers to the public, and documentation and dissemination of experiences and innovations, especially in Member States, to promote evidence-informed policy development, cooperation among countries, solidarity, and equity.

106. The partnerships established and strengthened played an indispensable role in PASB's successes, as did the dedication, commitment, and hard work of both Member States and the Bureau's personnel. The Bureau will continue to enhance its core functions and technical cooperation to ensure that evidence-based decisions are made, working in the thematic areas described in this report toward the health and well-being of the peoples of the Americas and the achievement of the SDGs, using equity- and rights-based approaches that leave no one behind, bolstered by the lessons learned from the COVID-19 pandemic.

Part 1: Introduction

107. This report summarizes the results of technical cooperation of the Pan American Sanitary Bureau (PASB or the Bureau) with Member States and its collaboration with strategic partners and stakeholders in the period from 1 July 2020 to 30 June 2021. Against the background of the pandemic caused by the coronavirus disease of 2019 (COVID-19)—ongoing at the time of reporting—the Bureau worked with determination and innovation, despite old and new challenges, to continue to serve both the emergency response and health development needs of the Member States of the Pan American Health Organization (PAHO), and to uphold the Organization’s values of equity, excellence, respect, integrity, and solidarity, with the overarching principle of Pan-Americanism.

108. The report reviews the work undertaken as the pandemic continued to unfold, causing unprecedented upheavals in individual and population health, in societies, and in economies. It summarizes the achievements, challenges, and lessons learned, as well as the adaptations and innovations made to ensure seamless technical cooperation with and support for PAHO Member States.

109. The report also looks ahead, analyzing those opportunities brought to light by the COVID-19 experience for strengthening the Organization’s promotion of and contribution to equity and progressive realization of the right to health. It indicates how the Bureau, with the concurrence and guidance of Member States, and in collaboration with partners, will take advantage of such opportunities.

110. In this particularly difficult year, PASB worked even harder to enhance integrated action by its various entities, technical and enabling, with key roles being played by all departments, offices, special programs, units, and teams at PAHO Headquarters, and by country offices and specialized centers in the field, with oversight by the Bureau’s Executive Management to ensure implementation of policy decisions and resolutions adopted by the PAHO Governing Bodies. The Bureau also continued to pay close attention to the needs of the eight Member States designated Key Countries in the PAHO Strategic Plan 2020–2025—Belize, Bolivia (Plurinational State of), Guatemala, Haiti, Honduras, Nicaragua, Paraguay, and Suriname.

111. Further details of technical cooperation and related actions undertaken in the reporting period are available in documents and resolutions presented and/or approved by the 58th Directing Council, 28–29 September 2020;⁵ the Special Session of the Directing Council, 10 December 2020, convened specifically to discuss the COVID-19 pandemic;⁶ and the 168th Session of the Executive Committee, 21–25 June 2021.⁷

⁵ Available from: <https://www.paho.org/en/governing-bodies/directing-council/58th-directing-council>.

⁶ Available from: <https://www.paho.org/en/governing-bodies/directing-council/special-session-directing-council>.

⁷ Available from: <https://www.paho.org/en/governing-bodies/executive-committee/168th-session-executive-committee>.

Part 2: Review of PAHO's technical cooperation

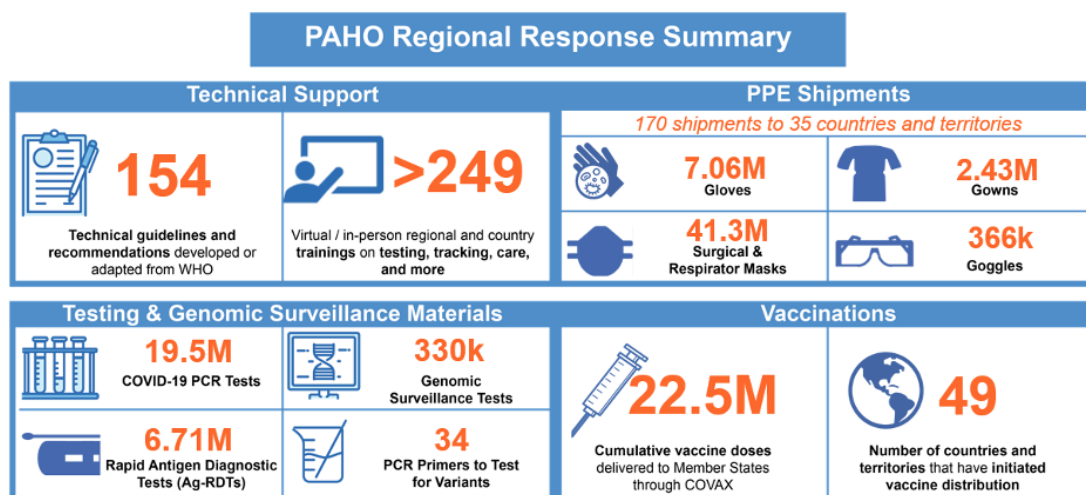
Confronting Health Emergencies and Disasters during the COVID-19 Pandemic

COVID-19 in the Region of the Americas

112. As at 30 June 2021, the Americas continued to be the World Health Organization (WHO) Region most affected by the COVID-19 pandemic, with 72,331,911 cases (approximately 40% of all cases reported globally) and 1,900,929 deaths (approximately 48% of the global total) having been recorded.⁸ All 51 countries and territories in the Region had reported COVID-19 cases, with Argentina, Brazil, Colombia, Mexico, and the United States of America being the top five most-affected countries in the Region, accounting for 88% of regional cases.

113. PASB's technical cooperation was undertaken according to the 10 pillars of the PAHO COVID-19 response strategy,⁹ which was closely aligned with the WHO COVID-19 Strategic Preparedness and Response Plan (SPRP).¹⁰ The highlights of PASB's interventions are summarized below by pillar, and in Figure 1.

Figure 1. Summary of key statistics related to PAHO's COVID-19 response in the Americas since the start of the pandemic (as of 30 June 2021)



⁸ Pan American Health Organization. COVID-19 daily update. Available from: <https://iris.paho.org/handle/10665.2/54523>.

⁹ Pan American Health Organization. Response to the COVID-19 pandemic in the Americas: response strategy and donor appeal January-December 2021. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/53540>.

¹⁰ World Health Organization. COVID-19 strategic preparedness and response plan. Geneva: WHO; 2021. Available from: <https://www.who.int/publications/i/item/WHO-WHE-2021.02>. The WHO SPRP was updated on 1 April 2021 to encompass technical cooperation to prepare for the rollout of COVID-19 vaccines and to encourage ongoing fundamental COVID-19 response actions.

Pillar 1—Coordination, Planning, Financing, and Monitoring

114. During the period under review, the regional Incident Management Support Team (IMST) and IMSTs located in all 27 PAHO/WHO country offices, which were established to spearhead the Organization’s technical cooperation for the pandemic response, incorporated logistical, operational, and technical elements for the deployment of COVID-19 vaccines into their activities. Using primarily virtual methods at national and regional levels, over 10,000 health professionals across the Americas were trained on a range of issues critical to stemming the spread of SARS-CoV-2. This was complemented by the publication of 61 evidence-informed public health guidelines—13 targeting decisionmakers—geared toward developing national strategies, policies, and protocols for an effective response to the pandemic.

115. PASB participated in discussions with, and provided advice and support on technical and financial issues to, subregional coordination mechanisms such as the Caribbean Community (CARICOM), the Forum for the Progress and Development of South America, the Central American Integration System (SICA), and the Southern Common Market (MERCOSUR), as well as the Organization of American States (OAS) and other regional multilateral organizations. The Bureau also convened regular meetings with ministries of health, during and outside of Governing Bodies meetings, to provide the most current advice, based on available evidence and science, and to seek consensus on region-wide approaches to tackle the pandemic.

116. In response to its donor appeals, as at June 2021, PASB had mobilized \$319 million from strategic donors and partners, achieving 79% of the funding required to ensure response operations for 2020–2021. The Bureau also received \$131.5 million from international financing institutions (IFIs) to support the procurement, on behalf of Member States, of essential supplies and equipment critical to the response, including personal protective equipment (PPE), laboratory tests, reagents, and clinical care supplies. More than 54% of these funds were directly allocated to procurement of PPE, laboratory tests, and other essential supplies, with the remainder supporting capacity-building and the provision of technical expertise to Member States.

117. In addition to contributions from individuals, collaboration with traditional partners, and strategic partnerships and in-kind donations from Direct Relief, Facebook, Global Citizens, Mary Kay Cosmetics, Salomón Beda, Sony Latin Music, and Twitter, PASB received financial contributions to support its response to the COVID-19 pandemic in the Americas from the following partners:

- a) Governments of Belize, Canada, Colombia, Jamaica, Japan, New Zealand, the Republic of Korea, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America;
- b) Alma Jean Henry Charitable Trust;
- c) Caribbean Development Bank (CDB);
- d) Caribbean Confederation of Credit Unions;
- e) Central American Bank for Economic Integration;
- f) Development Bank of Latin America;

- g) European Union (EU);
- h) Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund);
- i) International Organization for Migration (IOM);
- j) Inter-American Development Bank (IDB);
- k) Rockefeller Foundation;
- l) United Nations (UN) agencies—United Nations Central Emergency Response Fund (CERF), United Nations Children’s Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Multi-Partner Trust Fund, and United Nations Office for South-South Cooperation (UNOSSC);
- m) World Bank Group;
- n) World Food Programme;
- o) WHO and its donors;
- p) Yamuni Tabush Foundation.

Pillar 2—Risk Communication, Community Engagement, and Infodemic Management

118. The COVID-19 pandemic has been characterized by challenges in the dissemination of life-saving messages amid the infodemic caused by the proliferation of unfiltered information, including misinformation and disinformation, on social media and mobile messaging applications. Risk communication was an integral part of PASB’s response to the pandemic, to ensure that all audiences received accurate information in the language and through the medium most familiar to them. Risk communication strategies and tools for healthcare workers, media communicators, and leaders were produced and distributed to Member States to assist in the development and implementation of national risk communication and community engagement plans that considered all segments of the countries’ populations.

119. PASB made available eight online WHO courses in the PAHO Virtual Campus for Public Health (VCPH)¹¹ in Portuguese and Spanish, on topics ranging from infection prevention and control to clinical management and hand hygiene. Over half a million persons enrolled in these courses—including 647 persons enrolled at the VCPH Caribbean Node¹²—which comprised webinars, virtual courses (including three translated into Dutch), public information, and lessons learned (currently highlighting Grenada). The Bureau collaborated with CARICOM and the Pan Caribbean Partnership Against HIV and AIDS (PANCAP) to produce 10 capacity-building webinars and to broadcast key messages in the Caribbean subregion.

120. During the reporting period, PASB produced 24 infographics (20 available in Spanish and eight in Portuguese), in addition to social media cards, radio spots, and videos, for a total of 1,026 graphic items that offered guidance on protecting health workers, older persons, and other populations who are more vulnerable to COVID-19. PASB organized weekly Facebook Live

¹¹ Information on the VCPH is available from: <https://www.campusvirtualsp.org/>.

¹² The VCPH Caribbean Node does not include Belize and Haiti.

events, which allowed the public to directly “ask the experts” about COVID-19, featuring discussions on how to celebrate the end-of-year holidays safely, the science behind vaccines, and how COVID-19 affects other areas of their health and well-being.

121. PASB’s Director convened weekly virtual press briefings to inform and update the public, issue calls for action, and share recommendations on how to stem the spread of COVID-19. The briefings were broadcast live and shared on social media sites such as Facebook, Twitter, and YouTube, allowing the Organization to reach over 1.2 million people regionally and globally, as well as national, regional, and global media outlets, and other partners and stakeholders.

122. Additionally, PASB collaborated with artists from nine countries in the Region¹³ and France to produce a collection of graphics aimed at preventing COVID-19 infection (Figure 2), combating misinformation and myths about the disease, and promoting mental health during the pandemic. The initiative grew out of a collaboration between IMPAQTO, a social innovation laboratory and co-working network; NEXUS, a network of young philanthropists; and the PVBLIC Foundation, which mobilizes media, data, and technology for sustainable impact.

Figure 2. Example of a graphic aimed at preventing COVID-19 transmission



Source: Salvador Phän Pomar Velasquez (Bolivia [Plurinational State of]), participating artist in “Hackea la Crisis 2020.” Available from: <https://www.hackealacrisis.net/galeria-imagenes-contra-el-covid-19>.

¹³ Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Mexico, Paraguay, Peru, and United States of America.

Pillar 3—Surveillance, Epidemiological Investigation, Contact-tracing, and Adjustment of Public Health and Social Measures

123. The Bureau worked tirelessly with countries to strengthen their surveillance systems, an essential part of the response to the COVID-19 pandemic. It continued to conduct event-based surveillance, while helping countries to boost their indicator-based surveillance.¹⁴ This joint approach ensured that public health risks beyond countries' routine surveillance systems were captured, improving case detection capacity.

124. Given the strength of influenza surveillance in the Region and the urgent need to maintain surveillance of both influenza and COVID-19, 21 countries¹⁵ strengthened their surveillance capacities by incorporating SARS-CoV-2 into their routine severe acute respiratory infections/influenza-like illness (SARI/ILI) surveillance systems. In addition, PASB maintained a dashboard displaying seroprevalence studies in Latin America and the Caribbean—including information on individual studies—which provided valuable data on the spread of the virus since the onset of the pandemic. Most recently, PASB's regional team undertook technical cooperation with Brazil and Peru regarding seroepidemiological studies; the use of influenza sentinel surveillance to monitor for COVID-19 cases; contact-tracing; and the coordination of COVID-19 UNITY Studies.¹⁶

125. Tracking, analyzing, and forecasting epidemiological trends are key to an effective response, and PASB utilized many tools for evaluating the pandemic's regional trends to better inform decisionmakers. One key tool was Epidemic Intelligence from Open Sources, which allowed PASB to screen print media and social media through artificial intelligence and machine-learning in order to facilitate swift detection of rumors and alerts of events of public health concern. At least 167 persons from Argentina and Brazil have been trained on the use of this tool since March 2021.

126. PASB continued to analyze regional trends each week, based on the collection of COVID-19 line listings of nominal case data and the daily collection of cases and deaths. From the start of the pandemic to 2 July 2021, 39 countries and territories¹⁷ in the Americas reported data through the line list, capturing for analysis approximately 74% of all cases and 65% of all deaths that had occurred to that date in the pandemic. With these data, PASB maintained a regional

¹⁴ *Event-based public health surveillance* looks at reports, stories, rumors, and other information about health events that could be a serious risk to public health. Such information may be described as unstructured information because the information obtained is nonstandardized or subjective. *Indicator-based public health surveillance* is a more traditional way of reporting diseases to public health officials.

¹⁵ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Saint Lucia, Suriname, Uruguay, and Venezuela (Bolivarian Republic of).

¹⁶ UNITY Studies is a global seroepidemiological standardization initiative that aims to increase evidence-based knowledge for action. Information available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/early-investigations#:~:text=generic>.

¹⁷ Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Brazil, British Virgin Islands, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saba, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States of America, and Venezuela (Bolivarian Republic of).

geo-hub with publicly available dashboards for subregional and country epidemiological curves, including cases, incidence rates, and cumulative incidence rates and other epidemiological data. Specific hubs were generated to examine the evolution of COVID-19 and the humanitarian crisis in the tri-border area of Brazil, Colombia, and Peru, which contributed to the initial monitoring of COVID-19 vaccine deployment. Recognizing the value of geographical information system (GIS) data in monitoring the spread and scale of the pandemic, PASB supported 10 countries—Argentina, Belize, Chile, Costa Rica, Ecuador, Guatemala, Guyana, Nicaragua, Suriname, and Venezuela (Bolivarian Republic of)—to establish their own GIS hubs, linked to the regional hub.

127. During the reporting period, 29 epidemiological alerts and updates on the regional and subregional epidemiological situation were disseminated, and weekly reports with surveillance indicators on SARS-CoV-2, influenza, and other respiratory viruses, as well as daily situation updates, continued. The Bureau monitored specific population groups, including healthcare workers, indigenous populations, and Afro-descendants, and priority topics such as COVID-19 variants of concern (VOCs) and of interest, multisystem inflammatory syndrome in children and adults, COVID-19 in pregnant women, and mucormycosis infections associated with COVID-19.

128. PASB developed the COVID-19 risk assessment tool¹⁸ for health authorities in large cities to assess their vulnerability and the risk of spread of COVID-19, and trained personnel in Argentina, Colombia, Haiti, and Mexico in its application. In addition, building on its previous recommendations for the reorganization and expansion of hospital services in response to COVID-19,¹⁹ including estimation of the needs for hospital beds and health workers, PPE, supplies, and medicines, PASB collaborated with the London School of Hygiene and Tropical Medicine Centre for Mathematical Modelling of Infectious Diseases to develop a COVID-19 comorbidities tool.²⁰ This tool, the result of adaptation and tailoring of an existing tool, enabled countries to determine the number of individuals at increased risk of severe COVID-19 due to underlying conditions; formulate possible strategies to shield extremely vulnerable people from infection; manage chronic conditions; and guide vaccine allocation for those at highest risk. The tool was launched in February 2021 and shared with health authorities in Argentina, Bolivia (Plurinational State of), Ecuador, Guatemala, Honduras, Paraguay, and Peru, with training provided in Ecuador, Honduras, and Paraguay. Both of these analytical tools allowed health authorities to transform epidemiological data into actionable information.

129. PASB partnered with Harvard Analytics to develop tools to calculate the effective reproductive number (R_t)²¹ using the EpiEstim application,²² and to project possible new infections and better understand the dynamics of the pandemic using a corresponding web-based application.

¹⁸ Available from: <https://paho-who.shinyapps.io/cordoba/>, preconfigured with data for Cordoba, Argentina.

¹⁹ Pan American Health Organization. Recommendations for the reorganization and expansion of hospital services in response to COVID-19. April 2020. Available from: https://iris.paho.org/bitstream/handle/10665.2/52244/PAHOIMSPHECOVID-19200028_eng?sequence=5.

²⁰ Pan American Health Organization. COVID-19 and comorbidities in the Americas: Hands-on tool to estimate the population at increased and high risk of severe COVID-19 due to underlying health conditions for the Americas Available from: <https://iris.paho.org/handle/10665.2/53254>.

²¹ The effective reproductive number (R_t) is the average number of secondary cases per infectious case in a population made up of both susceptible and non-susceptible hosts.

²² Information on the EpiEstim application is available from: <https://shiny.dide.imperial.ac.uk/epiestim/>.

The Bureau supported capacity-building in the use these tools in 12 countries.²³ Rt calculations are essential to feed the simulator CovidSIM, an online platform that assists in generating short-term projections of the number of COVID-19 cases, and the Bureau developed a “how to” guide²⁴ and trained persons in Belize, Bolivia (Plurinational State of), Guatemala, Guyana, and Jamaica in the use of the tool. Ad hoc analyses were provided to Barbados and Saint Lucia, and PASB helped countries to ramp up their capacities for tracing and quarantine of contacts, while also issuing pertinent points for consideration by national health authorities undertaking ethical and effective contact-tracing for COVID-19, as a complement to WHO recommendations.

130. In collaboration with the Global Outbreak Alert and Response Network, PASB trained persons in 31 countries and territories²⁵ to use the Go.Data application, the WHO tool for suspected case investigation and management, display of transmission chains, and contact-tracing. The tool was designed to assist health authorities in following up on cases and possible contacts, and to rapidly identify and isolate potential cases, in efforts to reduce transmission. Twenty-four countries and territories have installed the system, but only 18 are actively using it.²⁶ In May 2021, PASB launched its contact-tracing hub,²⁷ a multidisciplinary knowledge center for all activities related to contact-tracing and an updated repository for national policymakers, responders, researchers, educators, affected communities, and the public.

Pillar 4—Points of Entry, International Travel and Transport, Mass Gatherings, and Population Movement

131. As COVID-19 spread rapidly across the globe, more and more countries reported imported cases and international travel-related measures were established to prevent further importations. With vaccines only becoming available during the first quarter of 2021, COVID-19 control strategies centered on the use of nonpharmaceutical interventions, including personal protective measures, environmental measures, physical distancing, and international travel measures.

132. PASB issued a series of guidance considerations, aligned with WHO global strategies, on a range of physical distancing and travel-related measures, including COVID-19-related testing for travelers, and provided a framework to inform Member States’ decision-making for adjusting

²³ Argentina, Belize, Bolivia (Plurinational State of), Chile, Colombia, Dominica, El Salvador, Guatemala, Guyana, Haiti, Honduras, and Saint Lucia.

²⁴ Pan American Health Organization. COVID-19 modeling exercise: a “how to” guide for CovidSIM. Washington, DC: PAHO; June 2020. Available from: <https://www.paho.org/en/documents/covid-19-modeling-exercise-how-guide-covidsim>.

²⁵ Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, and Trinidad and Tobago.

²⁶ Argentina, Bahamas, Barbados, Belize, Bermuda, Brazil, Canada (some provinces), Colombia, Guatemala, Guyana, Honduras, Jamaica, Mexico, Saint Lucia, Sint Eustatius, Sint Maarten, Trinidad and Tobago, and the United States of America (selected states).

²⁷ Available from: <https://www.paho.org/en/contact-tracing-knowledge-hub>.

measures to reinstate travel in 2020,²⁸ giving particular attention to the Caribbean context in light of the importance of tourism for the economy of that subregion.²⁹

133. Through CARICOM and WHO, respectively, the Bureau established contact with the cruise ship industry in the Caribbean and the International Maritime Organization, the latter regarding issues specific to seafarers' occupational health, observing closely the evolving situation related to SARS-CoV-2 VOCs. PASB collaborated with several civil aviation working groups regarding potential strategies for resuming nonessential travel, and in September 2020, PASB presented the limitations of SARS-CoV-2 testing as a requirement to resume nonessential travel in a webinar for national civil aviation and health authorities from the Americas, in collaboration with the South American office of the International Civil Aviation Organization. PASB's guidance on resuming nonessential international travel in the context of the COVID-19 pandemic helped countries as they evaluated testing requirements before or after international travel as a measure to reduce the risk of imported COVID-19 cases.

134. PASB also contributed to the WHO document *Considerations for Implementing a Risk-based Approach to International Travel in the Context of COVID-19*,³⁰ which was published in December 2020, and, with the rollout of COVID-19 vaccines early in 2021, the Bureau further collaborated with WHO to issue *Interim Guidance for Developing a Smart Vaccination Certificate—Release Candidate 1*³¹ in March 2021.

135. Noting the multiple and rapid changes since the resumption of nonessential international traffic in mid-2020, and that, since then, SARS-CoV-2 VOCs had been introduced and were spreading in the Region, PASB continued to monitor the range of international travel-related measures implemented by its Member States in order to guide the formulation of policy and technical recommendations.

Pillar 5—Laboratories and Diagnostics

136. Laboratory-based surveillance, necessary to monitor COVID-19 disease trends, relies on data produced in clinical and/or public health laboratories. During the period under review, PASB not only continued building diagnostic capacity in the Region's national influenza centers (NICs) and SARI laboratory network to detect SARS-CoV-2, but also included wider health and laboratory systems and donated essential laboratory reagents and supplies to establish or strengthen surveillance and confirmation of the virus. The NICs facilitated the speedy rollout of testing and reporting for SARS-CoV-2, enabling the integration of COVID-19 into SARI/ILI surveillance in most countries in the Region.

²⁸ Technical publications related to travel-related measures are available from: <https://www.paho.org/en/technical-documents-coronavirus-disease-covid-19>.

²⁹ Pan American Health Organization. Considerations for resuming non-essential international traffic in the Caribbean in the context of the COVID-19 pandemic. 2 July 2020. Available from: <https://www.paho.org/en/documents/considerations-resuming-non-essential-international-traffic-caribbean-context-covid-19>.

³⁰ Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2020.1>.

³¹ Available from: <https://www.who.int/publications/m/item/interim-guidance-for-developing-a-smart-vaccination-certificate/>.

137. Between 1 July 2020 and 30 June 2021, all 35 Member States continued leveraging the installed capacity for molecular diagnostic testing for SARS-CoV-2. PASB disseminated a clear algorithm for testing for SARS-CoV-2 that builds on existing influenza surveillance systems, and continued to provide guidance on testing strategies, quality assurance procedures, and genomic surveillance. The Bureau developed and shared technical guidance on the interpretation of laboratory results for COVID-19 diagnosis, conducted technical and refresher training exercises, and followed up to provide troubleshooting and analysis of results.

138. In February 2021, the Bureau provided guidance to Saint Kitts and Nevis on the design of laboratory spaces designated for COVID-19 testing, and followed up with capacity-building, while persons in Grenada were trained in July 2020 to install polymerase chain reaction (PCR) diagnostic capacity at two health centers. For the first time ever, between June and July 2021, persons in Saint Vincent and the Grenadines were trained to use open-platform molecular techniques for diagnosis and surveillance with a PCR machine procured and donated by PASB for molecular detection of COVID-19.

139. In addition, 145 laboratories in Bolivia (Plurinational State of), Brazil, Chile, Colombia, Mexico, and Paraguay participated in an external quality assessment pilot to assess the quality of results obtained for PCR diagnosis through the national networks. Findings demonstrated that close to 90% of participating laboratories showed 100% agreement with expected results, evidence of the strong quality of the Region's laboratory detection capacities. The Bureau worked with laboratories that scored below 90% to boost personnel knowledge to correctly interpret results.

140. The emergence of SARS-CoV-2 led to an unexpected surge in the global demand for laboratory supplies, triggering product scarcity in the market and adding complexity to the maintenance of the supply chain for in vitro diagnostics (IVD) using PCR, the reference diagnostic platform recommended by WHO. During the reporting period, PASB donated over 3.7 million COVID-19 PCR tests to 20 countries and territories,³² and facilitated the acquisition of over 10.2 million additional tests for Brazil, Dominican Republic, Nicaragua, and Peru through PAHO's Strategic Fund to help maintain their laboratory diagnostics capacity.

141. In addition, to ensure equity in detection of COVID-19 cases and reduce the burden on laboratory systems, PASB proposed a strategy to expand the diagnostic network through implementation of antigen rapid diagnostic tests (Ag-RDTs) at points of care. The Bureau provided relevant guidelines and virtual training, and 17 countries³³ successfully implemented the expansion process. PASB also donated approximately 1.66 million Ag-RDTs to these countries and supported the PAHO Strategic Fund to procure 6 million Ag-RDTs for 11 Member States.³⁴

³² Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Peru, Saint Vincent and the Grenadines, and Venezuela (Bolivarian Republic of).

³³ Belize, Brazil, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Jamaica, Haiti, Honduras, Peru, Mexico, Suriname, Uruguay, and Venezuela (Bolivarian Republic of).

³⁴ Argentina, Bolivia (Plurinational State of), Costa Rica, Dominican Republic, Guatemala, Guyana, Honduras, Paraguay, Peru, Trinidad and Tobago, and Uruguay.

142. Since the start of the pandemic, there has been a global effort to sequence SARS-CoV-2 and monitor its evolution by sharing sequenced genomes on WHO’s Global Initiative on Sharing All Influenza Data Platform (GISAID), an open-access database that shares data freely with researchers to foster understanding of the virus and contribute to vaccine development. PASB coordinates the COVID-19 Genomic Surveillance Regional Network and has supported 23 countries³⁵ to strengthen SARS-CoV-2 genomic sequencing and to upload resulting data to GISAID. Approximately 39,000 full genome sequences of SARS-CoV-2 have been uploaded to the platform, and through the network, for the first time, sequences were reported from Bolivia (Plurinational State of), Dominican Republic, Haiti, and Honduras.

143. PASB facilitated the expansion of the SARS-CoV-2 Genomic Surveillance Network to include four sequencing reference laboratories in Mexico (Institute for Diagnostic and Reference Epidemiology), Panama (Gorgas Commemorative Institute of Health Studies), Trinidad and Tobago (University of the West Indies, UWI), and the United States of America (United States Centers for Disease Control and Prevention, U.S. CDC), in addition to the existing two—the Oswaldo Cruz Foundation (Brazil) and the Public Health Institute (Chile).

144. As part of the capacity-building, reagents for sequencing were provided to Bolivia (Plurinational State of), Brazil, Panama, and Paraguay, and PASB convened the first virtual meeting of the network in April 2021, with close to 295 participants from 30 countries³⁶ in the Region in attendance—in addition to participants from Singapore, South Africa, Spain, and Switzerland—to discuss current sequencing capacity in the Region, opportunities for expanding the network and including new partners, and next steps. A new detection and screening protocol for VOC was successfully implemented in 31 countries and territories.³⁷

Pillar 6—Infection Prevention and Control, and Protection of the Health Workforce

145. Infection prevention and control (IPC) practices are critical to containing the spread of emerging and reemerging pathogens. PASB has worked closely with health authorities to reiterate the need for consistent and robust IPC practices, such as standard precautions, hand hygiene during the provision of care, rational use of PPE, cleaning and disinfection of medical devices, and water, sanitation, and hygiene (WASH) in health facilities and the community. All countries have implemented measures to reinforce IPC and, as at 31 May 2021, all PAHO Member States had reported having a national IPC program and WASH standards in health facilities.

³⁵ Argentina, Bahamas, Barbados, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Suriname, Uruguay, and Venezuela (Bolivarian Republic of).

³⁶ Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

³⁷ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Cayman Islands, Colombia, Costa Rica, Cuba, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Uruguay, and Venezuela (Bolivarian Republic of).

146. Health workers are on the front lines of care for potential and confirmed COVID-19 patients, where, in the process, they put their own safety at risk. PASB issued guidelines on care for health workers exposed to COVID-19 in health facilities,³⁸ and provided in-person and virtual training to ministries of health and health workers on various topics, including IPC concepts; rational use of PPE; technical and regulatory aspects for the extended use, reuse, and reprocessing of respirators; and transmission-based precautions and measures for different settings. During the reporting period, the Bureau provided over 216 hours of IPC training to more than 10,000 health professionals, logisticians, hospitality workers, and other persons at higher risk of exposure to COVID-19 from across the Region. This same training was offered to 300 health workers in Haiti between May and June 2021.

147. PASB continued working with ministries of health to estimate needs for PPE, essential medicines, and other supplies, based on epidemiological trends and projections. The Bureau developed a mobile application, medPPE—released on Google Play and the iStore³⁹—for the adequate and rational use of PPE to protect healthcare workers and avoid misuse of essential supplies.

148. Following a multisectoral approach to address the pandemic, PASB developed recommendations for reducing the risk of infection beyond the health sector, focused on persons living in long-term care facilities, workers at points of entry, persons managing corpses, election workers, and emergency preparedness personnel planning for hurricane shelters,⁴⁰ as well as for the general population seeking guidance on how to avoid COVID-19.

Pillar 7—Case Management, Clinical Operations, and Therapeutics

149. The COVID-19 pandemic has posed challenges for the provision of health services. Patient care must be coordinated with and integrated into primary, secondary, and tertiary care levels, while ensuring an uninterrupted supply of medicines and devices across all geographical areas, including remote localities. All Member States took significant measures to rapidly strengthen their public health systems by, among other measures, increasing the availability of beds, providing essential equipment and human resources to health facilities, and establishing respiratory clinics. During the period under review, PASB continued to provide technical guidance on case management measures and strategies to expand health services to meet these unprecedented needs.

150. The urgent need for evidence-based measures to respond to the COVID-19 pandemic led to a rapid escalation in studies to test potential therapeutic options, with hundreds of such options or their combinations investigated in over 10,000 clinical trials and observational studies. PASB compiled, updated, and disseminated available evidence on the efficacy and safety of

³⁸ Pan American Health Organization. Care for health workers exposed to the new coronavirus (COVID-19) in health facilities. Interim recommendations, 13 April 2020. Available from: <https://iris.paho.org/handle/10665.2/52032>.

³⁹ Available from iStore <https://apps.apple.com/us/app/medppe/id1544143849> and Google Play <https://play.google.com/store/apps/details?id=org.paho.medppe>.

⁴⁰ Pan American Health Organization. COVID-19 infection prevention and control in shelters for women and children survivors of domestic and family violence in the Caribbean. 4 July 2020. Available from: <https://iris.paho.org/handle/10665.2/52774>.

therapeutics for managing COVID-19, through the publication *Ongoing Living Update of COVID-19 Therapeutic Options: Summary of Evidence—Rapid Review*,⁴¹ the most recent edition of which during the reporting period (22 June 2021) identified, assessed, and synthesized evidence on 122 therapeutic options for possible clinical decision-making.⁴²

151. The Bureau developed evidence-informed guidance for the management of mild, moderate, and severe cases of COVID-19, as well as for critical care of patients with the infection. It also issued recommendations on the initial care of persons with acute respiratory illness due to COVID-19 in health facilities and on the reorganization of services for patient management. Additional materials and guidance were produced to aid health facilities in managing suspected cases and regarding the use of scientifically unproven medicines, among other topics.

152. PASB trained over 70,000 health workers in case management and therapeutics, and worked with national health authorities to adapt their recommendations and policy options on clinical management, including for populations such as migrants, as was the case with Guatemala and Honduras. The Bureau collaborated closely with WHO and other partners and stakeholders to advance clinical research, expand knowledge, and facilitate the exchange of experiences and expertise of frontline clinicians from across the globe, working directly with countries and partners⁴³ to utilize the WHO Global COVID-19 Clinical Data Platform,⁴⁴ which collected anonymized clinical data on hospitalized, suspected, or confirmed COVID-19 cases.

153. Emergency medical teams (EMTs) play a critical supplementary role in expanding the capacity of national health systems. Building on its previous recommendations for the deployment of EMTs and the selection and establishment of alternative medical care sites (AMCS),⁴⁵ PASB worked with its partners and the regional network of EMT focal points to coordinate local responses and compliance with COVID-19 recommendations, and regional EMTs supported clinical care in border and remote areas, providing access to migrants and indigenous populations. The Bureau maintained updated information on deployed EMTs and AMCS region-wide through the COVID-19 EMT Response hub. Moreover, through the EMT Ignite platform, PASB fostered the dissemination of best practices and recommendations for the consideration of EMT partners and health authorities.

154. The Bureau created an Oxygen Technical Group (OTG) to evaluate the limitations being experienced by countries and territories that had observed an increase in the number of patients requiring oxygen therapy during the pandemic. In response to country requests, the OTG undertook tailored, comprehensive technical cooperation with 10 countries and territories—

⁴¹ Available from: <https://iris.paho.org/handle/10665.2/52719>.

⁴² As at the time of writing, the latest edition was dated 5 August 2021 and identified 137 therapeutic options for possible clinical decision-making.

⁴³ To date, Belize, Brazil, Colombia, Dominican Republic, Mexico, Panama, and the Ibero-American Federation of Intensive Care have utilized the WHO Global COVID-19 Clinical Data Platform.

⁴⁴ World Health Organization. Global COVID-19 Clinical Data Platform for clinical characterization and management of patients with suspected or confirmed COVID-19. Available from: <https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/data-platform>.

⁴⁵ Pan American Health Organization. Recommendations for medical surge capacity and deployment of emergency medical teams. Available from: <https://www.paho.org/en/documents/recommendations-medical-surge-capacity-and-deployment-emergency-medical-teams>.

Antigua and Barbuda, Argentina, Bolivia (Plurinational State of), Colombia, Guyana, Panama, Paraguay, Peru, Turks and Caicos Islands, and Suriname—with results that included locally adapted recommendations covering clinical approaches; organization of health services to optimize existing infrastructure; assessment of local capacities; and strengthening of technical capacities and work in integrated networks. Additionally, PASB conducted periodic webinars that reached health professionals and authorities in all Member States.

155. The Bureau continued working with Member States to provide guidance on quality and use of COVID-19 IVDs, considering authorizations from the WHO Emergency Use Listing (EUL) and recommendations from leading national regulatory agencies (NRAs) worldwide. Health technology assessments (HTAs) provided invaluable guidance for health authorities on the use of technologies relevant to the COVID-19 pandemic, and the Regional Database of HTA Reports of the Americas (BRISA) had 310 reports tabled in its COVID-19 section, out of a total of 2,216 reports covering a broad number of subjects. PASB maintained and updated a list of 73 prioritized (or approved under the WHO’s EUL) IVDs for proprietary and open platforms, and also monitored alerts and updates as part of its postmarket surveillance on COVID-19-related products to provide updated, timely information to regulatory authorities.⁴⁶

156. NRAs ensure that robust mechanisms are in place to adapt to a rapidly changing environment as new products become available for treatment, diagnostics, and other COVID-19-related uses. PASB convened all NRAs in the Region to establish a network of regulatory focal points for COVID-19. This network met frequently to exchange information, share updates on critical areas such as approaches for issuing regulatory emergency authorizations for medical devices, and identify potential collaboration for the approval and oversight of new therapeutic products. PASB presented the WHO/EUL information outcomes to the NRAs and enabled access to COVID-19 EUL vaccine dossiers for all NRAs that had signed a confidentiality agreement with WHO. In this way, countries were able to rely on the WHO recommendations for use during emergencies and to expeditiously grant access to vaccines, while having enough information to generate trust and conduct appropriate pharmacovigilance activities.

157. PASB also launched a virtual course (Assessment, Selection, Rational Use, and Management of Health Technologies) concerning COVID-19, tailored primarily to Caribbean health personnel. The course ran from October 2020 to June 2021, with the participation of 48 people from 14 countries and territories.⁴⁷ The Bureau shared recommendations, considerations, and over 300 HTAs of products for the management of COVID-19, produced by regulatory agencies from the EU, Australia, and other countries.

158. The pandemic brought bioethics to the forefront in prioritizing scarce resources for critical care, such as ventilators, and using unproven interventions outside of research settings. During the reporting period, PASB expanded its previous guidance documents to provide Member States with tools to ensure that interventions that were not previously proven safe and effective for COVID-19

⁴⁶ More information is available from the Bureau’s Regional Platform on Access and Innovation for Health Technologies. Available from: <https://prais.paho.org/en/home>.

⁴⁷ Argentina, Bahamas, Belize, Bermuda, British Virgin Islands, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guyana, Suriname, Trinidad and Tobago, and Uruguay.

were used ethically,⁴⁸ and to respond to emerging scientific evidence that could justify the need to modify, suspend, or even cancel ongoing studies.⁴⁹ Over 1,000 researchers, health authorities, and members of ethics committees from across the Region participated in six PASB-facilitated dialogues to analyze and discuss challenges to and opportunities for conducting COVID-19 research. They also discussed and shared lessons learned, given the ongoing challenges of catalyzing ethical research and of integrating ethics and evidence in decision-making.

159. PASB led an assessment of the landscape of COVID-19 studies in Latin America and the Caribbean,⁵⁰ based on the trials registered in WHO's International Clinical Trials Registry Platform, finding that greater coordination would avoid the conduct of studies that duplicate efforts and risk further straining limited resources for clinical trials. The Bureau provided guidance and key information to Member States interested in participating in the international Solidarity clinical trial that WHO and its partners had launched to assist in finding effective treatments for COVID-19. As at 15 October 2020, over 12,000 adults had been randomized in 405 participating hospitals from over 30 countries, and the Solidarity trial evaluated the effect of drugs on three key outcomes in COVID-19 patients. The trial found that remdesivir, hydroxychloroquine, lopinavir, and interferon regimens had little or no effect on hospitalized patients. In the Region, Argentina, Brazil, Colombia, Honduras, and Peru recruited patients for the clinical trial.⁵¹

Pillar 8—Operational Support and Logistics, and Supply Chain

160. The protracted pandemic and peaks in cases have been challenging both logistically and in terms of the availability of medical supplies—particularly PPE—case management, and diagnostics. The COVID-19 pandemic and the vaccine rollout created severe interruptions in supply chains, exacerbated by more stringent export controls, as well as challenges presented by the frequent disruptions in commercial flights that PASB relied on to deploy its experts and ship medicines, supplies, and equipment. In addition, product quality required further verification, as the market became flooded with supplies of dubious quality.

161. PASB worked tirelessly with other UN agencies, partners, international nongovernmental organizations (NGOs), and donors to secure the resources needed to enable countries to prevent infections and mitigate deaths. Through strengthened Bureau capacities and partner networks, by 30 June 2021, 249 tons of supplies had been delivered in 169 shipments from PAHO's strategic reserve. Thirty-five countries and territories⁵² took delivery of shipments of life-saving PPE,

⁴⁸ Pan American Health Organization. Emergency use of unproven interventions outside of research. Ethics guidance for the COVID-19 pandemic. 25 June 2020. Available from: <https://iris.paho.org/handle/10665.2/52429>.

⁴⁹ Pan American Health Organization. Guidance for ethics oversight of COVID-19 research in response to emerging evidence. 16 November 2020. Available from: <https://iris.paho.org/handle/10665.2/53021>.

⁵⁰ Available from: <https://pubmed.ncbi.nlm.nih.gov/33406166/>.

⁵¹ Pan American Health Organization. Ministries of health from selected countries begin preparations for the WHO "Solidarity" clinical trial for COVID-19 vaccines. October 2020. Available from: <https://www.paho.org/en/news/1-10-2020-ministries-health-selected-countries-begin-preparations-who-solidarity-clinical>.

⁵² Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, Uruguay, and Venezuela (Bolivarian Republic of).

and 28 countries and territories⁵³ received case management biomedical devices such as oxygen concentrators and pulse oximeters. These shipments included 6.9 million gloves; 2.4 million gowns; 41.3 million surgical and respirator masks; 366,000 goggles; and 3.5 million face shields. The Bureau also supported Member States, including Bolivia (Plurinational State of), Costa Rica, Guyana, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of), with technical guidance and recommendations on the quality assurance and postmarket surveillance of items procured directly through national mechanisms.

Pillar 9—Strengthening Essential Health Services and Systems

162. The COVID-19 pandemic placed unparalleled stress on countries' health systems and services, and many countries lacked sufficient health workers to manage the escalating numbers of cases. At the same time, the priority given to managing the pandemic interrupted essential health services and programs, including routine vaccination programs, malaria elimination, tuberculosis (TB) prevention and control, and the screening, diagnosis, treatment, and management of noncommunicable diseases (NCDs) and their risk factors. PASB prioritized the development of guidance and tools to inform countries on how to assess existing resources and formulate strategies to bridge identified gaps, without jeopardizing the fight against COVID-19.

163. The pandemic confirmed the critical need for universal health, clearly demonstrating that the activation of the primary health care (PHC) strategy and use of all the resources of the health services network, including the first level of care (FLC), are essential to address the pandemic. Increased resolution capacity at the FLC facilitates public access to health services and continuity of care at community level. The Bureau utilized epidemiological models to estimate needs for human resources and hospital beds; supported countries to analyze options for reorganization and expansion of hospital services and to share experiences; and developed tools and guidance for managing human resources for health (HRH), adapting the FLC, and reorganizing different levels of care to address the needs of the pandemic. PASB published *Checklist for the Management of Health Workers in Response to COVID-19*⁵⁴ in November 2020, and *Considerations for Strengthening the First Level of Care in the Management of the COVID-19 Pandemic*⁵⁵ in January 2021, launching the latter during a webinar that attracted 275 participants from across the Americas.

Pillar 10—Vaccination

164. In April 2020, WHO and its partners launched the Access to COVID-19 Tools Accelerator (ACT-A) as an integrated global solution to end the pandemic. The COVID-19 Vaccines Global Access (COVAX) Facility, launched in June 2020, is the vaccines pillar of ACT-A, and is co-led by the Coalition for Epidemic Preparedness Innovations; Gavi, the Vaccine Alliance (Gavi), the

⁵³ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of).

⁵⁴ Available from: <https://iris.paho.org/handle/10665.2/53261>.

⁵⁵ Available from: <https://iris.paho.org/handle/10665.2/53190>.

Vaccine Alliance, and WHO, along with UNICEF. In the Americas, the PAHO Revolving Fund for Access to Vaccines (RFV)⁵⁶ is the recognized procurement mechanism for COVAX.

165. The COVAX Facility aims to accelerate the development, manufacturing, and delivery of COVID-19 vaccines, guarantee fair and equitable access for every country in the world regardless of income level, and enable participating countries to receive doses to cover up to 20% of their populations. Vaccines obtained through the COVAX Facility would be quality assured either by WHO, through the WHO EUL, or through the prequalification process or, under exceptional circumstances, by a stringent regulatory authority.

166. From May 2020 onward, PASB supported 28 countries⁵⁷ to evaluate their cold chain capacities and update their cold chain equipment inventories, including logistics requirements for vaccine distribution. As the scale of anticipated needs for the vaccine rollout became clearer, PASB developed and disseminated *Guidelines to Plan for COVID-19 Vaccine Introduction*⁵⁸ in July 2020 to assist national immunization programs (NIPs) in planning for COVID-19 vaccine introduction, and supported the development and costing of comprehensive COVID-19 vaccination plans. From July 2020 onward, PASB convened three meetings with NIP managers in the Americas to share best practices and recommendations.

167. PASB strove to ensure that the NIPs had access to up-to-date technical guidance and recommendations for the eventual arrival of COVID-19 vaccines, as well as information on maintaining immunization services during the pandemic, which entailed monitoring the status of these services and assessing the impact of the pandemic on their functioning. These efforts were informed by findings from a series of seven surveys conducted in 44 countries and territories⁵⁹ in the period April–December 2020. The findings from the 38 countries and territories that had responded by July 2020 were summarized in the report *COVID-19: Summary of the Status of National Immunization Programs during the COVID-19 Pandemic*.⁶⁰

168. PASB shared the Region’s briefings and country readiness progress with WHO’s Strategic Advisory Group of Experts on Immunization (SAGE), a global group convened to issue policy recommendations. The Bureau convened its technical advisory group (TAG) on vaccine-preventable diseases (VPDs) in August 2020 (and again in November 2020) to guide the regional adaptation of the WHO SAGE recommendations for policy and country readiness for

⁵⁶ Information on the Revolving Fund for Access to Vaccines (RFV) is available from: <https://www.paho.org/en/revolvingfund>.

⁵⁷ Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of).

⁵⁸ Available from: <https://iris.PASB.org/handle/10665.2/52532>.

⁵⁹ Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saba, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

⁶⁰ Available from: https://iris.PASB.org/bitstream/handle/10665.2/52544/PASBFPLIMCOVID-19200013_eng.pdf.

COVID-19 vaccination, and to issue recommendations for maintaining and strengthening NIPs during the pandemic.

169. PASB's TAG on VPDs encouraged countries to strengthen their cold chain capacities, information systems, and vaccine safety surveillance, and lay the groundwork for generating demand for COVID-19 vaccination through community engagement, among other measures. The TAG also noted the need to strengthen national capacities for the surveillance of events supposedly attributable to vaccination or immunization (ESAVI) and adverse events following immunization (AEFI) in relation to COVID-19 and other vaccines, and supported the establishment of a regional ESAVI/AEFI surveillance system. PASB helped countries to adopt these recommendations and convened two regional meetings with the chairpersons of national immunization TAGs during the second part of 2020 to strengthen country readiness in the Americas.

170. Recognizing that the vaccine supply would remain limited at least through 2021, WHO published *Fair Allocation Mechanism for COVID-19 Vaccines through the COVAX Facility*⁶¹ in September 2020, establishing the mechanism to allocate vaccines among countries. The PASB TAG on VPDs developed guidance to prioritize populations for early access to vaccination, recommending that the Region adopt the values framework and the prioritization road map developed by the WHO SAGE. Then, in January 2021, the Bureau issued *Guidance for Determining Priority Groups and Microplanning*.⁶² In addition, in October 2020 the Bureau organized a virtual workshop on COVID-19 vaccine research ethics,⁶³ which had 400 participants and attracted 5,020 views on YouTube between 27 October 2020, when it was streamed live, and 30 June 2021.

171. In September 2020, with the vision of ensuring that every eligible person in the Americas would receive a COVID-19 vaccine as soon as feasible, PASB established the Task Force for COVID-19 Vaccination in the Americas to provide strategic, technical, and operational guidance for the successful planning and rollout of COVID-19 vaccinations in the Region. In addition, the Bureau leveraged existing global and regional advisory bodies to ensure that actions taken in the Americas were aligned with evidence-based recommendations. PASB also worked with global partners WHO, UNICEF, and Gavi through global coordination groups such as the Country Readiness and Delivery workstream⁶⁴ to drive the development of streamlined guidance, training, and approaches to better respond to country needs for the introduction of COVID-19 vaccines.

⁶¹ Available online at: <https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>.

⁶² Available from: <https://iris.paho.org/handle/10665.2/53318>.

⁶³ Information on the virtual workshop is available from: <https://www.campusvirtualsp.org/en/webinar/covid-19-vaccine-research-ethics>.

⁶⁴ Information about the Country Readiness and Delivery workstream is available from: <https://www.who.int/initiatives/act-accelerator/covax/covid-19-vaccine-country-readiness-and-delivery/act-accelerator-country-readiness-and-delivery-for-covid-19-vaccines>.

172. Also in September 2020, PASB's 58th Directing Council designated the RFV as the most suitable PASB mechanism for providing equitable access to COVID-19 vaccines in the Region. With this mandate, the RFV was also selected to serve as a procurement agency for COVID-19 vaccines on behalf of the 10 countries eligible for advance market commitment financing—Bolivia (Plurinational State of), Dominica, El Salvador, Grenada, Guyana, Haiti, Honduras, Nicaragua, Saint Lucia, and Saint Vincent and the Grenadines—and the 28 self-financing countries and territories⁶⁵ in the COVAX portfolio in the Americas.

173. The Bureau collaborated with WHO to develop the Vaccine Introduction Readiness Assessment Tool (VIRAT), a planning road map to prepare for COVID-19 vaccine introduction. PASB translated this tool into French, Portuguese, and Spanish, disseminating it in October 2020, and encouraging countries to employ the tool to self-assess their readiness. Thirty-five countries and territories⁶⁶ completed the VIRAT, populating a dashboard to provide an overview of regional readiness.⁶⁷

174. In addition, PASB utilized WHO's COVID-19 vaccine introduction and deployment costing tool to support five countries—Belize, Bolivia (Plurinational State of), Costa Rica, Haiti, and Nicaragua—to undertake early estimates of the need for resources for a COVID-19 vaccination campaign. This information was critical for identifying and addressing technical cooperation needs to support vaccine rollout, particularly for cold chain and regulatory capacities. Starting in October 2020, the Bureau convened three regional and national training events aimed at improving planning abilities to estimate storage and transport capacities, use and handling of ultra-cold chain equipment, and management of COVID-19 vaccines at ultra-low temperatures, with additional training exercises held on the use of planning tools.

175. In November 2020, PASB launched a global tender, together with UNICEF, to procure COVID-19 vaccines for countries in the COVAX portfolio, and purchase orders for COVID-19 vaccines placed through the RFV are estimated at approximately \$80 million from March to June 2021 for 31 countries and territories.⁶⁸ Additionally, the Organization worked closely with countries to navigate the COVAX country participation requirements, including indemnification and liability requirements, estimates of needs for syringes and other supplies, and finalization of procurement agreements with manufacturers.

⁶⁵ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Brazil, British Virgin Islands, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Jamaica, Mexico, Montserrat, Panama, Paraguay, Peru, Saint Kitts and Nevis, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

⁶⁶ Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁶⁷ The VIRAT regional dashboard is available from: https://ais.PASB.org/imm/IM_VIRAT.asp.

⁶⁸ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

176. Deploying vaccines to an entire population represents a daunting task during an ongoing pandemic, where health services are overburdened. Given the need for robust planning and identification of resources, PASB disseminated WHO's guidance for national deployment and vaccination plans⁶⁹ in November 2020 and provided comprehensive in-country support to develop such plans. The Bureau undertook technical cooperation with Brazil to develop state-level COVID-19 immunization plans, and by 30 June 2021, 29 countries⁷⁰ had completed their plans.

177. The Bureau established a regional vaccine safety group to support countries in matters pertaining to regulatory readiness for vaccine introduction and surveillance, ESAVI/AEFI surveillance, and communication related to COVID-19 vaccines in the Americas. This group enabled PASB to assess the maturity of country ESAVI/AEFI surveillance systems and implement national-level, capacity-building workshops in 18 Caribbean countries and territories⁷¹ to ensure effective ESAVI surveillance systems. In February 2021, the Bureau issued *Guidance for Implementing the Regional COVID-19 Vaccine AEFI/AESI Surveillance System*⁷² to aid Member States' efforts.

178. From March 2021 onward, the Bureau prepared and disseminated weekly updates on vaccine safety reports to regulatory authorities and immunization programs, and PASB began exploring how best to support countries to leverage and adapt existing regional influenza surveillance and vaccine effectiveness networks, such as SARInet and REVELAC-i, to assess the effectiveness and impact of the COVID-19 vaccine.

179. In April 2021, the Bureau launched a dashboard integrating updated information on 12 COVID-19 vaccines, with one-stop access to information on the authorization status, efficacy, safety, administration, and logistics of available vaccines. The website provides access to additional information on the dashboard of vaccination in the Americas and the WHO dashboard on the global COVID-19 situation.

180. PASB's technical cooperation with Member States in the deployment of COVID-19 vaccines brought to bear the Bureau's considerable technical expertise and experience. As at 25 June 2021, 49 out of the 51 countries and territories had introduced the vaccine, and more than 587 million of doses had been administered. Chile had the highest number of fully vaccinated persons (51.6%), followed by the United States of America (46.3%), and Uruguay (43.6%).⁷³

⁶⁹ Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccine_deployment-2020.1.

⁷⁰ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁷¹ Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

⁷² Available from: <https://iris.paho.org/handle/10665.2/53340>.

⁷³ See https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp. As at 13 July 2021, 661,056,530 doses of the vaccine had been administered to persons in the Region of the Americas.

COVID-19 in the Americas: Stories from the Field

Bolivia (Plurinational State of)—Protecting Three Generations with the COVID-19 Vaccine

Brenda, Daniela, and Ingrid are three sisters in Bolivia (Plurinational State of) who were isolated during the COVID-19 pandemic as a result of the lockdowns in their hometown. Making matters worse, their small family business—decorating rooms for social events—came to a halt once the pandemic hit.

The arrival of 228,000 vaccines in the country through the COVID-19 Vaccines Global Access (COVAX) program gave the three sisters and their mother the hope of meeting again, and, without giving it a second thought, they were vaccinated against COVID-19 at the health facility nearest to their home when a large batch of vaccines was delivered to their municipality.

The sisters know they must continue to be careful and take precautions to avoid infection, but they also know that the vaccines make it possible for families to stay together and be healthy.

Read more about the story of Brenda, Daniela, and Ingrid at:

<https://www.paho.org/en/stories/when-covid-19-vaccine-protects-three-generations>.

Dominica—Primary Health Care Strategies for Universal Health

Donna is one of the community health workers (CHWs) who have been instrumental in providing primary health care (PHC) services to communities at risk of COVID-19 in Dominica’s Roseau Health District. “I decided to be trained to become a Community Health Aide because I have a love for my community and other communities. During the pandemic, we have been able to teach hand-washing techniques, proper wearing of masks, and social distancing,” said Donna.

The COVID-19 pandemic put a strain on Dominica’s already fragile health system, but by revitalizing a PHC approach and providing support to other health workers through CHWs, the country is in a better position to respond to the crisis. The Minister of Health, Wellness and New Health Investment, Dr. Irving McIntyre, acknowledged the invaluable role of the CHWs at the first level of care (FLC) in Dominica. “The training received during the Community Health Aide Programme proved adequate and instrumental in Dominica’s response to COVID-19. The CHWs played a significant role in contact-tracing,” Dr. McIntyre said.

Read more about Donna’s story and how PASB is supporting the strengthening of health systems through CHWs in Dominica: <https://www.paho.org/en/stories/uhc-partnership-covid-19-stories-field-dominica>.

Guyana—Pregnant during COVID-19!

Krystle, a 27-year-old nurse, was the first pregnant patient diagnosed with COVID-19 in Guyana. In sharing her story, she indicated that she had received lots of support from her family and the staff at the Diamond Diagnostic Center, where she was isolated.

The Pan American Sanitary Bureau (PASB), already providing special attention to Guyana in the area of maternal health, worked closely with the Ministry of Health to develop operational guidance for maternal and child health services during COVID-19, and ensure active surveillance and follow-up of COVID-19-positive pregnant patients.

As a result of PASB's intensified technical cooperation with Guyana, Krystle was discharged from the COVID-19 isolation facility and continued her pregnancy free of COVID-19 and well, delivering a healthy baby boy.

Read more about Krystle's story and how PASB is working toward the reduction of maternal mortality in Guyana amid the ongoing COVID-19 pandemic at:

<https://www.paho.org/en/news/6-11-2020-krystle-halley-ifill-story-pregnancy-and-covid-19-pandemic>.

Haiti—Community Health Workers to the Rescue

Although COVID-19 is not the first epidemic to hit Haiti in recent years, this new virus presented unprecedented challenges to a health sector workforce that, like the rest of the world, was initially unfamiliar with the strategies to stop its spread and provide care, while supplying the doctors, nurses, and other workers with the tools to keep them safe while fighting to save lives.

As more evidence and scientific breakthroughs emerged, PASB provided constant training to over 2,800 CHWs in Haiti, including 2,700 community health agents and 162 community health nurses and auxiliary nurses, undertaking much-needed technical cooperation with the Ministry of Public Health and Population, and the country's Multisectoral Commission for the Management of the COVID-19 Pandemic.

Read more about this story at:

<https://www.paho.org/en/news/12-8-2020-paho-trains-2800-community-health-workers-haiti-covid-19-response>.

Other Health Emergencies in the Region

181. Despite the necessary focus on the COVID-19 response, PASB continued to address other concurrent emergencies of natural and human-caused origin. These situations aggravated the already overstretched health systems, and responses included PASB's continued operations to address the protracted situation in Venezuela (Bolivarian Republic of) and associated humanitarian problems within that country and the neighboring countries of Brazil, Colombia, Ecuador, Guyana, Peru, and Trinidad and Tobago.

182. PASB provided support and coordination for the international humanitarian response in Central America to the devastating impact of Hurricanes Eta and Iota in November 2020 and onward. While these situations brought many challenges, they also provided an opportunity to advance many aspects of the Bureau's program of work, particularly in maintaining health systems capacity, controlling and preventing epidemic- and pandemic-prone diseases—with an emphasis on VPDs—and strengthening the wider agenda on disaster preparedness and risk reduction, and emergency response coordination.

Preparedness and Risk Reduction

Advances in the Smart Hospitals Initiative

183. The Smart Health Care Facilities project in the Caribbean, funded by the United Kingdom Foreign, Commonwealth and Development Office (formerly, the Department for International Development), reached the six-year implementation mark. During the period under review, PASB continued to utilize and advocate for “smart” (safe and green) practices in healthcare facilities in the seven participating countries—Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines. The Smart Hospitals Initiative is the gold standard for resilient health facilities, as it combines the capacity to withstand and operate before, during, and after disasters and epidemics, with the adoption of climate change mitigation and adaptation standards.

184. Although activities were impacted by COVID-19, including travel restrictions and an increase in construction costs, during the reporting period, 10 facilities completed retrofitting, five of which were handed over to the ministries of health in Dominica (Grand Bay), Grenada (Hillsborough Health Center and Princess Royal Hospital), Guyana (Diamond Diagnostic Center), and Saint Vincent and the Grenadines (Mayreau Health Centre). This brings to 28 the total number of facilities retrofitted since the project began in May 2015. An additional 26 facilities will complete retrofitting by the end of the project in 2022, and seven facilities will benefit from design phase interventions only, six of which have already been completed.

185. Several smart health facilities that were retrofitted during the reporting period were used as respiratory clinics or to support COVID-19 vaccination programs in Dominica and Saint Lucia. This was possible due to their strategic location, improved functionality, and ability to safely guarantee the cold chain for vaccine storage, given the availability of backup electricity. Additional measures were taken to ensure physical distancing in clinics and pharmacies, and prevent direct contact with the public, such as the installation of sneeze guards. Chateaubelair smart hospital and Port Elizabeth smart health center in Saint Vincent and the Grenadines were also used as vaccination centers.

186. As a result of the interest generated in the Smart Hospitals Initiative as a model to build resilience to the climate crisis into sectors other than health through the integration of smart concepts, during the reporting period, the region witnessed an evolution from a “smart concept” into a “smart movement.” In Jamaica, the smart concept was incorporated into the country program for the Green Climate Fund, and the EU and PASB signed a new contract to build two new smart shelters in Sint Maarten for the hurricane season, which are expected to be handed over by 2022. Outside of the hurricane season, these shelters will be used as community centers.

187. Similarly, under another PASB-EU project, two smart shelters were retrofitted in British Virgin Islands (West End Community Center and Valarie O. Thomas Community Center, Sea Cow’s Bay) and two others initiated retrofitting (Emile E. Dunlop Community Center, Anegada, and Gertrude and Christina Warner Community Center, Purcell Estate, Tortola). In South America, a tool to verify the inclusion of “green” hospital items, a key component of the

Smart Hospitals Initiative, was developed, and it enabled the improvement of national standards for the construction of new health facilities—the tool was applied in Colombia, Ecuador, and Peru.

Access to Health Services in the Violence-prone Northern Triangle of Central America

188. The Northern Triangle of Central America, comprising El Salvador, Guatemala, and Honduras, has one of the highest rates of violence in the world for a nonconflict area, with homicide rates that WHO classifies as epidemic. With financial support from the Disaster Preparedness Programme of the European Civil Protection and Humanitarian Aid Operations Department, PASB improved access to health services in violence-prone areas of the three countries, using the current third phase of the project to replicate and scale up previous successful interventions.

189. During the period under review, this initiative benefited 12 new health facilities located in violence-prone areas: two hospitals, one health unit, and four migrant centers in Honduras, and five health units in El Salvador. This brought to a total of 43 the facilities⁷⁴ that have benefited since the project began in April 2016. In close coordination with health authorities and institutions at national, regional, and local levels, PASB conducted safety assessments in the prioritized 39 health facilities and four migrant care centers to inform the development of protocols based on the assessment results, obtained by applying the Rapid Preparedness Assessment for Health Care Facilities (RAP) tool, which was developed by the International Committee of the Red Cross, under the Health Care in Danger Global Initiative.

190. All the health facilities and migrant care centers received equipment and supplies to improve safety conditions and protect health workers and patients, including devices to control access and material for reinforced video surveillance and identification of patients, family members, and visitors. In addition, 21 hospitals and one health unit had rehabilitation work performed, targeting non-structural elements such as door changes or adaptation, lighting system improvements, and signage replacement or installation. All facilities improved their preparation and safety after the interventions—more than 60% of them improved their readiness by at least 10%.

⁷⁴ Eighteen hospitals (six in El Salvador, three in Guatemala, and nine in Honduras), 21 health units (10 in El Salvador, five in Guatemala, and six in Honduras), and the four migrant centers in Honduras.

Figure 3. Poster from communication campaign for safe health facilities in El Salvador (updated to include COVID-19)



191. Three national campaigns, one in each country, were implemented to raise awareness of the protection of health services (Figure 3), and more than 2,000 people were trained in areas such as clinical management of violence-related medical emergencies, mental health and psychosocial support (MHPSS), and the use of the RAP tool.

192. Based on the experience of this project, PASB launched an open-access virtual course, Evaluation of Hospital Preparedness against Violence,⁷⁵ aiming to train evaluators who apply the RAP tool to verify the preparedness of health facilities located in areas of violence and social insecurity, and take adequate mitigation and preparation actions to increase their capacity and security.

Preparedness for Influenza and Other Respiratory Viruses

193. Transmission of influenza and other respiratory viruses has been at historically low levels in the Americas since the emergence of the COVID-19 pandemic. However, since the start of the second quarter of 2021, respiratory syncytial virus activity has increased, although the public health and social measures enacted for COVID-19 control, along with thorough and innovative strategies for seasonal influenza vaccination, have probably combined to cause the low or absent transmission of influenza and other respiratory viruses.

194. Despite the competing needs of the COVID-19 pandemic response, PASB's technical cooperation in the surveillance of influenza and other respiratory viruses in the Americas remained ongoing, enabled by the network of sentinel institutions that conduct surveillance and reporting of

⁷⁵ Available from: <https://www.campusvirtualesp.org/es/curso/herramienta-de-evaluacion-de-la-preparacion-hospitalaria-frente-la-violencia-2020>.

SARI and ILI. This network includes the Region's 30 NICs, which are formally evaluated and recognized by the WHO Global Influenza Surveillance and Response System.

195. In July 2020, PASB published the guidance document *Influenza at the Human-Animal Interface: PAHO Recommendations to Strengthen Intersectoral Work for Surveillance, Early Detection, and Investigation*⁷⁶ and worked with national health authorities to devise strategies and procedures for surveillance, monitoring, early detection, and general case investigation for influenza viruses at the human-animal interface, and provided guidance for their reporting.

196. In September 2020, the Bureau published *Influenza and Other Respiratory Viruses: Surveillance in the Americas 2019, 3rd Edition*,⁷⁷ a regional landscape of surveillance capacities for influenza and other respiratory viruses, and a principal deliverable for an institutional partner, U.S. CDC. Additionally, in September 2020, PASB convened a meeting on influenza preparedness and incorporated COVID-19, the first such initiative combining surveillance and immunization. The initiative supported the strengthening of national capacities for influenza surveillance and preparedness in 30 countries and territories.⁷⁸ In October 2020, the Bureau convened the virtual regional SARInet laboratory meeting, where 23 countries,⁷⁹ as part of the WHO Global Influenza Surveillance and Response System network, improved their knowledge and practical skills to face the challenges of influenza surveillance in face of the COVID-19 pandemic. U.S. CDC and the WHO Pandemic Influenza Preparedness Framework provided funding for both meetings.

International Health Regulations Core Capacities

197. The International Health Regulations (IHR) provide the overarching structure in which Member States can collaborate to address global health security, as well as the international legal framework that defines, among other components, national core capacities (including at points of entry) for the management of acute public health events of potential or actual national and international concern, and related administrative procedures.

198. PASB's work to support the application and implementation of, and compliance with, the IHR during the reporting period was executed with support from the Spanish Agency for International Development Cooperation (AECID), the Government of the Netherlands, U.S. CDC, the European Commission Directorate-General for International Cooperation and Development, and Brazil's national voluntary contributions.

⁷⁶ Available from: https://iris.paho.org/bitstream/handle/10665.2/52563/PAHOPHEIHM20041_eng.pdf.

⁷⁷ Available from: https://iris.paho.org/bitstream/handle/10665.2/52741/9789275122792lowres_eng.pdf.

⁷⁸ Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁷⁹ Argentina, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

199. PASB supported a multicountry simulation exercise in the Caribbean, focusing on the Virtual Medical Coordination and Information Cell, in which 16 countries and territories,⁸⁰ and nine departments of Haiti, participated, the latter focusing on the newly established emergency operation centers, known in Haiti as “crisis cells.”

200. During the period under review, 29 (83%) of the 35 States Parties in the Region of the Americas submitted their IHR annual reports to the 74th World Health Assembly, held in May 2021. For all 13 core capacities, the average regional scores were above 60%. The lowest reported average score of 62% was recorded for radiation emergencies, while the highest (81%) was documented for laboratory and surveillance. The Americas reported average regional scores that were above the global averages for all core capacities, with the exception of health service provision, where the Region’s score was similar to the global average.

201. While no voluntary external evaluations were conducted due to the COVID-19 pandemic, action reviews of the COVID-19 response were undertaken in eight states of Brazil, encompassing surveillance, laboratory, communication, and assistance. The reports of the action reviews, including findings and recommendations, were presented to the authorities of the implementing states.

202. Between 1 July 2020 and 30 June 2021, PASB issued a total of 35 epidemiological alerts and updates, most associated with COVID-19, but including eight related to VPDs and arboviruses. The Bureau also disseminated information on two events⁸¹ in the Region on the Event Information Site for IHR National Focal Points and four on the WHO Disease Outbreak News site, and registered 142 events in the Event Management System, of which two required documentation with rapid risk assessment. In the same period, of the 142 acute public health events considered in the Americas for their potential international implications, 124 (87%) were determined to be substantiated, and 56% of those were related to COVID-19.⁸²

Emergency Medical Teams

203. PASB continued to enhance and advocate for the implementation of the EMT initiative in the Region, strengthening countries’ capacities through development of guidelines and training, establishment of EMTs, their rapid and efficient deployment, and the establishment of AMCS, amid the ongoing COVID-19 pandemic.

⁸⁰ Antigua and Barbuda, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Curaçao, Guyana, Haiti, Jamaica, Martinique, Montserrat, Netherlands, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Turks and Caicos Islands.

⁸¹ This refers to the number of rapid risk assessments produced during this time, rather than the number of event management system events. One pertains to the global COVID-19 versions #7-10, to which PAHO contributed during this time frame, and the other is a regional risk assessment for vaccine-preventable diseases, such as diphtheria, measles, or poliovirus) in the context of COVID-19.

⁸² Forty-one events related to SARS-CoV-2 variants, 15 related to multisystem inflammatory syndrome (MIS) among children and adolescents temporally related to COVID-19, and 14 related to the adverse effects following immunization with COVID-19 vaccines.

204. As at 30 June 2021, 27 countries and territories of the Americas⁸³ had a designated national EMT focal point, and the roster of EMT coordinators currently comprises 122 trained individuals. Of the EMT teams based in the Region, WHO has classified seven according to its global EMT classification standards, including Costa Rica Social Security (Type 1), Ecuador Ministry of Health (two Type 2 and one Specialized Team), Barbados Defense Force (Type 1), Team Rubicon (Type 1), and the International Medical Corps (Type 1) in the United States of America, which achieved its classification in May 2021. Twenty-four teams are currently involved in a mentorship process and pending classification.

205. EMTs played a key role in contributing to the medical surge capacity that was required during the COVID-19 pandemic to meet the demands generated by the exponential increases in patients infected by SARS-CoV-2. The EMTs deployed were primarily national, highlighting the importance of strengthening Member States' own national health systems and capacities to provide the first response during emergencies and to maintain surge capacities for prolonged response operations. PASB has been mapping the EMTs participating in the response to COVID-19 in the Region since September 2020 and sharing the results on its website.⁸⁴

Response Operations

Cholera Elimination in Haiti

206. No cholera case was confirmed in the island of Hispaniola during the reporting period, continuing the absence of transmission observed since February 2019. This marks the second consecutive year since Haiti's last confirmed cholera case, bringing the nation closer to the three-year cholera-free milestone required to obtain validation of disease elimination from WHO.

207. Although the COVID-19 pandemic and social unrest temporarily impacted cholera surveillance in Haiti in 2020, PASB's technical advice and recommendations for actions and personnel enabled the national authorities to fully reinstate surveillance during the first semester of 2021. Between epidemiological weeks 1 and 23 of 2021, 1,608 cases of acute watery diarrhea were detected in Haiti, and all cases were sampled—laboratory results were available for 1,302 cases (81%) and no sample was positive for *Vibrio cholerae*.

208. The LaboMoto network of nurses, who undertake active surveillance in healthcare institutions and supervise the collection and shipment of samples to laboratories, remained the cornerstone of cholera surveillance in Haiti. This network is a collaboration between Haiti's Ministry of Public Health and Population and the Bureau, and it is funded with resources from the WHO Global Task Force for Cholera Control and the Bill & Melinda Gates Foundation. The maintenance of reliable surveillance, including epidemiology and laboratory components, will be key to the three-year process to document and verify the interruption of cholera transmission in the island of Hispaniola.

⁸³ Argentina, Bahamas, Bolivia (Plurinational State of), Brazil, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁸⁴ Available from: <http://bit.ly/COVID-19-EMT>.

209. Although Haiti has made progress, over one-third of the population (35%) lack basic drinking water services and two-thirds (65%) have limited or no sanitation services. This is well above the Latin America and Caribbean averages of 3% and 13%, respectively. It is imperative that there be accelerated investments in clean water and adequate sanitation in Haiti to ensure long-term cholera elimination.

Hurricanes Eta and Iota in Central America

210. On 3 November 2020, Hurricane Eta made landfall along Nicaragua's Caribbean coast as a Category 4 storm, and though the system weakened to a tropical storm by 4 November 2020, it caused extensive damage in Belize, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, and Panama. On 16 November 2020, Hurricane Iota, a Category 5 storm, made landfall along the Colombian archipelago of San Andres, Providencia, and Santa Catalina, weakening to a tropical storm on 17 November and moving into Guatemala and southern Honduras.

211. Guatemala, Honduras, Nicaragua, and the Colombian archipelago of San Andres, Providencia, and Santa Catalina were the most severely affected countries and areas, although these hurricanes left a path of devastation in Central America, with more than 9.9 million persons being directly affected—approximately 441,000 individuals were evacuated and suffered significant dwelling and livelihood losses. Over 767 health facilities⁸⁵ across all three countries reported infrastructural damage, further reducing the response capacities of national health systems already overstretched by the COVID-19 pandemic. Reduced access to drinking water, loss of adequate sanitation, and power outages were also reported. Conditions in some shelters were assessed as precarious due to inadequate infrastructure and sanitation, and limited access to safe water, altogether generating serious concerns about efforts to mitigate the risk of COVID-19 infections and other communicable diseases endemic in the affected countries.

212. Prior to the passage of Hurricanes Eta and Iota, PASB activated its emergency teams for surge capacity and pre-deployed rapid response team experts to support health authorities and humanitarian response as needs were identified. The Bureau supported the affected countries by working alongside local authorities in the rapid evaluation of health facilities, using the PAHO Rapid Assessment of Health Facilities tool. Additionally, PASB promoted the maintenance of public health measures to contain COVID-19 and other endemic diseases. In collaboration with other humanitarian partners and local authorities, PASB mobilized public health experts to the affected areas, facilitated the coordination of EMTs, and shipped several tons of medicines, water and sanitation equipment, and medical supplies from PAHO's strategic reserve center.

213. At the request of the Ministry of Health in Honduras, PASB deployed five international EMTs⁸⁶ to that country to reestablish the health systems surge capacity in the departments of Cortes, Santa Barbara, and Yoro. These teams provided emergency clinical care to 7,597 people—57% of whom were women—in shelters and areas of difficult access.

⁸⁵ Final figures submitted by PASB experts deployed in the affected areas, dated 24 November 2020: Honduras, 414 health facilities reported damage; Guatemala, 257; Nicaragua, 95, and Colombia, 1.

⁸⁶ Samaritan's Purse (United States of America), Humanity First/CMAT (Canada), Heart to Heart International (United States of America), Canadian Red Cross, and SAMU Sevilla (Spain).

214. In Guatemala, PASB deployed 18 response teams composed of doctors, nurses, psychologists, nutritionists, environmental sanitation experts, and technicians to provide support in shelters located in the departments of Alta Verapaz, Quiche, and Izabal. The Bureau also assisted with the mobilization of six health damage and needs assessment teams to the departments of Peten, Quiche, Alta Verapaz, Izabal, and Zacapa.

215. Although emergency operations in the affected countries are still ongoing, PASB's interventions resulted in restored healthcare delivery capacity and access to health services, including mental health care, in the most affected areas; strengthened epidemiological surveillance to bolster the early detection and timely management of disease outbreaks; and reestablishment of access to safe water, emergency sanitation, and vector control measures in the affected communities. PASB mobilized emergency supplies and medicines from its reserve center in Panama, including COVID-19 kits, WASH equipment and supplies, clinical modules with equipment, first-aid and PPE kits, COVID-19 antigen and PCR tests, and biosecurity and hygiene supplies.

Public Health in Venezuela (Bolivarian Republic of) and Neighboring Countries

216. Between 2015 and 30 June 2021, over 5.6 million persons emigrated from Venezuela (Bolivarian Republic of) due to the ongoing political and socioeconomic situation in that country. Approximately 4.6 million of those persons migrated to other parts of Latin America and the Caribbean, particularly to 17 countries and territories.⁸⁷ During the period under review, Brazil, Colombia, Chile, Ecuador, and Peru continued to receive the largest numbers of Venezuelan migrants and served as the first stop for those in transit to other locations. Although some countries began limiting migrant access in 2019, Colombia kept its borders open to the Venezuelan population.

217. The health system in Venezuela (Bolivarian Republic of), while retaining some capacity, was under stress due to several factors, including health workforce migration and shortages of medicines and health supplies, particularly at the secondary and tertiary levels of care. The situation was aggravated by the ongoing response to the COVID-19 pandemic, which has overburdened the scarce health resources and tested the capacity maintained over the past few years by the international humanitarian health response. The COVID-19 pandemic increased the complexity of implementing response operations due to important flows of returnees to Venezuela (Bolivarian Republic of), as well as nonpublic health measures—ranging from a total lockdown to curfew and restrictions on mass gatherings—that were enacted to halt the spread of SARS-CoV-2.

218. As a result of the economic impact of the pandemic in the Region, the loss of livelihoods, evictions, and growing displays of xenophobia, thousands of Venezuelans living abroad returned to their country—it is estimated that 151,000 people entered Venezuela (Bolivarian Republic of) from mid-March 2020 to early March 2021. In September 2020, although the flow of people entering the country slowed, there was documented movement of people from the center of the country toward border areas in order to cross into Colombia or other neighboring countries.

⁸⁷ Argentina, Aruba, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay.

Additionally, pendular movement of people from their homes to other locations and back was observed as economies in the Region began to be reactivated. As the borders had been officially closed since March 2020, most of the people who left the country crossed through irregular routes, exposing themselves to security risks, especially for women, children, and adolescents.

219. The Bureau continued working with the Ministries of Health of Venezuela (Bolivarian Republic of) and Latin American and Caribbean countries hosting migrants to enhance health systems management; improve the prevention and control of communicable and noncommunicable diseases; reduce maternal and neonatal mortality; strengthen emergency management; and purchase medicines, vaccines, laboratory reagents, and other supplies. During the period under review, the Bureau mobilized over \$34.2 million from the international community to support the adaptive capacity of national and local health systems in Venezuela (Bolivarian Republic of) and neighboring countries.

220. The Bureau collaborated with national authorities in Venezuela (Bolivarian Republic of) and other health partners to provide essential health care to the most vulnerable groups, whether migrants or host population, guided by the strategic objectives of the 2020 Humanitarian Response Plan with Humanitarian Needs Overview for Venezuela.⁸⁸ Priority actions included addressing health issues related to the high rate of communicable and noncommunicable diseases, the spread of COVID-19, and mental health issues; sexual and reproductive health, with a focus on maternal and child health; malnutrition; and increasing access to basic health goods and regular, sustainable, quality services.

221. Over 1,329 tons of essential medicines, health supplies, and equipment were procured and distributed to 483 essential health services from the Ministry of Health, NGOs, and civil protection in 24 states in Venezuela (Bolivarian Republic of). Out of the total distributed, 87% had a direct impact on the humanitarian response, and 13% constituted a direct response to the COVID-19 pandemic. An estimated 9.7 million persons benefited from the humanitarian aid.

222. PASB made major interventions and delivery of health supplies possible in Venezuela (Bolivarian Republic of) through coordination of the health cluster and the activation of PASB's stand-by partnerships, which reduced delays and mitigated the risk of health commodities scarcity.

223. In destination countries for Venezuelan migrants and refugees, PASB continued implementing efforts to increase healthcare service capacities to provide essential and emergency services to both migrants and host communities, while reducing the risks of outbreaks of communicable diseases (including measles, malaria, diphtheria, and COVID-19), and reinforcing the role and operations of entry points under the IHR framework. This was done through the procurement and distribution of essential medicines, supplies, and equipment to prioritized health facilities and laboratories, with a focus on commodities to increase health sector resilience and capacity to manage COVID-19 cases.

224. PASB's funding partners for its intensified technical cooperation with Venezuela (Bolivarian Republic of) included AECID; CERF; Direct Relief; European Civil Protection and

⁸⁸ Available from: https://reliefweb.int/sites/reliefweb.int/files/resources/venezuela_hrp_2020_en_vf.pdf.

Humanitarian Aid Operations (ECHO); Global Fund; Government of Canada; Measles and Rubella Initiative; Office of United States Foreign Disaster Assistance of the United States Agency for International Development's (USAID); Public Health Agency of Canada; Swiss Agency for Development and Cooperation; Task Force for Global Health; Vaccine Ambassadors; United Nations Foundation; U.S. CDC; and WHO Contingency Fund for Emergencies.

Reorienting Health Systems to the Pandemic Response

225. PASB reoriented its technical cooperation in building resilient health systems that advance universal health in order to reinforce a comprehensive response to the COVID-19 pandemic. The Bureau supported the implementation of two rounds of the WHO Essential Health Services Survey, May–September 2020, and January–April 2021.⁸⁹ The results were instrumental in identifying disruptions in health services, informing advocacy, and guiding the implementation of interventions for corrective actions and measures to ensure continuity in access to essential health services.

226. The diversity of country experiences and approaches around service disruptions demanded a comprehensive approach tailored to each country's reality. Actions focused on the need for accelerated efforts to reorganize and expand service delivery to respond to COVID-19 cases, including critical care services, while maintaining essential programs such as those for the diagnosis and treatment of NCDs, including mental, neurological, and substance use (MNS) disorders, and immunizations.

227. The drastic increase in hospital and critical care capacity was a major achievement accomplished in record time in most of the countries of the Region. Although many countries reached a breaking point in hospital occupancy rates—at or beyond 80% occupancy—without these accelerated efforts, more lives would have been lost. PASB facilitated the sharing of experiences for the more rapid implementation of innovative approaches to reorganize and provide care, including telemedicine tools and the rearrangement of clinical teams to coordinate and integrate health services delivery.

228. Although at the beginning of the pandemic all efforts were geared to increasing capacities in hospitals and complex care, it was found that having HRH with resolution capacity at the FLC improved responses to the needs of patients with symptoms of mild or moderate symptoms of COVID-19, provided timely diagnoses, and maintained the continuity of essential services; thus, freeing the hospital level to care for patients with more complex conditions.

229. The pandemic provided opportunities to advance in areas such as the essential public health functions (EPHFs), which are institutional capacities that countries should strengthen for appropriate public health action. This includes implementing strategies for the participation of civil society and other key actors in policy development, and for interventions by various sectors to address the social determinants of health; focusing on interlinkages between health and the economy; improving and sustaining public financing in health, while ensuring financial and social

⁸⁹ Additional information on the surveys is available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>.

protection; and regaining momentum toward universal access to health and universal health coverage.

230. As a well-known and respected knowledge broker, the Bureau continued its tradition of scientific and technical publications addressing health systems issues and providing guidance for Member States and other stakeholders. PASB increased the frequency of related webinars, with enhanced focus on issues related to managing COVID-19, the response to the pandemic, EPHFs, and health system resilience. It placed at the center of these activities the health of people and communities, with a focus on persons in conditions of vulnerability. PASB also highlighted patient safety, universal health, and other health systems topics through the celebration of various “international days.”

Essential Public Health Functions for Health Systems Resilience and Universal Health

231. The COVID-19 pandemic provided an occasion for PASB to enhance its technical cooperation to strengthen the performance of EPHFs, particularly those related to preparedness and response to public health emergencies. As part of the 2020 celebration of Universal Health Day, observed annually on 12 December, and to raise awareness of the importance of access to health services as a critical component of the right to health, the Bureau launched the publication *The Essential Public Health Functions in the Americas: A Renewal for the 21st Century. Conceptual Framework and Description*,⁹⁰ with input from seven countries—Argentina, Bolivia (Plurinational State of), Costa Rica, Dominican Republic, Ecuador, Panama, and Saint Vincent and the Grenadines—and more than 20 national institutes of public health, universities, and other entities located in 14 countries⁹¹ throughout the Region.

232. PASB initiated an operational proposal to measure and strengthen EPHF institutional capacities in nine countries—Bahamas, Bolivia (Plurinational State of), Costa Rica, Dominican Republic, El Salvador, Jamaica, Peru, Suriname, and Uruguay—aiming to develop action plans to improve stewardship and governance. As a complementary measure, and to support regional monitoring, in May 2021 the Bureau published *Monitoring Framework for Universal Health in the Americas*,⁹² which facilitates integrated analyses of policy implementation and universal health outcome indicators.

233. Additionally, PASB worked with Member States to develop *Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains* (Document CE168/15) for the consideration of the 168th Session of the Executive Committee in June 2021. The Executive Committee, through Resolution CE168.R12, approved the strategy for presentation to the 59th Directing Council in September 2021.

⁹⁰ Available from: https://iris.paho.org/bitstream/handle/10665.2/53124/9789275122655_eng.pdf.

⁹¹ Argentina, Barbados, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Mexico, Nicaragua, Peru, Trinidad and Tobago, and United States of America.

⁹² Available from: https://iris.paho.org/bitstream/handle/10665.2/53918/9789275122709_eng.pdf.

234. PASB addressed the topic of response capacity at the FLC in the September 2020 publication *Recommendations to Adapt and Strengthen Response Capacity at the First Level of Care during the COVID-19 pandemic*,⁹³ which noted the principles and attributes of the PHC approach, and identified discrimination based on ethnicity, gender and gender identity, sexuality, socioeconomic level, geographical location, and disability—the social determinants of health—as an important factor that could increase the risk of infection, limit access to services, undermine the broader response to COVID-19, and exacerbate underlying inequities.

235. The most recent health systems-related webinar during the reporting period was convened on 18 June 2021 and entitled *Health Systems Resilience: Lessons from the COVID-19 Pandemic*.⁹⁴ Coordinated by the Organisation for Economic Co-operation and Development (OECD), the World Bank, and PASB, this webinar examined how health systems globally responded to the pandemic, exploring actions to build health systems resilience in a manner that will improve capacity in preparedness and response against future pandemics, while moving toward the overarching goal of ensuring universal health.

“One Size Does Not Fit All”: Strengthening the Essential Public Health Functions and Promoting Resilience in Countries and Territories in the Americas

- a) Aruba completed a final draft of its National Strategic Framework for the Health Sector, which is pending final approval by the Ministry of Health.
- b) Bolivia (Plurinational State of) incorporated an epidemiological surveillance strategy with a comprehensive approach (COVID-19, maternal and child health, communicable and noncommunicable diseases) in the community through primary health care, with active social participation and strengthening of health service networks.
- c) Chile piloted the project Teletriage in Primary Health Care at two primary care centers, with the aim of prioritizing and selecting patients in the primary health care (PHC) system for telemedicine consultations in the context of COVID-19.
- d) Costa Rica strengthened the leadership of the Ministry of Health with the establishment of sectoral coordination groups for health services and social protection. These groups addressed the analysis and generation of evidence for the adoption of health interventions; approaches for epidemiological surveillance; plans for health services in response to COVID-19, including reorganizing and expanding the health services of the Costa Rican Social Security Fund; coordination with private health services, hospital and pre-hospital services, and the laboratory network; and coordination with local and community levels.
- e) Cuba enabled its 11,097 family doctors’ offices and 449 polyclinics to conduct research, monitor cases, treat vulnerable populations, maintain essential services, deliver medications, and provide home follow-up.
- f) Dominican Republic strengthened the first and second level of care in two border provinces (Dajabón and Independencia) in epidemiological surveillance, infection prevention and

⁹³ Available from: https://iris.paho.org/bitstream/handle/10665.2/53188/OPSIMSHSSCOVID-19200032_eng.pdf.

⁹⁴ Additional information on the webinar, including presentations and a recording, are available from: <https://www.paho.org/en/events/health-systems-resilience-lessons-covid-19-pandemic>.

control, and case management—three of the pillars of the PAHO Strategic Plan for Preparation and Response to COVID-19. The country also enhanced the provision of home care and dispensing of medications by first-level-of-care (FLC) physicians for patients with chronic diseases, children, pregnant women, and other persons in conditions of vulnerability.

- g) Ecuador reorganized 808 family health units to provide safe care for patients needing respiratory support, and integrated the epidemiological and hospital networks with the network at the FLC.
- h) El Salvador repurposed its community multidisciplinary teams at the FLC to also function as rapid response teams.
- i) Guatemala established its first telemedicine network—a milestone in its public health approach—aimed at improving the resolution capacity of the first and second levels of care, and reducing the hospital burden within the framework of an integrated health service delivery network (IHSDN). This development will facilitate access to quality health care, including from medical specialists, by the population in rural areas, which is of particular importance in the current context of COVID-19. Following this initiative, the Ministry of Health developed a telehealth strategy to institutionalize, and guarantee the sustainability of, the network.
- j) Guyana initiated preparation of the new national strategic plan for health for 2030 through a fully participatory process involving key stakeholders.
- k) Haiti elaborated a national framework document and guidelines on the organization of district health services based on the PHC approach, aligning the framework with the IHSDN strategy and its attributes. The guidelines will allow the development of a PHC-based health system at the FLC, increasing accessibility, equity, and efficiency in health for these communities.
- l) Honduras installed telehealth centers in 22 municipalities, as a health services innovation to prioritize remote areas.
- m) Mexico strengthened the FLC with the formation of community and medical brigades with well-defined functions and actions.
- n) Panama advanced legislation and policy to strengthen the FLC and promoted strategies to protect knowledge of traditional medicine, and the requirements and procedures of the registry of traditional health agents. This action facilitated inter-institutional coordination to improve the quality and cultural relevance of health services at the FLC for indigenous populations in the face of COVID-19, including the development of protocols for the maintenance of essential services in a pandemic.
- o) Paraguay evaluated the pilot project Incentives for Meeting Goals for the FLC in two districts. The project aimed to transform the system into a results-based management model for the teams of the family health units, linking the allocation of resources to the achievement of established health objectives. The evaluation will form the basis for the process of expanding the pilot to other districts of the country, which will facilitate scale-up to the national level.

- p) Peru made progress with the establishment of the first integrated health networks throughout the country. The process included the approval and dissemination of regulations, training via telemedicine, completion of all regulatory and technical tools, and creation of 66 such networks at the national level.
- q) Uruguay implemented the use of telemedicine or home consultation by FLC teams comprising public and private providers, covering almost 90% of the care needs of patients.

Health Financing, and Social and Financial Protection

236. The pandemic profoundly affected the lives and livelihoods of people in the Region. The report *Health and the Economy: A Convergence Needed to Address COVID-19 and Retake the Path of Sustainable Development in Latin America and the Caribbean*,⁹⁵ published jointly by the Economic Commission for Latin America and the Caribbean (ECLAC) and PAHO in July 2020, revealed that economies of the Region will only be reactivated if the curve of contagion of COVID-19 is flattened. The report proposed the adoption of health, economic, social, and productive policies to guide a three-phased approach: epidemic control and mitigation of the effects of the pandemic; economic reactivation, with protection; and rebuilding in a more inclusive, equitable, and sustainable way.

237. Strengthened performance of EPHFs and the three-phased approach to recovery from the pandemic align with PASB's calls for the expansion of social protection to meet the health needs and demands of civil society and tackle social exclusion in health. This requires public sector interventions that ensure access to both existing health system services, and interventions to mitigate the negative economic and social impact of adverse life or societal occurrences—disease, unemployment, or emergencies and disasters due to natural and human-caused events—on the population, particularly on persons and groups in conditions of vulnerability.

238. Thirteen countries⁹⁶ in the Region announced some degree of financial protection against COVID-19 during 2020, ranging from the inclusion of COVID-19 diagnosis and treatment in the benefits covered by public health services and eliminating co-payments for social security, to mandating health insurance companies to guarantee coverage for COVID-19 patients without co-payment. PASB's technical cooperation in this area encompassed guidance based on its collaboration with WHO in March 2020 to provide assistance to countries in line with *Priorities for the Health Financing Response to COVID-19*,⁹⁷ including the elimination of user fees for treatment in public health sector facilities, a measure aimed at allowing greater and more equitable access to the services required to respond to COVID-19.

239. The Bureau also supported the global consultation on financial protection indicators and related capacity-building with an online workshop for the Caribbean—particularly the Health

⁹⁵ Available from: https://iris.paho.org/bitstream/handle/10665.2/52535/PAHOHSSCOVID-19200027_eng.pdf.

⁹⁶ Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Jamaica, Mexico, Paraguay, Peru, and Uruguay.

⁹⁷ Available from: <https://www.who.int/docs/default-source/health-financing/health-financing-response-to-covid-19.pdf>.

Economics Unit, Department of Economics, UWI at St. Augustine, Trinidad and Tobago—on the construction of financial protection indicators. PASB continued its work on database standardization and the development of indicators for countries, and aided the data collection process for the 2021 Global Health Expenditure Database, which provides internationally comparable data on health spending. The update will include data from 2019 that will serve as a baseline against which to analyze health spending and resource allocation during the COVID-19 period, using the lens of universal health objectives—equity, efficiency, and sustainability—and efforts to ensure health systems resilience.

240. PASB conducted an analysis of the macrofiscal situation—trends in revenue, expenditure, and financing—and their effects on public investment in health, highlighting the importance of supporting public budgets to address emerging needs in relation to the health emergency, social requirements, and the economy. The analysis noted the decrease in collection of taxes due to reduced economic activity, and examined loans and grants from IFIs to the countries of the Region, in order to assess spending and fiscal space, and discuss the impact that the agendas of various actors may have on health system recovery in the countries. An increase in public resources for health through the reallocation of budgets and new resources from general revenues or loans from IFIs allowed countries to finance the response and enhance financial protection measures. In this sense, the pandemic generated fiscal space for health and greater financial protection.

Medicines and Technologies

241. The pandemic exposed the fragility of regional supply chains, which suffered from the unprecedented demand for, and extremely low supply of, critical commodities. PASB deployed a multipronged strategy to improve Member States' access to quality medicines and medical devices as a critical component of the response.

242. The Bureau's strategy included engagement with the ACT-A and the Global Supply Consortium, which promoted and accelerated the development, production, and equitable distribution of COVID-19 vaccines, diagnostics, and therapeutics; development and implementation of quality assurance procedures to ensure the safety of the products procured through the Bureau and national purchases or donations; and, once COVID-19 vaccines became available, ensuring that Member States received safe, quality, and efficacious vaccines according to WHO EUL criteria, and that regulatory pathways could balance the rapid uptake, with appropriate oversight of the products during deployment.

243. PASB—the only WHO Regional Office engaged with ACT-A and the Global Supply Consortium—was instrumental in developing allocation and quality assurance criteria for the COVAX Facility to ensure access to safe and efficacious vaccines for all countries, regardless of income strata. The Bureau mapped existing regulatory routes for authorization, importation, and postdeployment monitoring of the COVID-19 vaccine in Member States, and developed tools to support COVID-19 vaccine pharmacovigilance. It also developed a list of priority medical devices for the COVID-19 response and, from January to June 2021, provided training to over 350 participants in the use of COVID-19-related medical devices, to support the evidence-based use of health technologies.

244. PASB developed and adopted a transparent and efficient quality assurance (QA) process for the regional procurement of medicines and medical devices, including PPE, relying on decisions made by trusted regulatory authorities to ensure that Member States received only quality goods; reviewing technical specifications of procured goods; ensuring correct shipping documentation for customs clearance; and supporting countries with QA issues.

245. The Bureau's technical cooperation assisted in the purchase of medicines and medical devices both for regional and country procurement, and for receipt of donated goods and QA technical evaluations for PPE, biomedical equipment, IVD, and intensive-therapy medicines. PASB backed the development of a needs assessment quantification tool for PPE based on number of health workers, and for evidence-based medicines and medical supplies for the management of COVID-19 cases in ambulatory, general hospital care, and intensive care services. Through an interprogrammatic approach, PASB also issued *Essential Medicines List for Management of Patients Admitted to Intensive Care Units with Suspected or Confirmed COVID-19 Diagnosis (Update 10 August 2020)*.⁹⁸

246. The Bureau renewed its efforts to foster regional capacities for research and development, and manufacturing, so as to reduce dependence on imported health products, especially during times of health emergencies. Through collaboration with other UN agencies, regional financing institutions, and subregional integration mechanisms, PASB established a platform to bring together public and private partners with the aim of catalyzing the development and manufacture of vaccines, medicines, and other critical emergency health technologies.

247. PASB initiated dialogues with partners—ECLAC, the IDB, and the Coalition for Epidemic Preparedness Innovations—on regional capacities to increase manufacturing capacity in medicines and other health technologies, including vaccines. A PAHO-ECLAC Regional Dialogue with the Health, Industry, and Science and Technology Sectors was held in December 2020 to assess challenges and opportunities for an integrated approach to policies on access to medicines and other health technologies in a post-COVID-19 scenario. The aim was to promote policies that would improve the supply of and access to medical products during emergencies in Latin America and the Caribbean, and strengthen technological development and regional production.

248. In consultation with Argentina, Brazil, Canada, Cuba, Ecuador, Haiti, Mexico, and the United States of America, the Bureau developed the policy document *Increasing Production Capacity For Essential Medicines And Health Technologies (Document CE168/12)*, which was presented to the 168th Session of the Executive Committee in June 2021 and, through Resolution CE168.R4, was recommended for approval by the 59th Directing Council in September 2021.

249. The PAHO Strategic Fund, as PASB's primary regional technical cooperation mechanism for the pooled procurement of therapeutics and public health products, continued to play a critical role in ensuring access to quality, safe, and effective medicines and supplies. Throughout the COVID-19 response, the Strategic Fund successfully mitigated pandemic-related supply chain disruptions and major stockouts, while continuing its work to strengthen demand forecasting, support QA, and ensure affordability of medications for priority health programs. This included

⁹⁸ Available from: <https://iris.paho.org/handle/10665.2/52640>.

offering innovative financing mechanisms, improving supply chain capacities, and securing long-term agreements (LTAs) with pre-contracted suppliers at affordable prices, thus ensuring sustained availability of critical health products throughout the crisis.

250. The Strategic Fund facilitated access and availability of similar biotherapeutic products for high-cost medicines such as trastuzumab and essential medical devices for neglected infectious diseases such as tungiasis, a chronic challenge for countries that often struggle to afford these key health products. In addition, it officially launched and operationalized LTAs for 15 antihypertension medicines for the period 2021–2022, marking a major step forward in improving access to therapeutics for NCDs in a region where those conditions account for 80% of deaths.

251. The Strategic Fund’s innovative financing mechanisms included the provision of credit lines to 17 countries⁹⁹ through a capitalization account, jointly funded by participating stakeholders, to facilitate purchasing of essential medicines and supplies. In strengthening procurement and supply chains, the Strategic Fund developed stockout mitigation plans for human immunodeficiency virus (HIV), TB, and malaria medicines throughout the COVID-19 pandemic, including monitoring and analyzing stock levels with key partners such as the Group for Horizontal Technical Cooperation and PANCAP. Moreover, it facilitated demand consolidation and process standardization to assist Member States in enhancing their planning and procurement processes for essential medicines and supplies, supporting 17 countries and territories¹⁰⁰ in procurement related to COVID-19, including diagnostic kits, PPE, biomedical devices, and critical care medicines. This was a notable achievement at a time when therapeutics and tests were underresourced amid a global rush for vaccines.

252. The Strategic Fund also embarked on several internal process improvement initiatives to increase its capacity to support Member States, including strengthening the tracking and visualization of data, and real-time key performance indicators and metrics. As a result, the Strategic Fund Coordination Unit and its diverse partners are better equipped for decision-making, identification of potential challenges, and more timely resolution of issues.

Human Resources for Health

253. COVID-19 exacerbated challenges in the Region related to HRH that existed before the pandemic, including issues related to their number, quality, and distribution. There are approximately 27.9 million nursing professionals worldwide, representing 56% of all health professionals. Thirty percent of these professionals work in the Region of the Americas, but 87% of those are concentrated in only three countries: Brazil, Canada, and the United States of America.¹⁰¹

⁹⁹ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, and Suriname.

¹⁰⁰ Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Dominican Republic, Ecuador, Guatemala, Guyana, Honduras, Nicaragua, Paraguay, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

¹⁰¹ Cassiani SHB, Munar Jimenez EF, Umpiérrez Ferreira A, et al. La situación de la enfermería en el mundo y la Región de las Américas en tiempos de la pandemia de COVID-19. *Rev Panam Salud Publica*. 2020;44:e64. doi: <https://doi.org/10.26633/RPSP.2020.64> (in Spanish only).

254. In addition, more than 75% of HRH are women,¹⁰² who, in many circumstances, including during COVID-19, are also the main caregivers at home, caring for sick family members and overseeing children's online learning in the face of school closures and other lockdown measures to prevent COVID-19 transmission. While the demand for HRH in the COVID-19 response increased, the chronic deficit of these personnel was exacerbated by the pandemic's impact. By May 2021, it was estimated that at least 1.8 million health workers in the Region had contracted COVID-19, and 9,000 of them had died, most of them being women and nurses.¹⁰³ Stigmatization, stress, work overload, and attacks against healthcare workers as perceived sources of infection also negatively influenced their mental health.

255. PASB worked interprogrammatically, and with WHO, to provide information and training for health workers at all levels on priority topics, as well as tools for calculating the requirements for the expansion of services in the response to COVID-19. The Bureau worked to strengthen national structures, aligning its actions with the 2017 PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage¹⁰⁴ and the PAHO Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023.¹⁰⁵ PASB also initiated development of a document to organize the lessons learned during COVID-19.

256. The Bureau supported several countries to make progress in the formulation and implementation of national plans, policies, and other interventions related to HRH:

- a) Brazil developed the document *Strategies for the Protection of SUS Workers in Emergencies*.
- b) Costa Rica established a national HRH planning process in the context of the pandemic.
- c) Dominican Republic analyzed information to monitor its action plan for the COVID-19 response.
- d) Ecuador presented regional experiences in the context of the health career project to the Health Commission of the Legislative Assembly, and expanded the competencies of nurses in care.
- e) Honduras initiated development of an HRH plan and developed an HRH census to analyze COVID-19 vaccine needs for frontline workers and providers in general from all sectors.
- f) Panama collected, organized, and analyzed data to feed into the WHO National Health Workforce Accounts platform, to inform evidence-based strategies to advance the action plan for HRH, and review and assess the potential of the national health intelligence system.

¹⁰² World Health Organization. Gender and health workforce statistics. Spotlight on statistics, Issue 2, February 2008. Available from: https://www.who.int/hrh/statistics/spotlight_2.pdf.

¹⁰³ Pan American Health Organization. Remarks by the Director - COVID-19 Media Briefing, 12 May 2021. <https://www.paho.org/en/documents/weekly-press-briefing-covid-19-directors-opening-remarks-may-12-2021>.

¹⁰⁴ Available from: https://iris.paho.org/bitstream/handle/10665.2/53838/strategyhuman_eng.pdf.

¹⁰⁵ Available from: <https://www.paho.org/en/documents/plan-action-human-resources-universal-access-health-and-universal-health-coverage-2018>.

- g) Paraguay advanced with the development of the national HRH policy and presentations to the Bicameral Health Commission of the Congress on Paraguay on criteria for HRH policy and health careers.
- h) Peru discussed important protection measures for health workers.

257. In the Caribbean subregion, PASB published *Human Resources for Health and the COVID-19 Response in the Caribbean*¹⁰⁶ in August 2020, based on information from 12 countries.¹⁰⁷ The document aimed to share information related to the COVID-19 response and health workforce in the Caribbean countries, facilitate monitoring of HRH policy interventions related to COVID-19, and inform HRH policy development in terms of lessons learned and areas for improvements. In March 2021, PASB conducted a survey on COVID-19 vaccine hesitancy among healthcare workers in 14 Caribbean countries¹⁰⁸ to inform the development and implementation of strategies to reduce vaccine hesitancy and promote advocacy for vaccination among this priority group—the survey results are pending. The Bureau also collaborated with CARICOM to launch the Human Resources for Health Action Task Force for the Caribbean in April 2021¹⁰⁹ as part of the response to COVID-19 and other health emergencies in the subregion.

258. In the South America subregion, PASB collaborated with WHO to implement a study on the response to COVID-19 in Bolivia (Plurinational State of), Chile, Colombia, Ecuador, and Peru, linking the organization of the health system and the strategies used by the countries in the pandemic preparedness and response. The study, which took place between August 2020 and March 2021, documented and analyzed the measures taken during the health crisis for the planning, hiring, and remuneration of the health workforce in these countries. The results will be presented to the participating countries in September 2021, and then disseminated at the regional level.

259. The pandemic required some countries to establish agreements between the health and education sectors to allow early graduation—or the incorporation—of final-year students from health careers, and hiring of foreign professionals, to augment HRH in the emergency. In addition, special training plans were established in coordination with academic institutions and using virtual training modalities such as PAHO's VCPH.

260. In the Caribbean, PASB entered into agreements with the UWI Cave Hill Campus in Barbados for the development and accreditation of four courses and the joint development of a diploma/certificate in health policy and health systems. The Bureau also coordinated with NextGen University to develop the course Public Health Leadership: Leading the Health Sector during COVID-19, and supported the participation of 31 nurses from seven countries—Antigua and Barbuda, Barbados, Belize, Dominica, Guyana, Suriname, and Trinidad and Tobago—in a critical care nursing course at the UWI at St. Augustine Campus in Trinidad and Tobago.

¹⁰⁶ Available from: <https://www.paho.org/en/documents/human-resources-health-and-covid-19-response-caribbean>.

¹⁰⁷ Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

¹⁰⁸ Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

¹⁰⁹ Available from: <https://www.paho.org/en/news/25-5-2021-human-resources-health-action-task-force-launched-caribbean>.

261. Other PASB-supported interventions were undertaken in the following countries:

- a) Bolivia (Plurinational State of), Chile, Ecuador, Peru, and Venezuela (Bolivarian Republic of), in collaboration with the Andean Health Agency-Hipólito Unanue Agreement (ORAS-CONHU), convened meetings between the education and health sectors.
- b) Guatemala trained personnel from the Ministry of Public Health and Social Assistance on aspects of COVID-19, including IPC in the context of COVID-19, precautionary measures according to transmission mechanisms, and PPE placement and removal.
- c) Honduras formulated a plan to train health personnel virtually, developed three courses on COVID-19, and adapted 87 guides and protocols on COVID-19.
- d) Panama developed capacities in HRH and launched several virtual courses through the Panama node of the VCPH targeting both health service managers and health personnel at the FLC, including courses addressing management indicators for decision-making, preparation of community contact-tracing teams, epidemiology, and mental health issues.

262. During the reporting period, PASB participated in the organization and development of numerous international, regional, subregional, and national events focused on monitoring emerging trends in the education of health personnel during and after the COVID-19 pandemic. These activities were conducted based on a strategy of collaboration and cooperation with many of the most prominent regional and global entities in medical education, and included more than 100 virtual sessions in which the Bureau participated. Particularly relevant was PASB's participation in the Executive Committee of the International Social Accountability and Accreditation Think Tank, which is led by the Association of Medical Faculties of Canada. Between March and June 2021, more than 100 international experts participated in this initiative, which had the objective of generating global consensus to ensure that the accreditation systems of medical schools are designed and used to respond to priority health needs, and to the social challenges of the populations they serve. PASB's work in the nexus of health and education was supported by funding from AECID, the EU, and USAID.

Capacity Development of Human Resources for Health, and the Virtual Campus for Public Health

263. The VCPH enhanced its role as a strategic tool for the distribution, management, and updating of knowledge in public health, and for strengthening the capacities and competencies of HRH and health teams in the Region. In 2014, the VCPH began scaling up its technological and educational components in order to improve accessibility and quality, a strategy that found it prepared to respond effectively to the virtual interventions made necessary by the COVID-19 emergency.

264. During the reporting period, the VCPH had 420,472 new users, and 1,081,542 participants were enrolled in its different courses. All countries in the Region had enrollments on campus, and Bolivia (Plurinational State of) and Nicaragua had exponential growth in users, with increases of 110% and 57%, respectively. The VCPH reached beyond the Region of the Americas, with participants from other WHO regions providing recognition and an opportunity for collaborative work.

265. During the period, 463,979 participants were enrolled in various VCPH courses related to COVID-19, and in cooperation with OpenWHO, PASB launched two courses on mental health specifically designed to face the challenges of the pandemic, and one course on planning for the vaccination rollout. The contents of courses in other priority areas were updated, including specific modules on health services management in the COVID-19 context, with recommendations for the safe continuation of services.

266. PAHO Member States collaborated with their respective PAHO/WHO country offices to make intensive use of VCPH classrooms, especially to train epidemiological surveillance teams and for the organization of their vaccination campaigns. More than 50 classrooms were opened for courses and country activities.

267. Given the need to organize demand, promote educational planning, and facilitate interprogrammatic work, the VCPH implemented a new model for governance in December 2020. Fifty-six proposed courses are awaiting approval for design and opening during the second semester of 2021.

268. The COVID-19 crisis also functioned as a window of opportunity to break down prejudices against online education, demonstrating that, with adequate analysis of training objectives and good educational design, this can be a quality alternative, with wide scope, lower costs, and the capacity to undertake follow-up of the learners.

Striving for Fairer Outcomes over the Life Course

269. The COVID-19 pandemic has served as a reminder that health and well-being are not only positive qualities for individuals, but that they are also public attributes that are critical for the welfare and functioning of whole communities and populations. The health impact of the pandemic in the Region has been enormous, with amplification and exacerbation of health inequalities and inequities, and socioeconomic consequences that will alter health for many years to come. The situation has impacted continuity of care for the entire population, particularly for those in conditions of vulnerability, where the demand-side barriers to access to health care are worse due to the underlying social determinants of health.

270. As a result of the pandemic, PASB reprogrammed its actions and allocation of resources in accordance with the needs and demands generated by COVID-19 in women, pregnant women, and newborns, while sustaining essential life course care during the pandemic, strengthening surveillance, and generating specific tools.

271. From June to November 2020, the PASB Youth for Health Group actively contributed to the development of appropriate COVID-19 messages and materials targeting young people, and led the organization of regular COVID-19 youth “hangouts”—jointly supported by the Bureau and UNICEF—to provide a platform and safe space for young people to discuss their questions and concerns related to COVID-19. In light of increasing demands for the group’s engagement in the Bureau’s work, the membership was expanded and 15 new additions to the group were made early in 2021.

Health of Women, Mothers, and Newborns

272. During the reporting period, PASB engaged in technical cooperation with 29 countries¹¹⁰ to develop maternal healthcare policies, plans, or protocols, and obstetric and gynecological treatment guidelines; provide training in areas such as elimination of the vertical transmission of HIV and syphilis, and on reproductive health and rights, evidence-based newborn care and practices, perinatal mortality surveillance and follow-up of newborns at risk; and strengthen information systems for perinatal health.

273. As part of the response to the COVID-19 pandemic, the Bureau supported COVID-19 surveillance among pregnant women and newborns, including the creation of a perinatal information system form to capture information on pregnant women with acute respiratory tract infections of public health concern. The form allows the services using it to become sentinel centers for any other respiratory infection of public health concern that may appear in the future.

274. In addition, PASB provided direct technical support to 14 countries¹¹¹ to improve maternal health surveillance related to COVID-19, including identification and audit of maternal deaths among COVID-19-positive cases; strategies for caring for pregnant women with COVID-19; design of local forms in countries for monitoring maternal mortality, if not using the COVID-19 perinatal information system form; dissemination of PAHO and WHO recommendations adjusted for pregnant women; alerts to national authorities regarding the risk for increased mortality in pregnant women with COVID-19; and the impact of service interruption on all pregnant women.

275. In June 2020, PASB alerted WHO to observed effects of the pandemic on maternal health in the Region of the Americas, having noted an increased risk among pregnant women of presenting with severe COVID-19, and, therefore, of being hospitalized and requiring intensive care, including intubation, putting both mother and child at high risk. In August 2020, the Bureau published an epidemiological alert on maternal mortality related to the pandemic¹¹² for the first time, urging governments to take special action to safeguard the health of pregnant women. This allowed Member States to promptly issue warnings on the negative impact of the pandemic on maternal health.

276. Since the beginning of the pandemic, networking has been crucial to documenting and assessing the significant reduction in accessibility to essential sexual and reproductive health and antenatal care services. Through the network of care for women in abortion situations, present in 30 hospitals in 18 countries,¹¹³ the Bureau generated a clinical registry of abortions in order to

¹¹⁰ Antigua and Barbuda, Argentina, Bahamas, Barbados, Brazil, Bolivia (Plurinational State of), Colombia, Costa Rica, Chile, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

¹¹¹ Bolivia (Plurinational State of), Colombia, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru, Suriname, Trinidad and Tobago, Saint Lucia, and Saint Vincent and the Grenadines.

¹¹² Available from: <https://www.paho.org/en/documents/epidemiological-alert-covid-19-during-pregnancy-13-august-2020>.

¹¹³ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

build a solid database to support clinical, administrative, and policy decision-making processes. PASB also initiated efforts to strengthen congenital birth defects surveillance by providing training to develop a repository to consolidate country data on birth defects. The methodology was strengthened to use the evidence provided by these databases in public health decision-making, through application of the EviSIP strategy.¹¹⁴

277. As part of pandemic-responsive training, the Bureau developed three online courses on maternal, newborn, and sexual and reproductive health:

- a) Competency-based Education, launched in May 2021 in collaboration with the University of Virginia, which provides training in maternal health for teachers of midwifery, nursing, or medicine;
- b) Immediate Post-obstetric Event Contraception, launched in June 2021, which incorporates WHO guidelines for contraception in the immediate postpartum and postabortion period;¹¹⁵
- c) Family Planning for the First Level of Care, also launched in June 2021, which incorporates content from the Global Provider Handbook¹¹⁶ and offers clear, up-to-date information and advice to help providers meet contraceptive needs and inform clients of choices and use.

Health of Children

278. In June 2020, PASB began monitoring confirmed cases of multisystem inflammatory syndrome in children and adolescents (MIS-C) temporally related to COVID-19. At the end of December 2020, 17 countries had reported a total of 2,273 cumulative confirmed cases of MIS-C, including 72 deaths, while as at 10 June 2021, 22 countries and territories¹¹⁷ had notified 6,007 cases and 127 deaths. The Bureau, WHO, and clinical researchers from the Hospital Universitario Infanta Sofía and the Instituto de Investigación Sanitaria Hospital 12 de Octubre, both in Madrid, Spain, organized a series of webinars to disseminate the clinical characteristics, diagnosis, and treatment of MIS-C.

279. PASB participated in the Working Group on COVID-19 and Educational Institutions within the WHO Research Network on COVID-19 for Maternal, Newborn, Child, and Adolescent Health. As part of this group, the Bureau initiated preparation of a protocol to study barriers to and facilitators of adherence to guidelines on public health measures to prevent COVID-19 in schools. This collaborative implementation research included PASB, the United Nations University

¹¹⁴ Serruya SJ, Ponce de León RG, Bahamondes MV, et al. EviSIP: using evidence to change practice through mentorship—an innovative experience for reproductive health in the Latin American and Caribbean regions. *Global Health Action* 2020; 13:1, 1811482. Published online 1 September 2020. DOI: <https://doi.org/10.1080/16549716.2020.1811482>.

¹¹⁵ World Health Organization. Programming strategies for postpartum family planning. Geneva: WHO; 2013. Available from: https://apps.who.int/iris/bitstream/handle/10665/93680/9789241506496_eng.pdf.

¹¹⁶ World Health Organization. Family planning – a global handbook for providers. Geneva: WHO; 2018. Available from: <https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/>.

¹¹⁷ Argentina, Barbados, Brazil, Bolivia (Plurinational State of), Canada, Chile, Costa Rica, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Honduras, Panama, Paraguay, Peru, Saint Martin, Trinidad and Tobago, and United States of America.

International Institute for Global Health, and the London School of Hygiene and Tropical Medicine.

280. The Bureau enhanced its collaboration with ministries of education to address public health and social measures to prevent COVID-19, and the emerging evidence on the role of children and schools in the transmission of SARS-CoV-2. Two publications were produced: *Considerations for School-related Public Health Measures for Populations in Vulnerable Conditions in the Context of COVID-19*,¹¹⁸ and *COVID-19 and Schools: How Science Can Help Adapt to the Changes*, which presents a summary of the recent scientific evidence on susceptibility to and transmission of SARS-CoV-2 among children and adolescents, and the role that schools play in community transmission of the virus. This latter document is pending final review.

281. Pandemic-related mental health issues are recognized as a priority for ministries of health and education, social development agencies, NGOs, and other institutions. As a response to the lack of services and interventions to promote mental health, and identify and treat mental health disorders in children and adolescents in most countries, the Bureau's technical cooperation focused on guiding the revision of national mental health policies and strategies, and determining how mental health in children and adolescents is addressed, while giving due consideration to the types of services needed. The final version of this guidance document is expected to be ready in the second semester of 2021.

282. From August 2020 to February 2021, Bolivia (Plurinational State of) and Brazil participated in a WHO global project to support countries to mitigate the effects of the pandemic on essential health services for women, children, adolescents, and older persons. The project, funded by the Bill & Melinda Gates Foundation, includes three components: (i) governance, collaborating with a technical working group from the ministries of health to raise the priority assigned to the mitigation of the effects of the pandemic on essential health services, as part of national COVID-19 response committees; (ii) data and information for decision-making, using administrative data to monitor the disruption of health services; and (iii) documentation of the actions to maintain health services, including those taken by government, UN agencies, NGOs, academia, and community-based organizations. The project has been awarded funding until February 2022.

Health of Adolescents

283. PASB completed the equity-based analysis of the study of adolescent pregnancy in members of the Central American Integration System (SICA), and the results were presented to the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) in June 2021. The results indicate that, despite a favorable downward trend in adolescent pregnancy in recent years, there are profound social inequalities in adolescent pregnancy in these countries, absolute and relative, and at individual and collective levels, with a disproportionate concentration of adolescent pregnancy in the most socially disadvantaged population groups. The results underscore the need to institutionalize the monitoring of social inequalities in adolescent fertility and reproductive health, using the data generated to inform the design and implementation

¹¹⁸ Available from: <https://iris.paho.org/handle/10665.2/53317>.

of group- and population-focused interventions that engender equity and accountability for the promise of leaving no one behind.

284. In September 2020, Latin American Adolescent Pregnancy Prevention Week was commemorated for the first time, followed by the Caribbean equivalent in October 2020. Both observations included a series of activities to enhance awareness, highlight promising practices, and share lessons learned regarding this issue. PASB and the United Nations Population Fund jointly published a technical brief on adolescent pregnancy.¹¹⁹ A social media campaign was developed in collaboration with youth and several webinars were convened.

285. In 2020, with PASB support, Colombia and Peru adapted their modalities for implementing the PAHO Familias Fuertes program, in order to facilitate a smooth transition to virtual functioning in the COVID-19 pandemic. The Familias Fuertes program currently reaches more than 200,000 families annually in five Latin American countries—Chile, Colombia, Dominican Republic, Peru, and Uruguay—with interventions to strengthen parenting skills, improve communication between parents and their adolescent children, foster positive development, and reduce risk behaviors in adolescents. In addition, the Government of Uruguay formally adopted Familias Fuertes as a national strategy, and the Bureau provided support to train the first cohort of facilitators and successfully complete the implementation of the first phase of the program. Based on the lessons learned from the pilot implementation, an adapted version of the Familias Fuertes Facilitators Manual is currently being developed for use in Uruguay.

286. A comprehensive virtual adolescent health course was developed in Spanish, with financial support from the Andalusian Agency for International Development Cooperation. The course consists of eight modules, and aims to enhance the knowledge, understanding, and competencies of program managers and coordinators, health service providers, civil society, and NGOs working for and with adolescents, and to develop and implement programs, interventions, and health services that respond to the needs and developmental stage of adolescents.

287. The Region of the Americas has the highest homicide rate in the world, resulting in almost 194,000 deaths in 2019.¹²⁰ In November 2020, PASB, in collaboration with UNICEF, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the Global Partnership to End Violence Against Children, launched the publication *Regional Status Report 2020: Preventing and Responding to Violence Against Children in the Americas*,¹²¹ which stated that homicide rates for boys under age 18 years were almost four times the global average in 2017, and the comparable rate for girls was almost double the global average. Beyond homicide, high rates of nonfatal violence persist in the Region, and, with the COVID-19 pandemic, there was new urgency to take action on domestic violence, including violence against children in the home.

¹¹⁹ Pan American Health Organization and UN Population Fund. Adolescent pregnancy in Latin America and the Caribbean. Technical brief, August 2020. Available from: <https://iris.paho.org/handle/10665.2/53133>.

¹²⁰ The Global Health Observatory. Global health estimates: Leading causes of death. Geneva: WHO; 2021. Available from: <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/burden-of-violence>.

¹²¹ Pan American Health Organization. Regional Status Report 2020: Preventing and Responding to Violence against Children in the Americas. Washington, D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/53038>.

288. The regional status report on violence against children, the first of its kind for the Region, benefited from the collaboration of Member States¹²² and multiple partners and experts. The report informed a series of capacity-building workshops aimed at strengthening capacity in Member States to apply and adapt the INSPIRE framework,¹²³ on which the report was based, according to their context. The series of workshops, organized through collaboration among End Violence against Children, PASB, Plan International, Save the Children, Together for Girls, UNICEF, United Nations Office on Drugs and Crime (UNODC), and the World Bank, targeted representatives of multiple government sectors (health, child protection/social welfare, justice, and education) and civil society from 10 countries in South America—Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of)—between November 2020 and May 2021.

289. Due to the pandemic, the partners transformed the intervention into a virtual series of seven capacity-building workshops, using interactive online platforms and participatory methodologies to encourage the exchange of experiences and lessons learned among countries, sectors, and partners. In addition to strengthening multisectoral and multicountry dialogue on INSPIRE, the series also highlighted the numerous experiences and good practices available in the Americas, and reiterated the need to document and evaluate lessons learned.

290. In follow-up to the workshop series, PASB initiated collaboration with partners to document good practices in Latin America, enhance the visibility of the experiences in the Americas, facilitate greater learning across countries, and help to advance the prevention of and response to violence against all children and adolescents in the Region.

Health of Older Persons

291. During the reporting period, the virtual course International Accreditation of Competences in Health Care for Older Persons, which provides competencies to improve the care of older persons, attracted approximately 30,000 participants. The course is available through the PAHO VCPH in English, Portuguese, and Spanish.

292. In addition, two new subject-specific subpages were made available under the healthy aging program web page, namely, Decade of Healthy Aging in the Americas, and Older Adults and COVID-19. Both of these web pages underwent constant updating, and many materials—documents, videos, policy briefs, and infographics—were prepared and published in English, Portuguese, and Spanish.

293. The Region of the Americas has largest representation in the WHO Age-friendly Cities and Communities Global Network. During the reporting period, approximately 150 cities and

¹²² Antigua and Barbuda, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, United States of America, and Uruguay.

¹²³ World Health Organization. INSPIRE: Seven strategies for ending violence against children. Geneva: WHO; 2016. Available from: <https://www.who.int/publications/i/item/inspire-seven-strategies-for-ending-violence-against-children>.

communities from the Region joined this global network, in particular increasing the participation of countries in Latin America. Currently, over 700 cities and communities from the Americas are part of the network, representing over 50% of all the WHO age-friendly cities worldwide.

Health over the Life Course

294. In April 2021, PASB launched *Building Health throughout the Life Course: Concepts, Implications, and Application in Public Health*,¹²⁴ a significant publication that offers a new way of thinking about health in terms of building capacities. It describes how health develops and changes throughout the life course, and how the life course approach can be used as a framework to improve the health and well-being of individuals, families, and communities, and to ensure that health as a human right is achieved for all individuals. The Bureau initiated the development of a webinar series on the topic to spark conversation and increase opportunities to work in this area with countries and in collaboration with key stakeholders and policymakers.

295. PASB initiated technical consultations with 18 countries¹²⁵ in Latin America and the Caribbean in the area of ear and hearing health, following the launch of the first *World Report on Hearing*¹²⁶ in March 2021. The report is a global evidence-based tool that provides epidemiological information, guidance, and recommendations to enable Member States to integrate ear and hearing care into their national health plans.

Health Promotion

296. PASB serves as the regional focal point for the implementation of the Global Action Plan for Healthy Lives and Well-being for All,¹²⁷ which brings together multilateral health, development, and humanitarian agencies to better support countries in making progress toward the health-related Sustainable Development Goals (SDGs). During the reporting period, the Bureau conducted region-wide mapping of progress, identifying 15 experiences in 11 countries,¹²⁸ in the context of the PAHO Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030.¹²⁹ The mapping identified niches, needs, and opportunities for advancement in this area, and led to the development of a road map, approved by COMISCA, for the accelerated implementation of interventions in the framework of the strategy and plan of action.

297. Supported by Brazil, Canada, Ecuador, Mexico, and Peru, PASB played an important role in galvanizing support for Resolution WHA74.16 on the social determinants of health, which was adopted by the 74th World Health Assembly in May 2021. The pandemic highlighted the value of, and need for, health promotion approaches, such as community participation, civil society

¹²⁴ Available from: <https://iris.paho.org/handle/10665.2/53409>.

¹²⁵ Belize, Brazil, Chile, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, and Trinidad and Tobago.

¹²⁶ Available from: <https://www.who.int/publications/i/item/world-report-on-hearing>.

¹²⁷ Available from: <https://www.who.int/initiatives/sdg3-global-action-plan>.

¹²⁸ Argentina, Brazil (3), Chile (2), Colombia, Costa Rica, Cuba (2), Jamaica, Mexico, Panama, Peru, and Venezuela (Bolivarian Republic of).

¹²⁹ Available from: <https://iris.paho.org/handle/10665.2/51391>.

engagement, and intersectoral action, not only for controlling of the pandemic, but also for a more equitable and healthier recovery. The resolution calls on WHO Member States to consider social, economic, and environmental determinants of health in their recovery from the pandemic and in boosting resilience to both the current pandemic and future public health emergencies.

298. PASB worked to strengthen health in schools, and completed a regional school health assessment comprising country-based assessments in 18 countries and territories,¹³⁰ and desk and scoping reviews, to provide a baseline for implementation of the WHO global standards for health-promoting schools (HPS).¹³¹ Based on the lessons learned from the regional assessment and the global HPS standards, the Bureau initiated the development of a field guide to support strengthening of HPS programs and approaches in the Region. In collaboration with UNESCO, PASB supported Paraguay as an early adopter of the global HPS standards and fostered collaboration between the Ministries of Health and Education to achieve the standards.

299. The Bureau backed the global initiative to develop national action plans on worker's health for the health sector, advancing these planning and implementation processes to improve the health of healthcare workers in Argentina, Dominican Republic, and Ecuador. The pandemic provided an opportunity for the Bureau to widen and strengthen partnerships in this area, within and beyond the UN and the inter-American systems, including with entities such as the International Labour Organization, OAS, United Nations Office for Project Services, Ibero-American Social Security Organization, Latin American Association of Occupational Health, and Workplace Health Without Borders, among other networks of collaborating centers. The collaboration resulted in the development of guides to prevent COVID-19 in construction workers and agriculture/sugar-cane workers—the latter in collaboration with La Isla Foundation—and on indoor ventilation for health institutions in the Region.

300. PASB also addressed workers' health through technical cooperation for the construction and update of carcinogen exposure matrices (CAREX projects) in Argentina, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, and Nicaragua, to help prevent occupational cancer; design of a program for occupational surveillance of agricultural workers in Mesoamerica, as part of efforts to prevent chronic kidney disease of nontraditional origin; and enhanced occupational surveillance aimed at preventing pneumoconioses in the Region, particularly asbestosis and silicosis.

301. The Bureau promoted health and equity through participation in global and regional events, including the 2021 World Health Day campaign, which highlighted equity and a healthier world, and Caribbean Wellness Week in September 2020. The latter was done in collaboration with the Caribbean Public Health Agency (CARPHA) and the CDB, through the Stronger Together campaign, which promoted mental well-being and positive coping strategies during the COVID-19 pandemic. In addition, the Bureau is a member of the scientific committee for the International Union on Health Promotion and Education 2022 global conference.

¹³⁰ Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia (Plurinational State of), British Virgin Islands, Brazil, Colombia, Dominican Republic, Guyana, Haiti, Honduras, Mexico, Panama, Paraguay, Peru, Suriname, and Trinidad and Tobago.

¹³¹ World Health Organization and the United Nations Educational, Scientific and Cultural Organization (UNESCO). Making every school a health-promoting school: global standards and indicators. Geneva: WHO and UNESCO; 2021. Available from: <https://www.who.int/publications/i/item/9789240025059>.

302. PASB's action in urban health included collaboration with the International Society for Urban Health and the Urban Health in Latin America project to organize the 17th International Conference on Urban Health, scheduled for 6–8 July 2021 with the theme Transforming our Collective Urban Future: Learning from COVID-19. As part of work with cities, the Bureau partnered with UNOSSC and the United Nations Office for Disaster Risk Reduction (UNDRR) to develop a global training course on resilient cities, in the context of the pandemic. In collaboration with WHO, PASB initiated a mapping exercise of the role of civil society and community-based organizations in the response to COVID-19, in order to inform preparation of a guide for resilient cities. In addition, supported by a global grant from the Swiss Agency for Development and Cooperation, PASB collaborated on the implementation of a project in Bogota, Colombia, and Mexico City, Mexico, that seeks to improve intersectoral action and community participation, prioritizing marginalized populations in urban slums and informal settlements, and inclusive governance at the city level.

303. The Bureau initiated a new project on the social determinants of health, funded by a global grant from the Swiss Agency for Development and Cooperation. The project aims to spotlight structural social determinants, and six videos were launched highlighting stories of migrants, informal economy workers, indigenous peoples, people living with disabilities, and the lesbian, gay, bisexual, and transgender community.

304. In 2021, PASB conducted an assessment among health and social science faculties at universities and teaching centers in Latin America regarding the inclusion of social determinants and health equity content in their curricula. The Bureau also developed guides to promote and enable attention to populations in conditions of vulnerability and to community settings during the pandemic, including *Guidance for Implementing Nonpharmacological Public Health Measures in Populations in Situations of Vulnerability in the Context of COVID-19*,¹³² and *Recommendations to Prevent COVID-19 Transmission in Foods, Farm Markets, and Fairs*.¹³³

Immunization

305. Although focused on the introduction of COVID-19 vaccines in the Region to alleviate the pandemic emergency, the Bureau continued to undertake technical cooperation with all Member States in order to maintain the elimination of polio, rubella, congenital rubella syndrome, measles, and neonatal tetanus, and to control other VPDs.

306. Between June 2020 and June 2021, PASB supported seven countries—Bolivia (Plurinational State of), Colombia, Dominican Republic, Honduras, Mexico, Paraguay, and Venezuela (Bolivarian Republic of)—in planning their measles and rubella follow-up vaccination campaigns. These campaigns aimed to reach more than 25 million children so as to contribute to the maintenance of high vaccination coverage among children aged 1–10 years old, and to demonstrate the use of innovative approaches to vaccination to reduce the risk of SARS-CoV-2 transmission.

¹³² Available from: <https://iris.paho.org/handle/10665.2/53078>.

¹³³ Available from: <https://iris.paho.org/handle/10665.2/53315>.

307. Since June 2020, except for Brazil, no countries in the Region have reported cases of measles. The measles outbreak in Brazil began in February 2018, and PASB provided technical and financial support to control and interrupt outbreaks in the states of Amapa, Pará, and Roraima.

308. The Bureau and the PAHO Measles and Rubella Post-elimination Monitoring and Re-Verification Commission established a timeline to receive national country reports to assess the sustainability of measles elimination in 33 of 35 PAHO Member States and the re-verification of measles interruption in Venezuela (Bolivarian Republic of). PASB created several manuals, guides, and case studies to strengthen national capacity for rapid response to measles outbreaks, and ensured that all countries in the Region had received training in the use of these tools.

309. PASB supported key activities related to epidemiological surveillance and annual verification of the polio status, and was able to document that countries in the Region had sustained polio elimination during this review period. However, there was a reduction in vaccination coverage and epidemiological surveillance of acute flaccid paralysis and, of PAHO's 35 Member States, only Costa Rica, Cuba, and Nicaragua met the surveillance indicators. Both the Bureau and the Regional Certification Commission for the Polio Endgame in the Region of the Americas expressed concern regarding the large gaps in population immunity and weak surveillance systems, which represent a threat to the Region's polio-free status in the future. This is so especially in light of the significant strain on all health services, including immunization programs, generated by the COVID-19 pandemic. There is particular concern about the sustainability of the polio-free status of Bolivia (Plurinational State of), Brazil, Ecuador, Guatemala, Paraguay, Suriname, and Venezuela (Bolivarian Republic of), which are home to 32% of the population of the Americas under one year of age.

310. Environmental surveillance is a complementary tool to the surveillance of acute flaccid paralysis in areas where the latter may be deficient, helping to detect importation of wild poliovirus or emergence of vaccine-derived poliovirus. In this regard, PASB has supported environmental surveillance of poliovirus in Haiti since 2016 and in Guatemala since 2018. In the period June 2020 – May 2021, monthly collection of wastewater specimens was conducted in four cities in Haiti and two cities in Guatemala, with support from U.S. CDC, and no emergent wild poliovirus or vaccine-derived poliovirus was detected.

311. In 2021, between epidemiological weeks 1 and 24, three countries reported confirmed cases of diphtheria.¹³⁴ In recent years, but mainly during the COVID-19 pandemic, a troubling decrease in third dose coverage of the diphtheria, tetanus, and pertussis vaccine (DTP3) among infants less than 1 year old has been recorded in Latin America and the Caribbean. Additionally, 38 countries and territories¹³⁵ are yet to introduce the booster doses recommended, and vaccination among the younger population and adults, especially men, continues to be very low. The occurrence of confirmed cases is considered a risk for the other countries and territories in the Region of the Americas.

¹³⁴ Brazil (one confirmed case), Dominican Republic (13 confirmed cases, including 10 deaths); and Haiti (12 confirmed cases, including two deaths).

¹³⁵ Anguilla, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

312. In 2020, only one country, El Salvador, introduced the human papillomavirus (HPV) vaccine into its national immunization program. Due to the pandemic and resulting school closures, HPV vaccination coverage decreased significantly, as school settings constitute the main location for reaching this target population of girls and boys. However, PASB continued its collaboration with the University of Texas MD Anderson Cancer Center and the United States National Cancer Institute in implementing the ECHO Latin America project, through monthly virtual meetings aimed at strengthening HPV vaccination programs. Modeled on Project ECHO® (Extension of Community Healthcare Outcomes), it aims to promote regional knowledge and experiences in support of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem,¹³⁶ and uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual didactic lectures and case discussions, amplifying the capacity for participants to deliver best practice programs to their regions.¹³⁷

313. PASB continued to develop a regional road map to prevent, control, and ultimately eliminate meningitis by 2030, in collaboration with the technical task force responsible for leading, coordinating, and implementing the corresponding global road map. The Bureau created a forum for technical exchange and cooperation on meningitis-related activities, in fulfillment of Resolution WHA73.9, which was approved by the 73rd World Health Assembly in May 2020.

314. PASB also convened an expert consultation meeting to discuss appropriate use of the rotavirus (Rotasiil and RotaTeq) and pneumococcal conjugate (Pneumosil) vaccines recently prequalified by WHO, which would be acquired through the PAHO RFV to obtain more affordable prices.

Laboratory Support

315. The COVID-19 pandemic directly or indirectly impacted epidemiological surveillance and laboratory surveillance of VPDs, given the greater focus of health authorities on the detection of SARS-CoV-2, as well as on disruptions in supply chains, and difficulties in specimen transportation to facilitate quality control and confirmatory testing. PASB worked to help mitigate these difficulties by ensuring the provision of sufficient supplies and reagents to meet the requirements of the laboratory network, and by making appropriate training opportunities available. PASB purchased and donated measles and rubella diagnostic kits to 16 countries¹³⁸ and to CARPHA, delivering a total of 22,176 IgM-measles tests, 8,928 IgG-measles tests, 9,888 IgG-rubella tests, 21,120 IgM-rubella tests, and 1,470 IgM-measles control sera.

316. PASB organized virtual training exercises on the sequencing and genotyping of measles and rubella viruses for staff of national laboratory in Mexico, with technical support from U.S. CDC. The Bureau also provided training for laboratory personnel in Bolivia (Plurinational State of), Dominican Republic, Honduras, and Nicaragua on the detection of measles and rubella RNA by real-time reverse transcription PCR, as well as an update on the molecular diagnosis of poliovirus and intratypic differentiation of poliovirus by real-time reverse transcription PCR for laboratory personnel in

¹³⁶ Available from: <https://www.who.int/publications/i/item/9789240014107>.

¹³⁷ San Miguel-Majors SL, Trimble EL, Lowy D, et al. Promoting WHO's cervical cancer elimination goals '90-70-90' by developing, implementing, and evaluation the ECHO Latin America (ECHO ELA) program. (Poster). March 2021. Available from: <https://bit.ly/36RhpUy>.

¹³⁸ Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Dominican Republic, Haiti, Honduras, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

Argentina, Brazil (two laboratories), Canada, Colombia, Chile, Mexico, United States of America, and Venezuela (Bolivarian Republic of).

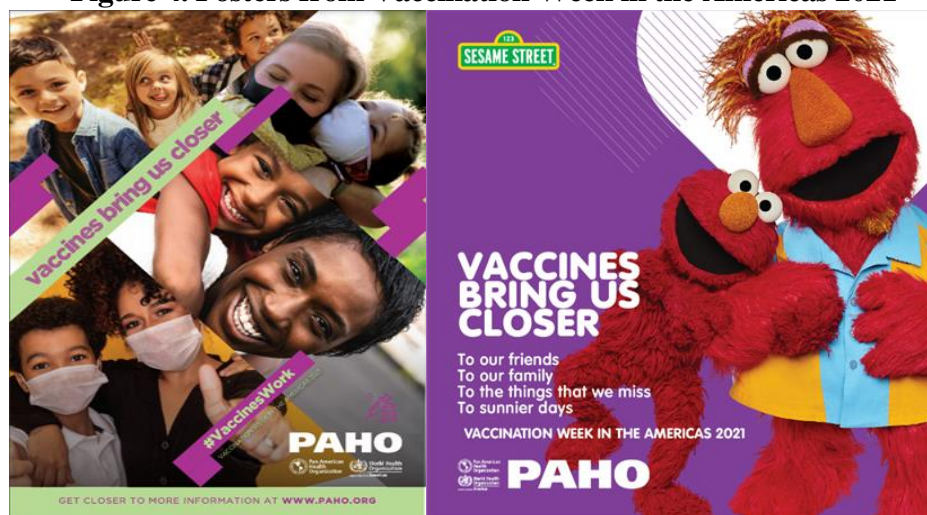
Promoting Vaccination

317. In April 2021, the Region of the Americas celebrated the 19th Vaccination Week in the Americas (VWA) and 10th World Immunization Week with the slogan “Vaccines bring us closer. #GetVax.” PASB held a virtual launch of the event, which featured video messages from the Presidents of Colombia and Costa Rica, as well as technical presentations and videos of immunization activities from around the Region. The Bureau welcomed friends from Sesame Street to VWA 2021 (Figure 4), and Pelé, the famed Brazilian football player, who supported the launch with a video message expressing his support for vaccination.

318. Forty-five countries and territories¹³⁹ participated in VWA, with the goal of vaccinating almost 100 million people with vaccines that are part of the routine program, as well as with the new vaccines against COVID-19. In addition to country events and campaigns, the Bureau hosted “ask the expert” sessions on social media, including two Twitter chats, to respond to questions and concerns about immunization. The social media posts around VWA were viewed more than 92 million times, and stories from countries highlighted the heroic efforts of healthcare workers to maintain immunization services during the pandemic.

319. PASB worked at country and regional levels to increase vaccine acceptance and demand. Trust in national health authorities and vaccines are critical elements of immunization programs, and PASB developed tools and guidance, and convened webinars, to assist countries in developing and implementing communications plans, both for crisis communications related to immunization and for risk communications for COVID-19 vaccine introduction.

Figure 4. Posters from Vaccination Week in the Americas 2021



¹³⁹ Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Paraguay, Peru, Saba, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

320. Partnerships with the media are vital for effective communications, and in October 2020 PASB organized webinars for journalists on how to cover COVID-19 vaccine-related issues. Similarly, because listening to and understanding people’s concerns and doubts regarding immunization are critical in responding to and overcoming vaccine hesitancy, the Bureau used social media as part of its social listening activities and dedicated time to answer individuals’ questions and develop social media materials to respond to broader questions and combat the infodemic of misinformation and disinformation. A web page with frequently asked questions on COVID-19 vaccination was established¹⁴⁰ and constantly updated with responses to questions received from countries, social media, traditional media, and other sources, translated into all four PAHO official languages.

321. Healthcare workers are the most trusted source of information on vaccination for the public, and PASB developed tools and provided training to help them become better immunization advocates in their communities. The findings of a March 2021 survey of healthcare workers in 14 Caribbean countries,¹⁴¹ conducted to determine their acceptance of COVID-19 vaccines, were used to inform a communications campaign launched in the Caribbean with the slogan “Vaccines bring us closer. Choose to get vaccinated.” The Bureau also published two guidance documents in all four official languages to help healthcare workers respond to vaccine-related concerns among their peers, patients, and community members to complement communications campaign materials developed for use in health centers and social media, combat myths, and provide factual, transparent information.

Advancing Reduction and Elimination of Communicable Diseases and Environmental Threats

322. During the reporting period, despite the ongoing COVID-19 pandemic and associated impediments to traditional technical cooperation approaches, PASB persevered with its efforts to advance the surveillance, prevention, control, elimination, and/or reduction of communicable diseases, zoonoses, and environmental threats to health in Member States. These efforts were guided by multiple global and regional mandates, including the PAHO *Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas* (Document CD57/7).

Human Immunodeficiency Virus and Other Sexually Transmitted Infections

323. The Bureau supported Bolivia (Plurinational State of), Costa Rica, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay to strengthen their strategic information for human immunodeficiency virus (HIV) / sexually transmitted infection (STI) services, with a particular focus on key populations, including gay men, other men who have sex with men, transsexual women, and sex workers. These efforts were supported by the Global Fund and implemented in collaboration with national HIV programs, civil society organizations, and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

¹⁴⁰ Available from: <https://iris.paho.org/handle/10665.2/54529>.

¹⁴¹ Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

324. In 2020, for the first time, Costa Rica, Dominican Republic, Honduras, and Nicaragua built their key population HIV prevention cascades, following the guidance established by the Bureau and presented in the publication *Framework for Monitoring HIV/STI services for Key Populations in Latin America and the Caribbean*.¹⁴² The calculation of the key population prevention cascade allows countries to identify gaps in service provision and develop plans to reduce new HIV infections. Colombia and Guatemala began building their own cascades, while Bolivia (Plurinational State of), El Salvador, and Paraguay updated their existing ones.

325. As part of this initiative, Bolivia (Plurinational State of), Ecuador, El Salvador, Guatemala, Nicaragua, and Paraguay disaggregated their HIV care cascades by key population groups to help identify gaps in access to HIV treatment for specific populations. These countries introduced changes to their health management information system to generate HIV key indicators, which inform the national strategic plans. Data availability and use are guiding countries to adopt new WHO recommendations for HIV/STI services, including HIV diagnostic algorithms based on rapid tests, pre-exposure prophylaxis (PrEP), non-occupational post-exposure prophylaxis, or assisted partner notification.

326. The Bureau assisted countries to enhance their implementation of PrEP, a key intervention to prevent new HIV infections among high-risk groups. The virtual course Oral PrEP of HIV Infection – eLearning Tool for Clinicians – 2021 was finalized and uploaded to the VCPH in April 2021, and, as at June 2021, 366 clinicians from across the Region had completed the course. Belize conducted a costing exercise for PrEP implementation, using a tool developed by PASB, as a first step in PrEP implementation, while Costa Rica and Panama developed PrEP guidelines and made progress toward PrEP implementation in 2021.

327. In May 2021, Dominica was validated by WHO as having achieved the elimination of mother-to-child transmission of HIV and syphilis.

Tuberculosis, Viral Hepatitis, and Malaria

Tuberculosis

328. PASB continued to support the implementation of the End TB Strategy and the commitments of the High-Level Meeting on TB. Efforts included advocacy for the implementation of the Multicounty Accountability Framework for TB; finalization of regional technical guidance on TB in indigenous peoples and in prisons, with follow-up of initial implementation in Brazil, Guatemala, and Paraguay; and capacity-building on TB prevention and control through the sponsorship of young professionals in regional virtual courses.

329. PASB's technical cooperation to prevent and control drug-resistant TB (multidrug-resistant and extensively drug-resistant) was undertaken through the Regional Green Light Committee, funded by the Global Fund through WHO. The Bureau conducted virtual monitoring visits in

¹⁴² Available from: <https://iris.paho.org/handle/10665.2/51682>.

13 countries,¹⁴³ and implemented capacity-building workshops—one regional and one national, in Peru.

330. The first phase of the Bureau’s TB elimination project continued, targeting work in Costa Rica, Cuba, and Jamaica, with funding from the Russian Federation, in close collaboration with WHO. During the reporting period, PASB conducted virtual monitoring visits in Cuba and Jamaica, and epidemiological reviews in all three countries; procured GeneXpert equipment and supplies; and developed preventive materials and reviews of technical guidelines and documents.

331. The Bureau contributed to the development of a new regional Global Fund grant, in close partnership with the Andean Health Agency and the Executive Secretary of COMISCA. The multicountry TB laboratory project—which was approved, with implementation initiated in January 2021—aims to strengthen national TB laboratory networks in 17 countries¹⁴⁴ over the next three years. This follows successful execution of a similar grant that concluded in 2020.

Viral Hepatitis

332. During the reporting period, with PASB’s support, Belize included interventions on viral hepatitis in its national HIV strategy for the first time; Ecuador initiated development of its national plan for viral hepatitis; and Paraguay elaborated clinical guidelines for hepatitis B and hepatitis C. In addition, the Bureau engaged with civil society organizations at regional and national levels to advance viral hepatitis prevention and control. The engagement focused on awareness and advocacy for political commitment, and included the development, in December 2020, of a framework for integrated civil society action to contribute to the reduction of HIV, STI, TB, and viral hepatitis.¹⁴⁵

333. In May 2021, PASB and ORAS-CONHU launched the project Eliminating Hepatitis in the Andean Region: Supporting National Responses.¹⁴⁶ Funded by ENDHEP2030-The Hepatitis Fund, areas of work include advocacy and awareness, national policies and planning, and access to testing and treatment. This project is expected to accelerate and strengthen subregional and national responses to viral hepatitis in Andean countries.

334. The Bureau also helped Member States with data collection and reporting to the WHO Global Reporting System for Viral Hepatitis, and 23 countries¹⁴⁷ submitted their data. In May 2021, PASB published *Protocol to Estimate Mortality from Cirrhosis and Hepatocellular*

¹⁴³ Antigua and Barbuda, Bolivia (Plurinational State of), Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Paraguay, Peru, and Suriname.

¹⁴⁴ Argentina, Bolivia (Plurinational State of), Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, Suriname, and Venezuela (Bolivarian Republic of).

¹⁴⁵ Available in Spanish from: <https://hcvsinfronteras.org/la-sociedad-civil-y-las-epidemias-de-tb-vih-its-y-hepatitis-virales/>.

¹⁴⁶ Additional information on the project is available from: <https://endhep2030.org/eliminating-hepatitis-in-the-andean-region-supporting-national-responses/>.

¹⁴⁷ Antigua and Barbuda, Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, and Uruguay.

Carcinoma Attributable to Viral Hepatitis B and C,¹⁴⁸ and produced a Spanish translation of WHO's *Consolidated Strategic Information Guidelines for Viral Hepatitis*.¹⁴⁹ The Bureau organized a virtual workshop to disseminate the recommendations on strategic information and identify opportunities for technical cooperation in strengthening national viral hepatitis monitoring systems.

335. In partnership with the Task Force for Global Health, the Bureau supported the elaboration of country profiles on viral hepatitis, focusing on policy uptake and progress toward achievement of WHO elimination targets. In addition, the Bureau and representatives from Member States engaged with WHO in the development of the June 2021 publication *Interim Guidance for Country Validation of Viral Hepatitis Elimination*.¹⁵⁰ PASB also contributed to the elaboration of a Caribbean guideline for hepatitis B and hepatitis C testing and treatment, which is pending publication.

Malaria Elimination

336. In February 2021, El Salvador became the first Central American country to be certified by WHO as having eliminated malaria, an immense achievement for the country that is the result of decades of political commitment to this public health goal. During the reporting period, the Bureau worked in coordination with WHO to guide El Salvador through the final phase of the process. There are currently 10 additional countries and territories in the region—Belize, Costa Rica, Dominican Republic, Ecuador, French Guiana, Guatemala, Honduras, Mexico, Panama, and Suriname—that WHO considers can eliminate malaria by 2025. Belize, one of the 10, marked three years without transmission, as at 2021.

Master plan for HIV, STI, TB and Malaria Prevention and Control in Venezuela (Bolivarian Republic of)

In collaboration with UNAIDS, civil society, and other partners, the Bureau continued to support the implementation of the master plan to strengthen the response to HIV, TB, and malaria from a public health perspective in Venezuela (Bolivarian Republic of).

In 2020, using the second Global Fund exceptional donation for noneligible countries in crisis, the Bureau supported the procurement of medicines and diagnostics for HIV, TB, and malaria through the PAHO Strategic Fund for a value of \$5,850,000.

Donations obtained from the Global Fund, UNICEF, and other partners in the context of the master plan have ensured access to treatment for approximately 56,000 people living with HIV and 9,000 new TB cases in 2020. At the end of 2020, the Global Fund confirmed a new donation of \$5,850,000 to continue to procure medicines and diagnostics for HIV and TB during the third year of the master plan.

¹⁴⁸ Available from: <https://www.paho.org/en/documents/protocol-estimate-mortality-cirrhosis-and-hepatocellular-carcinoma-attributable-viral>.

¹⁴⁹ Available from: <https://www.who.int/publications/i/item/consolidated-strategic-information-guidelines-for-viral-hepatitis-planning-978-92-4-151519-1>.

¹⁵⁰ Available from: <https://www.who.int/publications/i/item/9789240028395>.

Neglected Infectious Diseases, and Arboviral Diseases

337. As the Bureau continued to support Member States in their quest to eliminate neglected infectious diseases, in February 2021 Guyana began its second mass drug administration campaign using the triple drug combination of ivermectin, diethylcarbamazine, and albendazole to eliminate lymphatic filariasis. A total of 487,043 of 678,851 eligible people (71.8%) received preventive chemotherapy, with 100% geographical coverage. Each of the eight endemic regions achieved the required minimum 65% epidemiological coverage during the campaign, and household coverage significantly increased due to the COVID-19-related confinement. This second round sets the stage for the implementation of surveys in Guyana in the period 2021-2022 to confirm interruption of the transmission of lymphatic filariasis, as recommended by WHO. These efforts were funded with resources from the Ministry of Health, the United States Agency for International Development (USAID), and the Ending Neglected Diseases Fund.

338. Regarding control of Chagas disease, between May and July 2020, 64 municipalities in Bolivia (Plurinational State of) were able to interrupt domiciliary vector-borne transmission of the disease, while between August and October 2020, Colombia added 66 municipalities to the list of localities that had interrupted vector-borne transmission of the disease in that country.

339. In further action to support the reduction of arboviral diseases, the Bureau developed an online-first, self-learning course on the diagnosis and clinical management of dengue, and made the course available in both English and Spanish on the VCPH. As at May 2021, a total of 32,000 health professionals had enrolled in this course.

Health, Climate Change, and COVID-19

340. The Bureau continued to support the implementation of the Caribbean Action Plan on Health and Climate Change 2019–2023.¹⁵¹ Developed under the umbrella of the WHO Special Initiative on Climate Change and Health in Small Island Developing States (SIDS),¹⁵² the action plan was implemented primarily through the five-year EU/Caribbean Forum of the African, Caribbean and Pacific Group of States (CARIFORUM) project Strengthening Climate Resilient Health Systems in the Caribbean. With partial funding from the EU, and some funding from the Climate and Clean Air Coalition, the project's implementation also relies on the participation of various partners including the Caribbean Community Climate Change Center, Caribbean Institute of Meteorology and Hydrology, CARICOM, CARPHA, Food and Agriculture Organization of the United Nations (FAO), Saint George's University, Grenada; United Nations Environment Programme, UNICEF, and UWI at St. Augustine and Cave Hill Campuses, situated in Trinidad and Tobago, and Barbados, respectively.

¹⁵¹ Available from: <https://www.paho.org/en/documents/caribbean-action-plan-health-and-climate-change-2019>.

¹⁵² Information on the WHO Special Initiative Climate Change and Health in SIDS is available from: <https://apps.who.int/iris/bitstream/handle/10665/279987/9789241514996-eng.pdf>.

341. During the reporting period, the initiative's results included:

- a) Establishment of a cohort of youth and a multisector leaders' fellowship program to participate in extensive climate and health training experiences across the 16 CARIFORUM countries;¹⁵³
- b) Development of comprehensive health national adaptation plans to engage the health sector in climate change;
- c) Administration of a climate change and health public perceptions survey in 10 Caribbean countries—Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago;
- d) Development of a series of tools, including guidelines for climate-resilient and environmentally sustainable healthcare facilities; a pocketbook on climate change for health professionals; and guidance for the development of early warning systems for heat. This work was partially financed by the Norwegian Agency for Development Cooperation.

342. In the period from June to July 2020, the Bureau developed a program to strengthen technical capacity in the Region for the response to the environmental public health aspects of the COVID-19 pandemic. Partners in this work included UNESCO, UNICEF, United Nations Environment Programme, and regional technical entities within the WASH group for Latin America and the Caribbean led by UNICEF and PASB as part of the humanitarian response network.

343. The program reached over 2,000 people through regional and subregional webinars, country-specific conference calls, and the use of the VCPH. Topics addressed included WASH services, management of municipal and medical solid wastes, ventilation, and cleaning and disinfection in different settings, such as healthcare facilities, schools, and housing. The program also focused on integrating environmental surveillance as part of routine health surveillance systems in the context of the COVID-19 pandemic. Moreover, in collaboration with a network of technical and academic institutions from 11 countries,¹⁵⁴ a technical guidance document was prepared for the surveillance of SARS-CoV-2 in wastewater, as a supporting tool for the epidemiological surveillance systems already in place.

344. The Bureau also made a virtual call to action to improve WASH in healthcare facilities and reduce the risk of infection in patients, caregivers, health workers, and communities as a critical need during the COVID19-pandemic. The event highlighted progress toward the provision of safe WASH services in healthcare facilities and included the participation of the First Ladies of Argentina, Colombia, and Paraguay.

¹⁵³ Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint. Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

¹⁵⁴ Argentina, Brazil, Chile, Costa Rica, Honduras, Mexico, Paraguay, Peru, Spain, Uruguay, and United States of America.

Antimicrobial Resistance

345. The Bureau's brokering and experience of the cooperation among countries for health development (CCHD)¹⁵⁵ project between Argentina and 14 CARICOM Member States,¹⁵⁶ aimed at strengthening capacity for antimicrobial resistance (AMR) diagnosis and surveillance, demonstrated the value of increasing horizontal collaboration between subregions.¹⁵⁷ Through the project, in 2020 over 300 nurses, physicians, and laboratory specialists from seven Caribbean countries—Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Saint Kitts and Nevis, and Saint Vincent and the Grenadines—were trained in specimen collection, 119 participants from 12 countries¹⁵⁸ successfully completed a virtual training in AMR detection and surveillance, and nine countries—Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Suriname—joined a laboratory external QA program led by the ANLIS-Malbrán Institute in Argentina. In addition, 10 professionals from Barbados were trained on-site at the various collaborating Argentinian institutions, and assessment of AMR detection capacity was carried out in eight human health laboratories, one CARPHA laboratory, two food safety laboratories, and three veterinary laboratories in CARICOM Member States.

346. As at June 2021, 17 countries¹⁵⁹ had adhered to the protocol for enhanced isolate-level AMR surveillance in bacterial and/or fungal bloodstream infections that the Bureau had launched in 2020. Individual-level data collected through this surveillance will provide more reliable information on AMR patterns, including the characterization of multidrug resistance, and help to identify risk groups for resistant infections. In 2020 and 2021, respectively, the ANLIS-Malbrán Institute in Argentina and the Costa Rican Institute of Research and Teaching in Nutrition and Health were officially designated as WHO Collaborating Centers for AMR surveillance. Among the most notable contributions of the ANLIS-Malbrán Institute was the establishment, in 2020, of the first external QA program for fungal disease diagnosis in Latin America and the Caribbean, with 15 countries¹⁶⁰ enrolled as at June 2021.

347. In response to increases in AMR infections and novel multidrug-resistant pathogens resulting from the high antibiotic use in COVID-19 patients and disruptions to IPC practices, the Bureau supported countries to reinforce IPC measures and practices, surveillance of healthcare-associated infections, diagnostic capacity, including for emerging threats, and antimicrobial stewardship. Of particular concern were increases in the detection of *Candida auris* in patients with COVID-19 in Brazil, Colombia, Guatemala, Mexico, Peru, Panama, and the

¹⁵⁵ Information on the PAHO CCHD initiative is available from: <https://www.paho.org/en/who-we-are/cooperation-among-countries-health-development>.

¹⁵⁶ Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

¹⁵⁷ Information on the project is available from: <https://www.paho.org/en/amr-detection-surveillance-caricom-member-states>.

¹⁵⁸ Antigua and Barbuda, Barbados, Belize, Dominica, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

¹⁵⁹ Argentina, Belize, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Paraguay, Peru, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

¹⁶⁰ Belize, Brazil, Chile, Colombia, Cuba, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

United States of America; increases in carbapenem resistance in Gram-negative bacteria, including *Acinetobacter baumannii* in El Salvador, Mexico, and Peru; and emerging AMR involving OXA-48 in Chile and Guatemala.

348. In collaboration with U.S. CDC, PASB developed targeted approaches to building up AMR prevention and control in Central America and the Caribbean, including strengthening prevention and surveillance of central line-associated bloodstream infections and improving surveillance of AMR in infections due to *Neisseria meningitidis*.

349. The Bureau initiated the piloting of a network for the early detection of and response to novel/emerging AMR in Argentina and Chile, with a focus on carbapenemase-producing Enterobacteriaceae. The project is innovative in its integration of laboratory surveillance and infection prevention, and control programs to prompt rapid containment actions, thus inhibiting the spread of critical AMR threats. The Region also led the world in piloting WHO's Global Antimicrobial Resistance and Use Surveillance System methodology for estimating mortality attributable to AMR bloodstream infections, which would provide the first such estimates obtained through primary, prospective data collection.

350. During the reporting period, the project Working Together to Fight Antimicrobial Resistance, 2020–2022¹⁶¹ was extended to 2023 in order to address urgent COVID-19-related AMR—PASB has led the implementation of the project since November 2019. Funded by the EU and jointly coordinated with FAO and the World Organisation for Animal Health, the project promotes the One Health approach to help countries better implement their AMR national action plans by sharing experiences, advocating best practices, and stimulating collaborative action.

351. Project highlights for 2020 included the completion of in-depth multisectoral landscape analyses of the status of national action plans on AMR in all seven partner countries—Argentina, Brazil, Chile, Colombia, Paraguay, Peru, and Uruguay—thus informing the development of targeted work plans to be implemented under the project; One Health surveillance training exercises that led to the development of national proposals for multisectoral integrated AMR surveillance; progress with the introduction of new technologies for AMR detection and characterization; advances in the monitoring of antimicrobial use and consumption across sectors; and increases in multisectoral AMR awareness activities.

Food Safety

352. PASB undertook technical cooperation with Bolivia (Plurinational State of), El Salvador, Guatemala, Guyana, and Honduras to strengthen their national Codex Committees through FAO and WHO Codex Trust Fund projects. The Bureau also increased awareness on food safety through the production and dissemination of multimedia material promoting the Five Keys for Safer Food and good practices in food markets, through social media. In observance of World Food Safety Day on 7 June 2021, PASB organized an online event that was followed by more than 7,870 people from across the Region.

¹⁶¹ Information on the project is available from: <https://www.paho.org/en/together-fight-antimicrobial-resistance>.

353. PASB conducted three online risk-based food inspection trainings in February and March 2021 that attracted approximately 650 participants from ministries of health and agriculture in 25 countries and territories¹⁶² across the Region. Through the Interamerican Network of Food Analysis Laboratories, the Bureau worked to strengthen countries' food analysis laboratories using technical seminars, proficiency testing schemes for food microbiology and food chemistry, and the occasion of the network's first extraordinary assembly held in October 2020, where an updated version of its statute was approved.

Promoting New Perspectives on The Prevention and Control of Noncommunicable Diseases, Including Mental, Neurological, and Substance Use Disorders

354. The COVID-19 pandemic's most serious health impacts—severe illness and death—occurred most often in persons living with NCDs (PLWNCDs), including MNS disorders. The pandemic and responses to it resulted in disruptions of services and essential medicine supplies; unhealthy nutrition, reduced access to care, and decreased physical activity due to curfews, lockdowns, and closures of school and community facilities; and increases in substance use. PASB enhanced its advocacy and technical cooperation with countries to increase awareness of the need to take effective action against NCDs, not only as a critical component of the COVID-19 response, but also to increase resilience and mitigate the potential impacts of future emergencies and disasters.

COVID-19, Emergencies, and Noncommunicable Diseases

Noncommunicable Disease Emergency Kits for the Caribbean

355. In collaboration with the Yale Institute for Global Health, Eastern Caribbean Health Outcomes Research Network, PASB assessed and piloted the WHO Emergency NCD Kits,¹⁶³ which provide essential NCD medicines and diagnostic supplies, for use in the Caribbean. The project aimed to understand the challenges of managing PLWNCDs after natural events and emergencies that disrupt their care; examine current approaches to addressing their needs in the setting of a disaster; and determine the feasibility and acceptability of using the WHO Emergency NCD Kits to address those challenges.

356. Working with national NCD program managers, health authorities, and disaster response focal points from Anguilla, Antigua and Barbuda, British Virgin Islands, Dominica, and Saint Vincent and the Grenadines, the Bureau sought input on the situation, gaps, and needs for NCD care, including during emergencies, and on how the WHO Emergency NCD Kits could be deployed and used during such events. Five themes of importance were identified:

- a) Access to professional advice and medication—this was seen as a major challenge to NCD management in the setting of a disaster or emergency.

¹⁶² Antigua and Barbuda, Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Bonaire Brazil, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad & Tobago, and Uruguay.

¹⁶³ Available from: <https://www.who.int/emergencies/emergency-health-kits/non-communicable-diseases-kit-2016>.

- b) Addressing the mental health needs of survivors—this was highlighted by all disciplines as an important component of any response.
- c) Integration of NCD management and disaster preparedness and response—this was perceived as very limited, although integration and coordination are integral components of any response.
- d) Availability of unique opportunities to integrate NCD care into the COVID-19 response—this was perceived as being underutilized.
- e) Acceptability of the WHO Emergency NCD Kits—these were assessed as acceptable and feasible for use, as they addressed many of the identified challenges. However, the logistics of their storage, distribution, and use needed further consideration.

357. As a result of this work, and in response to the volcanic eruption in Saint Vincent and the Grenadines in April 2021 that displaced thousands of people, PASB trained approximately 45 healthcare professionals on the use of the emergency kits, and deployed kits to that country. This training initiative proved to be both critical and beneficial, especially for enhancing competencies in clinical NCD management, care of multi-morbidities, team-based approaches, and self-management.

Noncommunicable Disease Surveillance—COVID-19 and Comorbidities

358. The risk that individuals infected with SARS-CoV-2 will develop severe disease is known to be higher among older persons and those with underlying health conditions. Understanding the number of individuals at increased risk of severe disease can boost decision-making processes and can guide vaccination planning, inform the design of possible shielding strategies—such as self-isolation and requests for support from close contacts to deliver food and/or medical supplies—and reinforce planning for the management of chronic conditions.

359. PASB, in collaboration with the London School of Hygiene and Tropical Medicine, undertook a regional adaptation of a tool to estimate the distribution of the population with underlying conditions that could affect their risk of severe COVID-19. This tool enables the estimation of the distribution of the population without underlying conditions, with a single condition, or with multiple conditions, by 5-year age ranges and sex.

360. The regional version of the model includes the following 14 conditions that are associated with increased risk of severe COVID-19: cardiovascular disease (CVD) ; chronic kidney disease; chronic respiratory disease; chronic liver disease; diabetes; cancers with direct immunosuppression; cancers without direct immunosuppression, but with possible immunosuppression caused by treatment; HIV/AIDS; active TB; chronic neurological disorders; sickle-cell disorders; tobacco smoking; severe obesity (body mass index ≥ 40); and hypertension.

361. Application of this model to estimate the population at increased risk revealed that 250 million persons—approximately 24% of the population of the Americas—were at increased

risk of severe COVID-19 outcomes. Similar national and subnational estimates were produced for 15 countries.¹⁶⁴

Cancer Prevention and Control

362. PASB, in collaboration with the International Agency for Research on Cancer (IARC) worked with ministries of health in 12 countries in Latin America¹⁶⁵ and 10 countries from the Caribbean—Antigua and Barbuda, Bahamas, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago—to assess, build capacity for, and improve screening programs for breast, cervical, and colorectal cancers. The initiative, part of the IARC Cancer Screening in Five Continents project,¹⁶⁶ aims to improve the effectiveness of cancer-screening programs. During the reporting period, ministry of health representatives from participating countries completed a comprehensive e-learning course on the fundamentals of effective cancer-screening programs, collected and reviewed qualitative and quantitative data on cancer-screening coverage, barriers, and outcomes, and began to identify strategies to overcome the barriers to cancer-screening program effectiveness.

363. A notable outcome was a 50% increase in test performance at the end of the e-learning program, and participants reported being confident or very confident in using cancer-screening data to improve the quality of their cancer-screening programs. The majority of the ministry of health cancer program managers stated that the project was useful and could allow them to provide valuable information to stakeholders in their respective ministries of health on how to improve the quality of national cancer-screening programs.

364. Cancer-screening program data were collected and reviewed with 10 countries in Latin America (Brazil, Chile, Colombia, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Peru) and six Caribbean countries (Bahamas, Grenada, Guyana, Jamaica, Saint Vincent and the Grenadines, and Suriname). PASB and IARC initiated analysis of the data on barriers to availability, access, and effectiveness of cancer-screening services and formulation of evidence-based interventions to help countries address the reported barriers, including stakeholder identification and engagement.

365. PASB launched the cervical cancer elimination strategy¹⁶⁷ to coincide with the strategy's global launch in November 2020, with significant support from ministries of health, as well as from professional associations and NGOs throughout the Region. During this global event, the Ministries of Health of Brazil, Canada, El Salvador, and Paraguay highlighted the issue by illuminating national monuments in teal—the international color for cervical cancer—and demonstrated their commitment to national cervical cancer elimination with activities that included

¹⁶⁴ Argentina, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Dominican Republic, Ecuador, Guyana, Haiti, Honduras, Mexico, Paraguay, Peru, and Venezuela (Bolivarian Republic of).

¹⁶⁵ Argentina, Brazil, Chile, Colombia, Costa Rica, El Salvador, Honduras, Mexico, Nicaragua, Panama, Paraguay, and Peru.

¹⁶⁶ Information on the project is available from: <https://canscreen5.iarc.fr/>.

¹⁶⁷ Information on the cervical cancer elimination strategy is available from: <https://www.paho.org/en/towards-healthier-generations-free-diseases/global-strategy-elimination-cervical-cancer>.

the establishment of country agreements to scale up HPV vaccination, screening, and treatment coverage.

366. The Bureau continued to provide technical tools to Member States for interventions to reach the cervical cancer coverage targets of 90% for HPV vaccination, 70% for screening, and 90% for treatment. In addition, PASB created a monthly virtual telementoring program on cervical cancer elimination with countries in Latin America in collaboration with the University of Texas MD Anderson Cancer Center and the United States National Cancer Institute, to provide training on evidence-based interventions for cervical cancer elimination and to create a community of practice to share experiences on cervical cancer prevention. On average, there were over 250 participants in the monthly sessions, including persons from 18 countries.¹⁶⁸

367. PASB also supported the development of national cervical cancer elimination plans and strategies to improve program effectiveness in Chile, Honduras, Jamaica, Paraguay, and Suriname, and continued virtual training through the VCPH, with approximately 50,000 primary care providers and 1,500 providers having taken, respectively, courses on comprehensive cervical cancer and palliative care.

368. In addressing childhood cancer, PASB, St. Jude's Children's Research Hospital, and leading pediatric oncologists in the Region are undertaking technical cooperation with 12 countries¹⁶⁹ in Latin America and the Caribbean that participate in CureAll¹⁷⁰ Americas, the regional implementation of the Global Initiative for Childhood Cancer.¹⁷¹ In the past year, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Nicaragua, Panama, and Peru developed national childhood cancer prevention and control plans and defined priorities to strengthen health services and quality of care for children with cancer. In Peru, a major achievement was the enactment of the childhood cancer law in September 2020, which assures universal coverage for childhood cancer care and provides social support to parents of children with cancer. Brazil, Ecuador, and Paraguay joined the regional initiative and took action to assess the situation, engage national stakeholders, and define a national plan for childhood cancer prevention and control.

Cardiovascular Diseases

369. The HEARTS in the Americas initiative¹⁷² aims to improve hypertension control, diabetes management, and secondary prevention of CVDs. Twelve countries¹⁷³ that had previously adopted the model worked to scale up their programs to the national level, and four additional countries

¹⁶⁸ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

¹⁶⁹ Brazil, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Panama, Paraguay, and Peru.

¹⁷⁰ Information on the CureAll framework is available from: <https://www.paho.org/en/node/78537>.

¹⁷¹ Information on the Global Initiative for Childhood Cancer is available from: <https://www.who.int/docs/default-source/documents/health-topics/cancer/who-childhood-cancer-overview-booklet.pdf>.

¹⁷² Information on HEARTS in the Americas is available from: <https://www.paho.org/en/heart-america>.

¹⁷³ Argentina, Barbados, Chile, Colombia, Cuba, Dominican Republic, Mexico, Ecuador, Panama, Peru, Saint Lucia, and Trinidad and Tobago.

and territories joined the initiative during the reporting period—Bolivia (Plurinational State of), Brazil, British Virgin Islands, and Guyana. Over 7 million people are covered by the initiative, based on the health service catchment areas, and Member States have incorporated the model into their primary care systems and developed national scale-up plans that project a coverage of 71,314 PHC centers by 2025.

370. Implementation of HEARTS is supported by PASB’s technical, educational, and training resources, including virtual courses on CVD management through the VCPH—18,920 health professionals enrolled during the first semester of 2021, for a cumulative enrollment of 132,296. The Bureau also developed a CVD risk calculator that transforms the previous WHO color-coded risk charts into an online electronic calculator to estimate the 10-year risk of myocardial infarction, stroke, or cardiovascular death, and includes information on the standardized CVD treatment protocols.

371. PASB, through the PAHO Strategic Fund, improved the availability and affordability of high-quality CVD medications and technology by seeking to consolidate the demand for antihypertensive drugs for five countries—Argentina, Chile, Mexico, Panama, and Trinidad and Tobago; mapping suppliers and reference prices of the new antihypertensive drugs included in the PAHO Strategic Fund list; developing international tender and technical evaluation of antihypertensive drugs offered to the PAHO Strategic Fund; and establishing LTAs with manufacturers for the antihypertensive medicines that meet the technical specifications, eligibility criteria, and established quality standards.

372. Despite the difficulties faced during the COVID-19 pandemic, 563 primary health centers in 10 countries—Argentina, Chile, Cuba, Dominican Republic, Ecuador, Mexico, Panama, Peru, Saint Lucia, and Trinidad and Tobago—continued to report basic indicator data on hypertension coverage and control rates. With the COVID-19 pandemic, many primary care services for NCDs were disrupted, including hypertension and CVD management, but Mexico was able to position the HEARTS initiative at the forefront of its national COVID-19 response.

Risk Factors

Nutrition

373. The COVID-19 pandemic increased all forms of malnutrition, including wasting, due to deteriorating household wealth and disruptions in the availability and affordability of nutritious food and essential nutritional services. There was also an increase in the marketing and consumption of infant formula and of processed and ultra-processed products, often as donations by private sector companies hoping to transmit a positive image of the food and beverage industry by appearing to contribute to the pandemic relief response. Moreover, confinement measures led to a decrease in physical activity. Unhealthy diets, physical inactivity, and obesity, among other NCD risk factors, increase the risk of suffering severe consequences from COVID-19.

374. PASB advocated strongly for, and supported countries to implement, effective front-of-package warning labeling (FOPWL); reduce salt/sodium intake; promote healthy infant and young child feeding practices, including exclusive breastfeeding; develop national policies to

reduce sugar consumption, including the imposition of taxes on sugar-sweetened beverages (SSBs); eliminate trans-fatty acids from the food supply; and improve school-based nutrition and physical activity, among other measures to reduce the growing burden of childhood obesity in particular.

375. The Bureau convened virtual meetings with various countries on these topics, including with Argentina, Costa Rica, Jamaica, Peru, and Uruguay on FOPWL; with 13 countries¹⁷⁴ on the elimination of trans-fatty acids and FOPWL; and with Argentina, Bolivia (Plurinational State of), Costa Rica, Ecuador, Panama, Peru, and Uruguay on the promotion of sodium reduction policies. Work was completed on FOPWL and SSB taxation publications, and the development and updating of topic-specific web pages to address issues such as general nutrition, breastfeeding and complementary feeding, FOPWL, the PAHO Nutrient Profile Model,¹⁷⁵ salt/sodium reduction, and trans-fatty acids elimination.

Front-of-package Warning Labeling

376. The Bureau continued to undertake technical cooperation on FOPWL with Argentina, Costa Rica, Mexico, and CARICOM. As a result, Mexico joined Chile, Ecuador, Peru, and Uruguay in implementing this measure; Argentina and Colombia are expected to give final approval for FOPWL in late 2021; and the CARICOM Regional Organization for Standards and Quality is leading the final stages of a process to develop a Caribbean regional FOPWL standard.

377. In December 2020, PASB launched the publication *Front-of-Package Labeling as a Policy Tool for the Prevention of Noncommunicable Diseases in the Americas*,¹⁷⁶ which summarizes the evidence on the performance of FOPWL systems and provides a list of frequently asked questions on the systems and the PAHO Nutrient Profile Model.

Reduction of Salt/Sodium Intake

378. With financial support from Resolve to Save Lives, an initiative of the global public health organization Vital Strategies aimed at preventing deaths from heart disease, the Bureau provided technical and policy support to countries to promote policies to reduce salt/sodium intake, including a situational analysis in Argentina, Bolivia (Plurinational State of), Costa Rica, Ecuador, Panama, Peru, and Uruguay. The overall objective of this analysis was to describe the situation of sodium reduction policies in the countries in 2020 in order to contribute to the NCD Global Monitoring Framework target of a 30% relative reduction in mean population salt intake by 2025. The resulting report concluded that although the seven countries had differing views on their levels of implementation, they held similar views on industry opposition, conflicts of interest, the need for capacity-building on reformulation, and the need to increase the participation of different stakeholders in Codex Alimentarius discussions.

¹⁷⁴ Argentina, Bolivia (Plurinational State of), Brazil, Colombia, El Salvador, Guatemala, Guyana, Jamaica, Mexico, Panama, Paraguay, Peru, and Uruguay.

¹⁷⁵ Information on the PAHO Nutrient Profile Model is available from: <https://www.paho.org/en/nutrient-profile-model#:~:text=>.

¹⁷⁶ Available from: <https://iris.paho.org/handle/10665.2/52740>.

379. The report also identified opportunities for policy promotion and for multistakeholder, multisectoral collaboration within the countries, including among civil society organizations, academia, governments, and international agencies. Most of the stakeholders interviewed noted the importance of promoting regional collaboration on topics such as FOPWL, sodium reformulation, and sodium monitoring, among others. The Bureau provided support for country-level workshops to define road maps for actions tailored to specific country contexts to achieve reduction in salt intake at the population level.

380. In addition, the Bureau updated the PAHO regional sodium reduction targets with the support of the University of Toronto and the PAHO TAG on CVD prevention through population-wide dietary salt reduction, and initiated plans to develop an advocacy package and officially launch these targets. PASB backed the implementation of legislation and regulations to accelerate progress toward reduction of mean population intake of sodium as recommended in the WHO “best buys” for NCD prevention and control¹⁷⁷ and in the WHO SHAKE technical package for salt reduction.¹⁷⁸

381. PASB observed World Salt Awareness Week in March 2021 with several activities, including a webinar on 11 March to disseminate information about progress in the Region, and to launch the initiative to map salt/sodium reduction policies in the Americas and an interactive online tool that monitors progress in the implementation of those policies.

Breastfeeding

382. The COVID-19 pandemic crystallized the need for strong advocacy to promote breastfeeding as a public health intervention that saves lives and prevents infections and illnesses. PASB continued to support Argentina, Belize, Jamaica, Saint Kitts and Nevis, and Trinidad and Tobago in the promotion of breastfeeding and adherence to the WHO standard infant-feeding guidelines. The Bureau provided competency-based training and tools for self-monitoring and external assessment in Barbados, Grenada, Guyana, Jamaica, Saint Lucia, and Trinidad and Tobago to boost sustainability of the Baby-friendly Hospital Initiative (BFHI),¹⁷⁹ which promotes breastfeeding, and convened webinars for the initiative’s networks in the Caribbean and Latin America to update national its coordinators and share country experiences. PASB translated new tools for the initiative from WHO and UNICEF into Spanish, and continued advocacy for national legislation to implement the WHO International Code of Marketing of Breast-milk Substitutes.¹⁸⁰

383. PASB hosted virtual meetings on Legislating the International Code of Marketing of Breast-milk Substitutes for Latin American and Caribbean countries in November 2020, to increase awareness of the need to strengthen domestic legislation that enables countries to fulfil their obligations in implementing the International Code. Guyana initiated preparations for

¹⁷⁷ World Health Organization. Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: WHO; 2017. Available from: <https://apps.who.int/iris/handle/10665/259232>.

¹⁷⁸ Available from: <https://apps.who.int/iris/handle/10665/250135>.

¹⁷⁹ Information on the Baby-friendly Hospital Initiative is available from: <https://www.who.int/activities/promoting-baby-friendly-hospitals>.

¹⁸⁰ Available from: https://www.who.int/nutrition/publications/code_english.pdf.

relevant national legislation, while Panama produced a report on its assessment of the implementation of the International Code. Suriname embarked upon an assessment, while also developing International Code legislation.

384. PASB kept countries updated on breastfeeding and COVID-19 through various information products,¹⁸¹ with a special focus during World Breastfeeding Week in August 2020, when the Bureau co-hosted a Caribbean subregional webinar with Trinidad and Tobago, and a subregional webinar in Spanish for Latin American countries, both on the theme “Support breastfeeding for a healthier planet!”

Other Actions in Support of Healthy Nutrition

385. In collaboration with the University of South Florida and with funding from the American Heart Association and the WHO Partnership for Universal Health Coverage, in July 2020 PASB developed and launched a virtual social marketing program on public health, addressing NCD behavioral risk factors. This program consisted of five courses in which participants learned how to conduct formative research, formulate communication objectives, and design, implement, monitor, and evaluate social marketing campaigns. The program is offered in both English and in Spanish, as a self-learning course, or in tutorial format, and more than 8,000 participants registered for the introductory course.

386. As part of the activities of the PASB-led Inter-American Task Force on NCDs, PASB and OAS collaborated to introduce school-based activities centered on the prevention and control of NCDs, in line with the work plan of the OAS Inter-American Committee on Education 2019–2022 and the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents.¹⁸² In November 2020, a joint seminar was held on the promotion of healthy school settings, with the participation of delegates from both ministries of health and education. A second joint webinar was convened in June 2021, addressing the promotion of healthy life skills through physical and nutrition education in schools. In addition, a joint statement on NCDs and COVID-19 was produced and disseminated, calling for multisectoral actions and the implementation of regulatory policies to protect public health and reduce risk factors.

387. In the context of increasing malnutrition due to the COVID-19 pandemic, in the second semester of 2020, PASB, in collaboration with other UN agencies, participated in the preparation of a road map for the implementation in Haiti of the Global Action Plan on Child Wasting.¹⁸³ In Guatemala, the Bureau continued its participation in the development and implementation of an EU-supported project to address stunting, and supported the nutrition response to the emergency in Saint Vincent and the Grenadines with technical guidance on nutrition support for people in shelters and infant-feeding in emergencies. PASB continued to coordinate its response with UN agencies through the UN regional nutrition group, and co-organized subregional meetings on

¹⁸¹ Pan American Health Organization. Breastfeeding and COVID-19. May 2020. Available from: <https://www.paho.org/en/documents/breastfeeding-and-covid-19>.

¹⁸² Available from: <https://www.paho.org/hq/dmdocuments/2015/Obesity-Plan-Of-Action-Child-Eng-2015.pdf>.

¹⁸³ Available from: <https://www.who.int/publications/m/item/global-action-plan-on-child-wasting-a-framework-for-action>.

nutrition in emergencies in preparation for the hurricane season with UNICEF and the United Nations World Food Programme in June 2021.

388. In March 2021, the Bureau strengthened its own interprogrammatic mechanisms for technical cooperation in healthy nutrition, convening a technical meeting with relevant entities at regional, subregional, and country levels. The meeting objectives were to analyze and discuss the current context and nutrition problems of the Region; develop a strategic response through a food and nutrition systems approach; and identify priorities for technical cooperation to address all forms of malnutrition. As a result of the meeting, the Bureau established an interdepartmental working group to prepare a road map for a comprehensive interprogrammatic response, in coordination with other UN agencies.

Tobacco Control

389. Tobacco use remains a major public health problem and is the main preventable risk factor for the four main NCDs—CVD, cancer, diabetes, and chronic respiratory diseases. Tobacco use and exposure to tobacco smoke are responsible for approximately 1 million deaths each year in the Region of the Americas—tobacco use is more prevalent among men (24.3%), but a significant 12.8% of women also smoke.

390. The tobacco industry used the opportunity of the COVID-19 pandemic to position itself as a partner in the pandemic response,¹⁸⁴ while attempting to weaken effective regulatory frameworks to address the tobacco epidemic.¹⁸⁵ During the reporting period there was limited progress in implementation of the WHO Framework Convention on Tobacco Control (FCTC) measures, despite the observation that measures aimed at increasing taxation to reduce tobacco consumption would also result in immediate increases in additional revenue for COVID-19 recovery plans.

391. PASB continued to support national authorities in the area of tobacco control. Mexico developed economic arguments to support a proposal to strengthen the national tobacco control policy law, including the implementation of 100% smoke-free environments and a comprehensive ban on tobacco advertising, promotion, and sponsorship. Peru developed a proposal for a comprehensive ban on tobacco advertising, promotion, and sponsorship, while Trinidad and Tobago increased taxes on cigarettes, smoking tobacco, and water pipe tobacco in October 2020.

392. Progress was also noted in the South American subregion with bans in Paraguay on tobacco smoking in public spaces as a result of the adoption of a decree in December 2020 that banned smoking of lit or electronic tobacco products in enclosed public spaces and crowded outdoor places.

¹⁸⁴ La Republica.net. Philip Morris dono 40 mil mascarillas para funcionarios de Salud. April 16, 2020.

Available from: <https://www.larepublica.net/noticia/philip-morris-dono-40-mil-mascarillas-para-funcionarios-de-salud> (Costa Rica), and Jamaica Observer. Carreras donates \$9.5M to COVID-19 relief programme. May 18, 2020. Available from: [https://www.jamaicaobserver.com/latestnews/Carreras_donates_\\$9.5m_to_COVID-19_relief_programme&template=MobileArticle](https://www.jamaicaobserver.com/latestnews/Carreras_donates_$9.5m_to_COVID-19_relief_programme&template=MobileArticle) (Jamaica).

¹⁸⁵ The Tobacco Atlas. Philip Morris makes profit on cigarettes smuggled to Ecuador and seeks government compensation for these same cigarettes. June 9, 2020. Available from: <https://tobaccoatlas.org/2020/06/09/philip-morris-makes-profit-on-cigarettes-smuggled-to-ecuador-and-now-seeks-government-compensation-for-these-same-cigarettes/>.

393. In July 2020, Florence, the first WHO digital health worker to support tobacco cessation, was launched in English and Spanish, as an artificial intelligence tool that provides interactive support for those who want to quit smoking and emphasizes the increased relevance of smoking cessation during the COVID-19 pandemic.

394. By the end of 2020, the Bureau had successfully negotiated voluntary contributions of \$1 million for 2021–2022 from Bloomberg Philanthropies through WHO, specifically to support regional tobacco control efforts during the pandemic and facilitate joint work with national authorities and other partners to prevent policy and regulatory setbacks, while fostering progress.

Enabling Approaches to Reduce Noncommunicable Diseases

395. The provision of support for health authorities to insert economic arguments into their dialogues with other government sectors, civil society, and the private sector—taking into consideration the identification and management of conflict of interest—is critical to advance the whole-of-government, whole-of-society, health-in-all-policies approaches needed for effective NCD prevention and control.

Economic Measures, Including Taxation

396. The presentation of evidence on the economic impact of NCDs and the return on investment of recommended interventions is critical to catalyzing the multisectoral creation and maintenance of supportive environments, including fiscal measures, legislation, and regulations, to enable the adoption of healthy behaviors. Providing economic arguments to achieve fiscal and health policy coherence on excise taxes on tobacco, alcohol, SSBs, and unhealthy foods includes supporting Member States on legislative proposals for health taxes; monitoring the use of such taxes; providing capacity-building activities to health and finance officials; and generating and disseminating regional- and country-level evidence on the use of health taxes and their economic impact.

397. In the context of the COVID-19 pandemic, PASB focused on supporting Member States in the use of health taxes as a “win-win-win” policy to improve health outcomes by reducing the consumption of health-harming products; improve the financial viability of health systems by reducing associated healthcare costs; and raise much-needed tax revenues in the wake of the enormous public sector spending occasioned by the COVID-19 pandemic.

398. WHO has monitored the implementation of tobacco taxes since 2008 through its biennial report on the global tobacco epidemic, including the calculation of standardized indicators of the affordability and level of taxes applied on tobacco products. For the 2021 edition of this report, expected in the second half of 2021, PASB assumed responsibility for the data collection and calculation of these indicators for the Region of the Americas.

399. The implementation of taxes on SSBs and alcoholic beverages is not being monitored in a similar manner by WHO. PASB, after previous development of relevant indicators and methodology, launched two regional surveys to collect the required data on SSBs in 2019 and on alcoholic beverages in late 2020. In March 2021, the first outcome of this effort was the publication

of the first region-wide analysis of the design of excise taxes applied on SSBs in Latin America and the Caribbean in an article in the *Pan American Journal of Public Health* (PAJPH),¹⁸⁶ the Bureau's peer-reviewed scientific publication. An expected second outcome in late 2021 is the formulation of a book chapter titled *Monitoring and Measuring Health Taxes: Lessons Learned from Tobacco and a Proposed Approach for Alcoholic and Sugar-Sweetened Beverages*, to be published in the first WHO book on health taxes. Other expected outcomes include the publication in late 2021 of results from monitoring SSB tax levels, and a similar publication on alcoholic beverage taxes in mid-2022.

Capacity-building for Application of Taxes

400. In July 2020, PASB and the National Institute of Public Health of Mexico (INSP) co-hosted the webinar: *Excise Taxes On Tobacco, Alcohol, SSBs and Non-basic Food with High Caloric Density to Prevent NCDs and as a Source of Additional Revenue in the Context of the COVID-19 Pandemic: the Case of Mexico*. Over 300 participants from the Region attended this event, with representation from ministries of health and finance, tobacco and alcohol control advocates, nutrition researchers and advocates, civil society organizations, and others. High-level officials from the Ministries of Health, Finance and Economy in Mexico, the INSP, and representatives from the World Bank and the IDB participated as panelists. The objective of this webinar was to discuss the use of excise taxes on unhealthy products in the context of the COVID-19 pandemic.

401. In October 2020, PASB and ECLAC co-hosted the webinar: *The Role of Health Taxes in Health Systems during and post-COVID-19 in the Caribbean*. The objectives included promoting increases in excise taxes on unhealthy products as an additional means of preventing NCDs and collecting tax revenues; discussing the use of excise taxes on unhealthy products within the context of the COVID-19 pandemic; and presenting the role of such taxes in reducing fiscal deficits and creating fiscal space for health, while strengthening health systems. More than 100 representatives from Caribbean ministries of health and finance, the Tobacco Taxes Network in the Americas, PAHO/WHO offices in the Caribbean, researchers, advocates, and Caribbean civil society organizations participated. The panelists included delegates from ECLAC, PAHO, Ministry of Finance and the Public Service in Jamaica, University of Illinois at Chicago, UWI, and the World Bank.

402. In April 2021, PASB held a virtual launch for the publication *Sugar-sweetened Beverage Taxation in the Region of the Americas*,¹⁸⁷ which provides information on the costs associated with obesity and the economic rationale for using SSB taxes. Developed with support from the Global Health Advocacy Incubator with funds from Bloomberg Philanthropies, the publication also provides key considerations for tax design; an overview of potential tax revenue and earmarking; the expected impact on prices of taxed beverages, demand for taxed beverages, and substitution to untaxed beverages; and responses to frequently asked questions on the economic impacts of SSB taxation. Over 400 participants from the Region attended this event, with wide representation including ministries of health and finance, nutrition researchers and advocates, and civil society organizations. Panelists included representatives

¹⁸⁶ Sandoval RC, Roche M, Belausteguigoitia I, et al. Excise taxes on sugar-sweetened beverages in Latin America and the Caribbean. *Rev Panam Salud Publica* 2021; 45:e21. DOI: <https://doi.org/10.26633/RPSP.2021.21>.

¹⁸⁷ Available from: <https://iris.paho.org/handle/10665.2/53252>.

from ECLAC, Global Health Advocacy Incubator, the INSP, WHO, the World Bank, and researchers from the Region.

403. In June 2021, with support from the INSP and financial support from the Bloomberg Initiative to Reduce Tobacco Use, through WHO, PASB launched the course Virtual Technical Training on Tobacco Control: Accelerating the MPOWER Package Implementation during COVID-19 in the Americas—Tobacco Taxes and the Economics of Tobacco Control. Representatives from IDB, the International Monetary Fund, the World Bank, and UNDP participated as panelists in the first of the four sessions of the course, which ran until 15 July 2021.

404. Participants in this virtual training included more than 165 officially nominated representatives from ministries of finance, economy, trade, or tax administration and customs agencies involved in tobacco tax policies; FCTC focal points of ministries of health and/or foreign affairs from 25 countries;¹⁸⁸ and economists and activists from the Region. With objectives to provide economic arguments for coherence between fiscal and health policy on tobacco taxes; present best practices; and strengthen capacity on the economics of nonprice-related tobacco control policies, the course covered the economic and social impact of tobacco use, tobacco taxation, illicit trade, evidence to counter arguments against tobacco taxation, and the economics of nonprice-related tobacco control policies.

405. Also in June 2021, in collaboration with the Ministry of Health of Peru, UNDP, the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases, and the nonprofit RTI International, and with partial funding from U.S. CDC, PASB launched the report *Prevention and Control of NCDs and Mental Health Conditions in Peru: The Case for Investment*¹⁸⁹ at a national multisectoral event. Based on calculations of the current health and economic burdens due to NCDs and mental health conditions in Peru, and estimates of the expected return on investment over the next 15 years from implementing WHO NCD best buys and mhGAP¹⁹⁰ interventions, the report shows that associated health and economic burdens could be significantly reduced, with the generation of benefits that substantially outweigh the implementation costs of the interventions.

406. PASB initiated arrangements for similar NCD investment cases in Guyana and Suriname with financial support from the European Commission's grant for Health Systems Strengthening for Universal Health Coverage Partnership, a WHO-EU initiative.

Mental Health and Substance Use

407. A year and a half after the declaration of the COVID-19 pandemic, Latin America and the Caribbean remains at its epicenter, with extended periods of lockdown, quarantine, and physical

¹⁸⁸ Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guyana, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, Uruguay, and Venezuela (Bolivarian Republic of).

¹⁸⁹ Available in Spanish only from: <https://iris.paho.org/handle/10665.2/54306>.

¹⁹⁰ mhGAP is a WHO guide for managing mental, neurological and substance use disorders in nonspecialist health settings. The guide is available from: <https://www.who.int/publications/i/item/9789241549790>.

distancing, as well as closure of schools and workplaces, resulting in isolation, joblessness, and financial insecurity, and reduced access to basic health services.

408. Amid the pandemic, several national studies in the Region documented elevated rates of psychological distress in the general population, with frequencies of depression and anxiety ranging from 20% to 60%.^{191,192,193} Groups living in vulnerable or marginal conditions are particularly affected, and migrants, ethnic minorities, and indigenous populations are experiencing not only a disproportionate burden of COVID-19 infections, but also the worst mental health outcomes. One in five health workers reported symptoms of depression, over 75% were concerned about contracting COVID-19, and all were worried about infecting their loved ones.¹⁹⁴ Additionally, persons with pre-existing mental health and substance use problems were at a higher risk of relapse or worsening of their conditions, and increased alcohol consumption and cannabis use was documented.¹⁹⁵

409. The COVID-19 pandemic led to significant disruptions in services for MNS disorders. The WHO pulse survey on continuity of essential services documented that this program area was the most disrupted, with adverse effects reported by 60% of the countries in the Americas that participated in the survey in 2021. Compared to the initial survey in 2020,¹⁹⁶ disruptions in health services had persisted and, in some cases, worsened.¹⁹⁷

410. The impact of the COVID-19 pandemic will include lasting adverse effects on people's mental health and well-being, placing prolonged strain on mental health services in the Region. Although the Bureau's immediate focus was on enhancing MHPSS, PASB helped Bolivia (Plurinational State of), Costa Rica, and the Dominican Republic to develop and systematize mental health national plans and reforms.

¹⁹¹ Campos JADB, Martins BG, Campos LA, et al. Early psychological impact of the COVID-19 pandemic in Brazil: A national survey. *J Clin Med* 2020; 9(9):2976. Available from: <https://www.mdpi.com/resolver?pii=jcm9092976>.

¹⁹² Torrente F, Yoris A, Low DM, et al. Sooner than you think: A very early affective reaction to the COVID-19 pandemic and quarantine in Argentina. *J Affect Disord* 2021; 282:495–503. Available from: [https://linkinghub.elsevier.com/retrieve/pii/S0165-0327\(20\)33214-6](https://linkinghub.elsevier.com/retrieve/pii/S0165-0327(20)33214-6).

¹⁹³ National Center for Health Statistics. Anxiety and Depression: 2020 Household Pulse Survey. Available from: <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

¹⁹⁴ Pan American Health Organization. Countries are falling short in implementing mental health services during COVID-19 pandemic. 5 November 2020. Available from: <https://www.paho.org/en/news/5-11-2020-countries-are-falling-short-implementing-mental-health-services-during-covid-19>.

¹⁹⁵ Mental Health Commission of Canada (MHCC). Mental health and substance use during COVID-19. Ottawa: MHCC; 2020. Available from: https://www.mentalhealthcommission.ca/sites/default/files/2021-02/mhcc_ccsa_covid_leger_poll_eng.pdf.

¹⁹⁶ World Health Organization. The impact of COVID-19 on mental, neurological, and substance use services. Results of a rapid assessment: Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/978924012455>.

¹⁹⁷ World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021. Geneva: WHO; 2021. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>.

Mental Health and Psychosocial Support

411. In recognition of the evolving mental health crisis at an early stage of the pandemic, PASB incorporated mental health into the emergency response to COVID-19, integrating MHPSS into two of the IMST's pillars—risk communication and community engagement, and maintaining essential health services during the pandemic. The Bureau emphasized a whole-of society approach to promote and protect mental health, and care for those with MNS disorders, advocating for and supporting the inclusion of MHPSS considerations in national COVID-19 responses across relevant sectors and during all emergency phases, leaving no one behind.

412. In the reporting period, PASB undertook technical cooperation in MHPSS with 33 countries and territories,¹⁹⁸ focusing on the key areas of strengthening MHPSS coordination; improving and scaling up MHPSS service delivery; MHPSS capacity-building and training; and the development and dissemination of MHPSS communications materials for the general population, as well as specific at-risk groups. The Bureau's efforts aimed to promote and support sustainable MHPSS responses, reforming and strengthening mental health systems and services for the post-pandemic period and beyond, in order to build back better and fairer.

413. PASB identified and recruited additional MHPSS experts through the Dutch Surge Support MHPSS program, which provided four experts to work with Latin American countries, the Dutch and English Caribbean, and Haiti, with another expert recruited to support the emergency in Saint Vincent and the Grenadines caused by the eruption of the volcano La Soufriere in April 2021.

Coordination of Mental Health and Psychosocial Support

414. To establish a regional collaboration mechanism for MHPSS emergencies, PASB worked with UNICEF and the Regional Child Protection Subgroup, Hebrew Immigrant Aid Society (a global refugee protection nonprofit), International Federation of Red Cross and Red Crescent Societies, IOM, Médecins du Monde, Médecins Sans Frontières, Mental Health and Psychosocial Support Network, Save the Children, UNAIDS, and the United Nations High Commissioner for Refugees.

415. PASB supported 19 Member States¹⁹⁹ in improving their coordination mechanisms for MHPSS, including the establishment of intersectoral technical working groups. The Bureau developed two virtual courses on MHPSS intersectoral coordination, one in English and one in Spanish, which were launched through the VCPH. Participants from 14 Caribbean countries and territories²⁰⁰ and 10 Latin American Countries—Bolivia (Plurinational State of), Brazil, Costa

¹⁹⁸ Anguilla, Antigua and Barbuda, Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Panama, Peru, Saint Lucia, Saint Vincent and Grenadines, Saint Kitts and Nevis, Suriname, Venezuela (Bolivarian Republic of), Haiti, Honduras, Mexico, Trinidad and Tobago, and Turks and Caicos Islands.

¹⁹⁹ Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Costa Rica, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Panama, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and Grenadines, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of).

²⁰⁰ Antigua and Barbuda, Aruba, Bahamas, Belize, British Virgin Islands, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

Rica, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, and Venezuela (Bolivarian Republic of)—completed the courses in the period August 2020 to June 2021.

Capacity-building for Mental Health and Psychosocial Support

416. PASB implemented more than 60 webinars on strengthening MHPSS, targeting first-responders, parents, teachers, journalists, micro-, small, and medium-sized enterprises, adolescents, and indigenous populations. Training was conducted in English, Dutch and Spanish, and topics included psychological first aid (PFA) adapted to COVID-19; basic psychosocial skills for coping with COVID-19; clinical management of COVID-19; establishing MHPSS coordination during COVID-19; and the remote delivery of care, among others.

417. The Bureau also helped 14 countries and territories²⁰¹ to develop implementation plans for the WHO mhGAP, an essential tool to support nonspecialized health workers, including PHC providers, in detecting, managing, and providing follow-up for common mental health conditions.

418. In September 2020, PASB launched the second edition of the self-learning virtual course Psychological First Aid in Disaster Management in the Caribbean, which includes special considerations on the utilization of PFA skills during disease outbreaks. A total of 888 students from 61 countries worldwide, including Caribbean countries, participated—the five countries with the largest number of students in the course were Bahamas, Guyana, Jamaica, Saint Lucia, and Trinidad and Tobago.

419. During the reporting period, PASB held a virtual training and contest for journalists and other media personnel to improve reporting on the COVID-19 pandemic, with a focus on MHPSS. The target audience comprised media professionals in the Caribbean working in print, broadcast, and online media, as well as communicators, including those working in ministries of health, government information services, and civil society organizations. The sessions focused on epidemiological aspects and MHPSS considerations related to the COVID-19 pandemic, stigma and discrimination, and self-care.

420. A total of 527 participants registered for the sessions, and the YouTube recordings of the series gained a combined 1,153 views. Following the training series, participants were invited to enter the PAHO/CDB/Caribbean Broadcasting Union Awards Celebrating Responsible Coverage of MHPSS during COVID-19, giving them the opportunity to demonstrate their ability to cover the pandemic responsibly, using evidence-based information to reflect topics and key recommendations raised during the training. A journalist based in Cayman Islands was announced as the winner in March 2021.²⁰²

²⁰¹ Bolivia (Plurinational State of), Cayman Islands, Costa Rica, Guatemala, Guyana, Haiti, Honduras, Mexico, Panama, Peru, Saint Lucia, Trinidad and Tobago, Turks and Caicos Islands, and Venezuela (Bolivarian Republic of).

²⁰² Available from: <https://www.paho.org/en/news/23-3-2021-winner-announced-pahocdbcbu-awards-responsible-reporting-during-covid-19>.

Remote Care for Mental Health and Psychosocial Support

421. The remote delivery of MHPSS interventions—distance-based, digital, tele-, or online—has proved an effective alternative to in-person mental health services during the COVID-19 pandemic.

422. PASB helped 20 countries and territories²⁰³ to provide remote MHPSS interventions; assisted Brazil in the development of a national remote MHPSS system; and, with the participation of 13 countries,²⁰⁴ developed and implemented a community of practice on remote MHPSS care.

Communications for Mental Health and Psychosocial Support

423. PASB developed and adapted many communications materials to address MHPSS during COVID-19, comprising technical documents, videos, and social media cards, among others, targeting the general population and vulnerable populations, including front-line and health workers. The Bureau initiated development of an MHPSS emergency website, where communication products, including fact sheets, articles, and other products formulated in the Region will be posted.

424. The Stronger Together campaign in the Caribbean, jointly supported by PASB and CDB, raised awareness of mental health and provided tools and information to promote psychosocial support. These products included an illustrated booklet on PFA, an audio version of the illustrated booklet, a social media package, public service announcements for radio, human-interest stories, and a radio jingle that was broadcast across the Caribbean subregion.

Special Projects for Mental Health and Psychosocial Support

425. The two-year, CDB-funded project Mental Health and Psychosocial Support in Disaster Management in the British Virgin Islands supported local communities to develop action plans for emergency preparedness and response at the community level. The project also built local capacity through the training of community actors in PFA, stress management, and community resilience. While initially developed to support the British Virgin Islands in building psychological resilience in the face of commonly occurring natural disasters such as hurricanes, the project was adapted to address MHPSS during the COVID-19 pandemic. One of the project outputs, the British Virgin Islands MHPSS Webinar Series, was extremely successful, garnering thousands of views on YouTube.

426. In April 2020, PASB received funding from the International Health Grants Program of the Public Health Agency of Canada to implement the project Responding to Mental Health and Psychosocial Support Needs during COVID-19 in Indigenous and Afro-descendant Communities in the Americas. The project helped Bolivia (Plurinational State of), Guatemala, Haiti, Honduras,

²⁰³ Argentina, Anguilla, Antigua and Barbuda, British Virgin Islands, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Panama, Peru, Trinidad and Tobago, Turks and Caicos Islands, and Venezuela (Bolivarian Republic of).

²⁰⁴ Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Honduras, México, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

Saint Lucia, and Saint Vincent and the Grenadines to strengthen national policies, health systems, and community capacities to provide MHPSS services to indigenous and Afro-descendant populations, which are at risk of suffering even poorer mental health outcomes during the pandemic, as a result of their marginalized status.

427. In the first semester of 2021, implementation of the WHO Special Initiative on Mental Health 2019–2023²⁰⁵ began in Paraguay, two years after that country had been selected as one of 12 participating countries. The initiative seeks to ensure universal health coverage involving access to quality and affordable mental health care for 100 million more people in these countries. It will advance policies, advocacy, and human rights, and scale up quality interventions and services for people with MNS disorders.

428. In November 2020, a five-part training program on remote assistance in mental health was conducted in Paraguay as part of the WHO Special Initiative on Mental Health. Approximately 60 psychologists and psychiatrists participated in the training, which aimed to build the capacity of health professionals to provide remote assistance to people presenting with acute and/or emergency mental health conditions, as well as to persons with chronic mental health conditions that require monitoring.

Alcohol and Substance Use

429. The COVID-19 pandemic led to widespread misinformation related to potential benefits of alcohol to prevent COVID-19 infection. During the review period, PASB developed and widely disseminated information and fact sheets, and organized webinars, to dispel myths, alert the public to the risks of alcohol consumption in the context of the pandemic, and advise against drinking as a coping mechanism.

430. The Bureau implemented an online, anonymous, regional survey on alcohol consumption before the pandemic and again in May–June 2020, with participants from 33 countries in Latin America and the Caribbean.²⁰⁶ A total of 12,328 valid responses were obtained, and the results were disseminated in a report, two scientific publications, and several webinars.

431. The study showed that, while there was an overall reduction in consumption and heavy episodic drinking, there was a tendency toward an increase in the consumption of stronger beverages and illicit alcohol. As a result of the identification of large gaps in treatment access and provision of services, PASB spearheaded the development and deployment of a digital helper to provide reliable information to the public on alcohol use; screening for, and identification of, alcohol risk; and linkages to treatment services in Member States.

²⁰⁵ Information on the WHO Special Initiative on Mental Health is available from:

[https://www.who.int/publications/i/item/special-initiative-for-mental-health-\(2019-2023\)](https://www.who.int/publications/i/item/special-initiative-for-mental-health-(2019-2023)).

²⁰⁶ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

432. In 2020, PASB published *Regional Status Report on Alcohol and Health in the Americas 2020*,²⁰⁷ updating the situation on alcohol consumption, harms, and policies in all Member States. Three webinars were organized to disseminate the results. In March 2021, the Bureau convened a regional consultation with focal points from 24 countries and territories²⁰⁸ to discuss a draft WHO Global Alcohol Action Plan 2022–2030, which is to be presented to the World Health Assembly in 2022. Technical inputs from countries in the Region were incorporated into the draft plan, which is being discussed at global level.

433. PASB continued to support countries in the implementation of the WHO SAFER technical package,²⁰⁹ which aims to reduce alcohol-related harms, with activities in Argentina, Bolivia (Plurinational State of), and Mexico to develop road maps for SAFER implementation, build capacity on screening and brief interventions in PHC for reducing alcohol, and conduct a study on alcohol labeling. The Bureau organized global and regional webinars related to SAFER in 2020, and, at the 74th World Health Assembly in May 2021, co-organized a side event with international partners (Movendi International, OECD, WHO Regional Office for Europe, Ministries of Health of Kenya and Sri Lanka, and NCD Alliance) on the impact of the COVID-19 pandemic on alcohol consumption and policies. PASB also undertook technical cooperation with Brazil on the calculation of national alcohol consumption per capita.

434. The Bureau continued its collaboration with strategic partners, including the Inter-American Drug Abuse Control Commission of the OAS (CICAD/OAS), UNODC, and national drug reduction authorities, to strengthen country capacities for the formulation of drug reduction policies with a public health orientation, emphasizing the COVID-19 response and the achievement of SDG Target 3.5²¹⁰ through the improvement of accessibility to services for the treatment of substance use disorders.

435. A joint PASB-CICAD/OAS program to promote universal health for substance use disorders was initiated, involving Ecuador, Jamaica, and Paraguay (through Paraguay's participation in the WHO Special Initiative for Mental Health), as well as the CICAD/OAS Expert Group on Drug Demand Reduction. CICAD/OAS, PASB, and the Ajuntament de València (Spain) organized a series of webinars on topics related to substance use disorders and COVID-19, which took place in June, November, and December 2020, and in April and June 2021.

436. PASB provided support to Aruba, Curaçao, and Sint Maarten, through a WHO-Netherlands grant, addressing the reorganization of mental health and substance use treatment services, treatment QA, screening, and brief interventions for medium- to high-risk populations. The development of a training program aimed to enhance country capacity to provide effective responses to substance use-related problems was initiated in Costa Rica, in collaboration with the

²⁰⁷ Available from: <https://iris.paho.org/handle/10665.2/52705>.

²⁰⁸ Antigua and Barbuda, Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Mexico, Montserrat, Panama, Paraguay, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and United States of America.

²⁰⁹ Available from: <https://www.who.int/publications/i/item/the-safer-technical-package>.

²¹⁰ SDG Target 3.5: “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.” Available from: <https://sdgs.un.org/goals/goal3>.

Ministry of Health, the Institute on Alcoholism and Drug Dependence, and the Costa Rican Social Security Fund.

437. PASB cooperated with UNODC in Bolivia (Plurinational State of), Dominican Republic, and Panama in the implementation of the International Standards for the Treatment of Drug Use Disorders, developed by WHO and UNODC. The Bureau also collaborated with civil society networks in the Americas—the Ibero-American Network of NGOs working in the fields of Drugs and Other Addictions, and the Latin American Federation of Therapeutic Communities—to promote good practices, human rights protection, and related approaches based on the social determinants of health.

Disabilities and Rehabilitation

438. PASB’s technical cooperation in this area continued to strive for health equity for persons with disabilities, especially given the health inequalities they faced during the COVID-19 pandemic. They were disproportionately impacted by the crisis, with higher death rates than persons without disabilities—many people living in congregate settings, such as older persons’ homes or psychiatric facilities, are people with disabilities. Despite a significant level of increased attention toward disability inclusion over the past 12 months, this population group has been left behind in terms of public health programming. More needs to be done to ensure that all health services are inclusive for persons with disabilities, who comprise approximately 12–15% of the population of the Americas.

439. Engaging with persons with disabilities themselves is a crucial strategy to build more disability-inclusive health programming. At the regional level, PASB established a regular meeting forum for the community of persons with disabilities to interact with the Bureau’s technical advisors, facilitate dialogue, identify the community’s high-priority issues, and develop solutions, particularly related to the pandemic.

440. This innovative approach evolved into a more permanent community of practice on disabilities, which seeks meaningful engagement and partnerships with persons with disabilities to address emergency preparedness, their rights, and the establishment of equitable, accessible, and inclusive health systems, developing guidance and providing training to health planners and providers.

441. In January 2020, PASB was selected to lead a major multistakeholder disability initiative in Trinidad and Tobago, aimed at strengthening collaboration among UN agencies, organizations of persons with disabilities, and government ministries, in order to advance efforts toward disability-inclusive societies. This project adds to ongoing projects in that are focused on disability data and sexual and reproductive health (Bolivia [Plurinational State of]), and independent living and wheelchair training (Dominican Republic). The Bureau also initiated partnerships with other UN agencies in Argentina and Panama to undertake a detailed national situational analysis of disability across all sectors, including health.

442. Rehabilitation services were one of the most heavily disrupted health services as a result of the pandemic. As the full impact of the COVID-19 pandemic continues to emerge, health

services find themselves faced with the need to provide treatment and support for those with post-COVID-19 conditions, also known as “long COVID.” Rehabilitation is an important service to support people in their post-COVID-19 recovery, and PASB developed a number of webinars and materials to provide rehabilitation professionals with up-to-date information on post-COVID management and recovery.

443. Two countries and one territory—respectively, Bolivia (Plurinational State of) and El Salvador, and Aruba—undertook national rehabilitation assessments in period under review. These assessments applied a new rehabilitation need estimator tool²¹¹ developed by WHO and the Institute for Health Metrics and Evaluation (IHME), with PASB input, to approximate the potential need for rehabilitation within a population. In Bolivia (Plurinational State of), approximately one in four people could benefit from rehabilitation, and in El Salvador about one in three. The evaluations also incorporated a review of potential post-COVID-condition rehabilitation needs.

444. Bolivia (Plurinational State of) and the Dominican Republic conducted national assessments of their assistive technology services, which provide vital products such as wheelchairs, hearing aids, eyeglasses, and communication devices. These were the first two national assessments of assistive technology services in the Region, and they will provide a platform to better identify and address bottlenecks, quality issues, system gaps, and population needs, in order to ensure that people who need assistive products have access to them.

445. PASB improved its own approaches toward accessibility in order to make information and services more available and appropriate for persons with disabilities, including using sign interpreters and closed captioning in a number of regional webinars and PASB videos; developing braille, audio, and easy-read materials; and ensuring that the PAHO website meets accessibility standards. PASB launched its disability web page on the International Day of Persons with Disabilities in December 2020, and the Bureau facilitated an internal web training series for its personnel to improve organizational knowledge and competency related to disability and inclusion.

Building on Pandemic-inspired Innovations for Digital Transformation and Decision-making in Health

“Without digital transformation, we will not be able to achieve universal health.”

Carissa F. Etienne
Director, Pan American Sanitary Bureau

446. As the pandemic disrupted the provision of services at PHC facilities around the world, existing and newly developed digital solutions emerged as a cornerstone of universal access to health care and continuity of care, in particular through the implementation of telemedicine solutions. This widening use of digital delivery provided a learning environment that drastically changed not only the way in which decisionmakers plan and act on the provision of health services, but also the way in which policymakers should develop and update policies and regulations.

²¹¹ The WHO Rehabilitation Need Estimator tool is available from: <https://vizhub.healthdata.org/rehabilitation>.

447. PASB played an important role in providing timely evidence to bridge gaps between science, policy, practice, and politics, strengthening information systems for health, and maintaining the goal of advancing the SDG 3 targets²¹² front and center within the Region, with a strong emphasis on health equity, as part of the pandemic response.

Information Technology—Adoption and Adaptation

Digital Transformation for Enhanced Data

448. In light of the need to accelerate processes related to information technology (IT) in the health sector—aligned with the eight areas of digital cooperation identified by the United Nations—PASB, in consultation with Member States, embraced and adapted those areas to reflect the imperatives of the digital transformation of the health sector.

449. In 2021, the Bureau published *Eight Guiding Principles for Digital Transformation of the Health Sector: A Call to Action in the Americas*,²¹³ and presented the eight principles (Table 1) and call to action for the development and implementation of related public policies at a regional Information Systems for Health (IS4H) conference in February 2021.²¹⁴ Convened by PASB with support from USAID and AECID, the conference analyzed lessons learned from the Bureau’s IS4H initiative²¹⁵ four years into its implementation, and made recommendations to accelerate progress in the different levels of information systems maturity existing in the Region.

Table 1. Eight guiding principles and related actions for digital transformation of the health sector

Principle	Action
Universal connectivity	Ensure universal connectivity in the health sector by 2030
Digital public goods	Co-create digital public health goods for a more equitable world
Inclusive digital health	Accelerate toward inclusive digital health with an emphasis on the most vulnerable
Interoperability	Implement interoperable, open, and sustainable digital health and information systems
Human rights	Mainstream human rights in all areas of digital transformation in health
Artificial intelligence	Participate in global cooperation on artificial intelligence and any emerging technology
Information security	Establish mechanisms for trust and information security in the digital environment of public health
Public health architecture	Design public healthcare architecture in the era of digital interdependence

²¹² The SDG 3 targets are available from: https://www.who.int/health-topics/sustainable-development-goals#tab=tab_2.

²¹³ Available from: <https://iris.paho.org/handle/10665.2/54256>.

²¹⁴ Pan American Health Organization. From the evolution of information systems for health to the digital transformation of the health sector. IS4H Conference Report. Washington, D.C.: PAHO; 2021. Available from: <https://iris.paho.org/handle/10665.2/53364>.

²¹⁵ Information on IS4H is available from: <https://www3.paho.org/ish/index.php/en/is4h-basics>.

450. PASB continued to provide direct technical cooperation on information systems and digital health to 18 countries.²¹⁶ In collaboration with the EU and other partners, it led renewal of the national health information systems in Belize. The Bureau also collaborated with WHO to support Member States in strengthening mortality estimates in the Region, aiming to obtain more accurate mortality data from countries to address the delay in annual reporting caused by the COVID-19 pandemic. PASB assisted Member States in rapid assessments of excess mortality by developing tools to estimate the full scale of mortality from COVID-19, and the Bureau's provision of guidance for mortality surveillance using existing country data and interactive dashboards contributed to increased capacity for analysis of excess mortality at national and subnational levels in Brazil, Ecuador, Mexico, and Peru. These efforts yielded invaluable data that shed light on additional deaths, with disaggregation by geographical area, age, sex, education, and other variables.

Monitoring and Research for Health Equity

451. PASB, in collaboration with USAID, developed and implemented methods for monitoring SDG 3 indicators and targets at regional, subregional, and national levels, with strong emphasis on monitoring the social inequalities in the SDG 3 indicators, through the project Monitoring SDG 3 Indicators and Addressing their Inequalities. The methodologies included establishing numerical targets in SDG 3 indicators and analyzing data on SDG 3 indicators disaggregated at the subnational level to identify social inequalities. PASB supported the countries of the Andean region to implement these methodologies, and initiated the generation of monitoring tools and analytical products that include the impact of COVID-19 on the achievement of national SDG 3 targets by 2030.

452. PASB also developed the SDG 3 portal²¹⁷ to publish and disseminate analytical products, scientific evidence, the regional dashboard for monitoring the SDG 3 targets and their inequalities, and databases of SDG 3 indicators. The Bureau produced a special supplement on SDG 3 in the PAJPH²¹⁸ that presented regional, national, and subnational experiences and proposals for monitoring the framework of SDG 3 indicators with an equity focus. As part of PASB's determination to provide Member States with the best evidence available for policy development and decision-making on SDG-related health issues, the supplement facilitated the identification of good practices; dissemination of successful experiences; and provision of evidence to inform equity-based decision-making and strengthen accountability for leaving no one behind in improving the health of the population.

453. The Bureau continued its collaboration with WHO and Member States to provide regional data and information regarding indicators that track progress in achieving the Triple Billion

²¹⁶ Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

²¹⁷ Available from: <https://www.paho.org/en/topics/environmental-determinants-health/sustainable-development-goals-sdg-pahowho-scientific-and>.

²¹⁸ Available from: <https://www3.paho.org/journal/en/special-issues/evidence-and-intelligence-action-sdg-3-targets>.

Targets²¹⁹ outlined in the WHO Thirteenth General Programme of Work 2019–2023. PASB participated in WHO regional stocktaking meetings that addressed the issues of healthier populations, universal health coverage, protection during health emergencies, and PHC. The meetings included review and verification of information, follow-up with Member States and WHO on data and information inputs, and discussions to identify accelerators to improve the rate of progress toward the Triple Billion Targets. Additionally, PASB undertook technical consultations with, and provided guidance to, PAHO Member States in validating and uploading country-level data and supporting information to the Triple Billion Dashboard.

454. PASB partnered with IHME to develop analytic perspectives on key public health issues such as NCDs and AMR, incorporating participants from government and civil society, as well as other expert collaborators from 16 target countries.²²⁰ This collaboration initiated the development of methodologies and standardized protocols to address policy questions and guide Member States in their implementation, analysis, and interpretation of findings. Jointly, PASB and IHME are working with SIDS in the Caribbean to build national capacity to track progress in reducing NCDs through evaluation, production of evidence, and forecasting of progress over time. For AMR, the objectives are to develop tools for modeling AMR-attributable mortality, and assess the impact of vaccines on AMR using regional data from the IHME Global Burden of Disease study and well-established AMR surveillance networks such as the Latin American and Caribbean Network for Antimicrobial Resistance Surveillance.²²¹

455. PASB worked to strengthen institutional capacity for research at the national level, implementing the Improving Program Implementation through Embedded Research initiative in 11 countries.²²² A special issue of the PAJPH was developed on Embedded Implementation Research for the SDGs,²²³ focusing on the system-level changes required to improve health, programs, policies, and systems in order to contribute to achievement of the SDGs. Partners in this work include the Alliance for Health Policy and Systems Research, the INSP, and WHO's Special Programme for Research and Training in Tropical Diseases. The Bureau also supported the strengthening of evidence-for-policy mechanisms (EVIPnet) to inform decision-making in Brazil, Colombia, Chile, El Salvador, and Peru.

456. PASB partnered with the Robert Wood Johnson Foundation (RWJF) to define pro-equity drivers and identify corresponding data and information within the Region. This initiative aims to contribute to reduction of health inequities by systematizing regional health inequality drivers, standardizing health and “nonhealth” indicators that have an impact on health inequities, and increasing visibility, knowledge, and competency around health equity metrics.

²¹⁹ Information on the Triple Billion Targets is available from: <https://www.who.int/news-room/q-a-detail/the-triple-billion-targets>.

²²⁰ Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Turks and Caicos Islands.

²²¹ Available from: <https://www.paho.org/en/topics/antimicrobial-resistance/latin-american-network-antimicrobial-resistance-surveillance>.

²²² Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Paraguay, and Peru.

²²³ Available from: <https://www3.paho.org/journal/en/special-issues/embedded-implementation-research-sustainable-development-goals>.

457. The COVID-19 pandemic sparked renewed awareness of the importance of research and comprehensive reports on access and coverage, demonstrated by an increase in research studies, as well as in national and regional analyses and reports on health conditions and health determinants, including the exploration of barriers to access and their causes.

458. The Bureau continued its engagement with the Social Innovation in Health Initiative²²⁴ (SIHI), which demonstrated that in those places where local innovations were supported, scaled up, and researched, the innovations became integral to the pandemic response and enhanced local health systems. These social and technological innovations, coupled with research, brought impactful solutions that included buy-in from local communities.

459. PASB's collaboration with and coordination of research teams in countries contributed to addressing the pandemic challenges, mapping and addressing knowledge gaps, developing road maps and research blueprints for collaborative research, and summarizing and organizing knowledge to inform public policy and decisions for health. In addition to providing reliable tools for technical cooperation with countries, these teams enabled the fulfillment of PASB's core function of shaping the research agenda and stimulating the generation, dissemination, and application of valuable knowledge. The pandemic revealed new ways of advancing coordination between research ethics committees, researchers, and health authorities, and paved the way for systematic exploration of strategies to further improve the ethical governance of research.

460. The Bureau worked closely with the National Autonomous University of Honduras, the International Center for Medical Research and Training in Colombia—a Regional Training Center for the WHO Special Programme for Research and Training in Tropical Diseases—and the SIHI Secretariat to organize crowdsourcing calls on social innovations for health from Latin America and the Caribbean. This included support for the reuse and adaptation of dissemination and communication materials for the crowdsourcing calls, sharing of contents and standards, and hosting of information on the SIHI page. The Swedish International Development Agency provided supporting resources for this initiative.

Translation of Knowledge into Action

461. PASB collaborated with WHO in a six-month pilot program to support an initiative designed to build capacity among eight WHO Member States—Ethiopia, Mauritius, Oman, Pakistan, Paraguay, Philippines, Sri Lanka, and Ukraine—from the six WHO regions. The Bureau worked with the team from the Ministry of Health in Paraguay, the only country selected from the Region, to problem-solve and more effectively plan and implement national health priority interventions. The national team participated in 24 sessions and two workshops facilitated by WHO and PASB, and worked to design clear and measurable objectives aligned with the country's health program priorities, including reduction of premature mortality due to road traffic incidents that disproportionately affect the younger population.

462. PASB collaborated with countries to identify strategic approaches to improve their health systems, with a focus on more equitable provision of health services, which is critical to protecting

²²⁴ Information on the Social Innovation in Health Initiative is available from: <https://socialinnovationinhealth.org/>.

the health of the most vulnerable populations. Telemedicine proved to be invaluable in maintaining essential health services during the COVID-19 pandemic, especially for persons in conditions of vulnerability. In collaboration with the IDB, which has already invested more than \$600 million in various projects under the IS4H framework through loans provided to Member States, PASB developed a tool for assessing the maturity level of health institutions to implement telemedicine services. The tool also facilitates the identification of gaps or areas that may require more attention and expert technical support, and, during the reporting period, it was applied in more than 600 institutions in countries in the Americas, including Argentina, Brazil, Colombia, El Salvador, Honduras, and Uruguay.

463. In response to the rapidly evolving nature of the COVID-19 pandemic and the accumulating scientific research, PASB implemented agile and adaptive knowledge translation mechanisms to identify, synthesize, and disseminate the best available evidence for rapid decision-making, and to provide guidance on clinical management and public health. The Bureau supported the rapid strengthening of evidence-informed national mechanisms and provided guidance to address the use—outside of research settings—of pharmaceutical and other public health interventions. This is exemplified by the production of three updated editions of the COVID-19 clinical management living guidance,²²⁵ which is continually updated as more research is released into the public space. In partnership with, and with resources from, the WHO/Cochrane/Cornell University Summer Institute, PASB established the 2021 Summer Institute,²²⁶ and, in April 2021, initiated its virtual operation to continue the tradition of knowledge generation and sharing.

464. The Bureau continued to foster national capacity-building for evidence and knowledge translation, and promoted access to and sharing of evidence related to public health, including to the COVID-19 emergency response, that is housed in the PASB Virtual Health Library (VHL).²²⁷ This included assisting countries in the institutionalization of mechanisms to synthesize evidence and develop evidence-informed guidelines and policies; maintaining the BIGG international database of GRADE guidelines,²²⁸ which includes all guidelines developed in the Region and worldwide, in order to facilitate their adaptation by ministries of health and other partners; maintaining the PIE database of evidence-informed policies²²⁹ that have been developed in the Region; keeping updated the Bureau's database with COVID-19 guidance and the latest research in the Americas,²³⁰ which was launched in March 2021; and developing EVID@Easy,²³¹ a guided evidence search tool in the VHL.

465. PASB's database with COVID-19 guidance and the latest research in the Americas is a searchable platform that gathers guidelines and scientific papers published by national authorities in the Region, as well as PAHO and WHO technical documents. During the period under review, the database reported more than 800,000 page views, proving itself a very useful resource for many

²²⁵ Available from: <https://iris.paho.org/handle/10665.2/53895>.

²²⁶ Available from: <https://www.human.cornell.edu/dns/who-cochrane-cornell-summer-institute>.

²²⁷ Information on the Virtual Health Library is available from: <https://bvshalud.org/en/about/>.

²²⁸ Available from: <https://sites.bvshalud.org/biggbiblio/>.

²²⁹ Available from: <https://sites.bvshalud.org/pie/en/biblio>.

²³⁰ Available from: <https://covid19-evidence.paho.org/>.

²³¹ Available from: <https://bvshalud.org/evideasy/en/>.

health professionals, researchers, and decisionmakers. This effort to catalogue technical information from Member States using international metadata sets increased the discoverability of COVID-19 guidance documents by the most-used Internet browsers.

466. PASB developed the EVID@Easy search tool for use in the VHL in order to facilitate the search, selection, evaluation, and integration of the best available evidence for certain health conditions and contexts. Available since March 2021, the tool innovates the information retrieval process in the VHL by using search criteria related to contexts and health issues, according to the user's needs, in a simple and intuitive way. This service uses the intelligence behind numerous predefined search strategies in VHL information sources, developed by specialists. EVID@Easy currently includes 35 health topics that can be retrieved based on the main types of studies and research aspects.

467. During the reporting period, PASB organized several virtual training sessions on the generation and use of scientific evidence in partnership with ministries of health, and disseminated methodologies and tools to support countries' implementation of policies and programs on knowledge translation and evidence. The virtual training course on evidence and guideline development was made available in English and Spanish to all Member States through the VCPH, and, by mid-2020, the course had attracted approximately 1,900 participants from 23 countries.²³²

468. In April 2021, the Bureau organized a regional webinar for PAHO/WHO Collaborating Centers (CCs), gathering representatives of the 183 PAHO/WHO CCs²³³ in a two-day meeting with PASB personnel to share presentations and roundtables aimed at reengaging and strengthening collaboration. More than 400 participants shared regional and global priorities and mandates; discussed the current scenario in public health, especially in light of the COVID-19 pandemic; and showcased the contribution of PASB-CC collaboration to achievement of the SDGs. The meeting generated over 185 recommendations to set the tone for future interactive events, develop synergies in technical areas, and share innovative practices.

Information Dissemination and Knowledge Management

469. In the face of growing technical and scientific output in health sciences, the use of IT is essential to promote access to and use of up-to-date evidence to support decision-making and fight the misinformation and disinformation that are part of the infodemic that has mushroomed since the start of the COVID-19 pandemic.

470. PASB maintained and contributed to more than 100 active distribution lists, and to specialized networks including Health Care Information for All²³⁴—a global campaign and community of practice—in English, Portuguese, and Spanish. In March 2021, the PAJPH deployed the fast-track editorial process for all COVID-related manuscripts. A total of 553 COVID-19-related manuscripts were received during

²³² Argentina, Brazil, Bolivia (Plurinational State of), Colombia, Costa Rica, Chile, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

²³³ Available from: <https://www.paho.org/en/pahowho-collaborating-centres>.

²³⁴ Available from: <https://www.hifa.org>.

the reporting period—30 of them were published, in addition to the 183 manuscripts on all other topics that were also published.

471. In 2020, the PAJPH received 1,655 manuscripts, an all-time record, confirming its position as PASB’s flagship scientific vehicle, and serving to give voice and visibility to the evidence being generated in the Region and elsewhere. Special PAJPH issues were published on HRH, AMR, equity, SDG 3, research implementation, and infodemics. These special issues were jointly produced with or funded by partners, including the Alliance for Health Policy and Systems Research, the Every Woman Every Child Initiative for Latin America and the Caribbean, the Global Health Consortium at Florida International University, RWJF, and the WHO Information Network for Epidemics on infodemic management.

472. PASB’s digital library, the Institutional Repository for Information Sharing (IRIS),²³⁵ reported more than 19 million visits (sessions or page views) during the reporting period. Between 2020 and 2021, 1,941 scientific-technical documents were published, including 1,494 related to the COVID-19 pandemic. Many documents were published in, or translated into, more than one language, in keeping with the Bureau’s principle of multilingualism in its dissemination of information. The information was shared with other WHO regions, particularly with Portuguese-speaking countries in the African Region.

473. The Bureau continued to strengthen the internal COVID-19 institutional knowledge repository that was implemented in May 2020 to serve as the hub of the collaborative and collective work conducted by PASB entities during the COVID-19 pandemic. The platform serves to increase institutional knowledge, especially regarding the lessons learned; provides a useful tool for assessment and evaluation of PASB’s response to COVID-19; and enables the Bureau to better prepare for future public health emergencies.

Innovative Actions for Information Dissemination and Knowledge Management

474. Other actions taken by the Bureau to democratize information, knowledge, and evidence for health decision-making during the period under review are summarized in the paragraphs below. Many of these actions were implemented through partnerships with and resources from various entities, including Cooperating Centers of the VHL network, ministries of health, WHO, and international professional networks.

475. The Bureau launched the Window of Knowledge on Nursing and COVID-19²³⁶ in July 2020, in Portuguese and Spanish. The innovative platform provides a wide range of scientific articles, technical documents, online courses, learning materials, multimedia content, and other information sources on nursing care for patients with COVID-19 for health professionals, researchers, technicians, and students, especially those in the field of nursing, as well as the general public. The platform also enables interaction between professionals and researchers.

²³⁵ Available from: <https://iris.paho.org/>.

²³⁶ Available from: https://bvsenfermeria.bvsalud.org/vitrinas/post_vitrines/enfermeria-covid-19/.

476. PASB responded quickly to WHO's request for development of a search web interface to disseminate global literature on COVID-19. After one year of operation and daily updates, the WHO COVID-19 database had over 286,000 documents, with more than 1.13 million visits and more than 2.4 million page views from 234 countries and territories.

477. PASB expanded accessibility to information on various health topics, including COVID-19, with the launch of version 2.0 of the e-BlueInfo app²³⁷ in April 2021. The updated app includes new collections of documents; greater visibility of sources from ministries of health; new graphics and data; information for health professionals from countries that are not yet part of the e-BlueInfo network—the “other countries” option; collections of guidelines published by PASB and WHO; access to scientific evidence available in the VHL using the codes of the International Classification of Diseases; related scientific and technical information available in the VHL; and new types of content, such as multimedia and health legislation. In addition, version 2.0 of the app offers the option of storing the user's favorite and visited documents, through authentication. Brazil, El Salvador, Guatemala, and Peru joined the e-BlueInfo network with more than 9,000 downloads of the app, while downloads from other countries totaled more than 1,800.

478. The Bureau launched the new Health Science Descriptors/Medical Subject Headings (DeCS/MeSH) website²³⁸ in September 2020, during a web conference attended by 390 people from 28 countries—22 in the Region of the Americas and six from the European Region. The new website has a modern layout in accordance with W3C Web Accessibility Initiative standards,²³⁹ and presents a user-friendly interface, where users can access the same content in the four official PAHO languages: English, French, Portuguese, and Spanish. Since its launch, the website has garnered over 1.5 million visits, with more than 10.5 million page views from 190 countries and territories worldwide. PASB published the DeCS/MeSH 2021 edition in June 2021 with several concepts related to COVID-19 and SARS-CoV-2.

479. PASB also launched an innovative service for researchers, editors, and librarians in health sciences, the DeCS/MeSH Finder.²⁴⁰ Available since February 2021, this online service locates any descriptor, synonym, or qualifier of the DeCS/MeSH-controlled vocabulary of a given text in seconds. Since its launch, more than 16,000 users from 71 countries worldwide have used the service, searching for DeCS/MeSH terms in their texts more than 46,500 times. The 10 countries that used the DeCS/MeSH Finder most frequently during the reporting period were Argentina, Brazil, Colombia, Cuba, Ecuador, Mexico, Peru, Portugal, Spain, and the United States of America.

480. In observance of the 35th anniversary of the Latin American and Caribbean Health Sciences Literature (LILACS) bibliographic index,²⁴¹ in October 2020 PASB launched an Internet portal²⁴² that will remain active and updated until October 2021. During the reporting period,

²³⁷ Available from: <https://e-blueinfo.bvsalud.org/en>.

²³⁸ Available from: <https://decs.bvsalud.org/en/>.

²³⁹ Available from: <https://www.w3.org/WAI/standards-guidelines/>.

²⁴⁰ Available from: <https://decsfinder.bvsalud.org/dmfs>.

²⁴¹ Available from: <https://lilacs.bvsalud.org/en/>.

²⁴² Available from: <https://lilacs.bvsalud.org/35anos/en/>.

91,281 publications were revised and indexed in LILACS, including 45,342 new additions sent by 398 VHL Cooperating Centers from 20 countries,²⁴³ and 908 journals from 20 countries²⁴⁴ were indexed.

481. PASB continued its work with VHL networks to strengthen local capacities in accessing and using scientific information in health through 38 virtual meetings that addressed LILACS, indices, methodologies, and references, with participants from Latin America and the Caribbean, Italy, Mozambique, Spain, and the United States of America, and through the courses available in the VCPH on access and use of scientific information in health. Approximately 7,600 people registered for the courses during the review period, and the total number of students enrolled is 37,200.

482. During the reporting period, PASB developed the Action Plan for the Strengthening of the VHL Network 2021²⁴⁵ and worked with the countries of the Region on quarterly related activities, holding 11 general meetings and 27 individual meetings with the 20 countries²⁴⁶ that are members of the network. The activities of the 2021 action plan are based on the maturity level of each VHL in each of the four pillars: governance, contents, communication and services, and systems. Each VHL is responsible for completing the VHL maturity instrument that the Bureau launched in early 2021, which is based on its IS4H maturity assessment tool.

483. In order to expand scientific publication and contribute to capacity-building in the Region, in April 2021 the Bureau launched the Portuguese version of the virtual course on scientific communication²⁴⁷ through the VCPH. The course, funded by Brazil's Ministry of Health, had attracted more than 1,000 subscribers from 20 countries²⁴⁸ as at 30 June 2021, and complements the already available Spanish version,²⁴⁹ which had 16,000 subscribers from 18 countries.²⁵⁰

484. Overall, PASB's actions in this area resulted in the improvement of the portals of the VHL, including the organization and highlighting of content related to COVID-19. In total, 41 VHL

²⁴³ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

²⁴⁴ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

²⁴⁵ Available from: <http://red.bvsalud.org/modelo-bvs/es/fortalecimiento-de-la-red-bvs-alc-plan-accion-2021/>.

²⁴⁶ Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Spain, Uruguay, and Venezuela (Bolivarian Republic of).

²⁴⁷ Available from: <https://www.campusvirtualsp.org/pt-br/curso/curso-introdutorio-de-comunicacao-cientifica-em-ciencias-da-saude-2021>.

²⁴⁸ Angola, Argentina, Bolivia (Plurinational State of), Brazil, Cape Verde, Chile, Colombia, Cuba, Ecuador, El Salvador, Guinea-Bissau, Mexico, Mozambique, Nicaragua, Paraguay, Peru, Portugal, Spain, Uruguay, and United States of America.

²⁴⁹ Available from: <https://www.campusvirtualsp.org/es/curso/comunicacion-cientifica-en-ciencias-de-la-salud-edicion-2019>.

²⁵⁰ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Honduras, Mexico, Panama, Paraguay, Peru, Spain, Uruguay, and Venezuela (Bolivarian Republic of).

portals highlight COVID-19-related content, such as search strategies, windows of knowledge, and links of interest.

Enhancing Approaches Based on Equity and Human Rights

485. The COVID-19 pandemic brought a heightened sense of urgency to advance PAHO's crosscutting themes (CCTs) of equity, gender, ethnic equality, and the progressive realization of human rights. The significant unmasking by the pandemic of inequities, including those related to ethnicity and gender—given, respectively, the severity of impacts on indigenous communities, Afro-descendant populations, other ethnic groups, and women in their roles as primary caregivers—and the resulting response provided a catalyst to emphasize the need to integrate these CCTs into the COVID-19 response.

486. PASB's efforts in this area focused on ensuring a unified, coherent, and consistent vision, framework, and strategies to make equity and equality central to all PAHO's work, within the Bureau, in undertaking technical cooperation, and in the Member States themselves. Interprogrammatic planning and execution were particularly important strategies, given the need for approaches to enable integration of the CCTs into all programmatic interventions.

Gender

487. With the support of the Government of Canada, the Bureau led the production and publication in 2021 of *COVID-19 Health Outcomes by Sex in the Americas, January 2020-January 2021*.²⁵¹ The publication highlighted significant gender-related distinctions in relation to the impact of the pandemic, and the urgent need to increase the collection, analysis, and utilization of data disaggregated by sex, age, gender, ethnicity, and other demographic variables and equity stratifiers to enable responses that better meet the needs and rights of individuals, groups, and populations being left behind in the COVID-19 response.

488. As an extension of this work, and also with the support of the Government of Canada, the Bureau conducted a more extensive, in-depth analysis for the report *A Gendered Analysis of COVID-19 in the Region of the Americas 2021*. The report is being prepared for publication and a launch is planned for late 2021 or early 2022 and will present a pioneering look at the intersecting and disproportionate impacts of the pandemic, and offer recommendations for equitable and gender-sensitive national responses.

489. PASB worked closely with agencies in the UN system through the UN Interagency Gender and COVID-19 Group to develop the virtual course Gender Equality In Humanitarian Action.²⁵² The course, launched in March 2021 by UN Women, is framed within the 2017 Inter-Agency Standing Committee's publication *Gender Handbook for Gender Equality in Humanitarian Action*.²⁵³ It includes a component based on the Bureau's June 2020 publication *Key*

²⁵¹ Available from: <https://iris.paho.org/handle/10665.2/53372>.

²⁵² Available from: <https://www.flacso.org.ar/formacion-academica/igualdad-de-genero-en-accion-humanitaria/>.

²⁵³ Available from: <https://reliefweb.int/report/world/iasc-gender-handbook-humanitarian-action-2017-enar>.

*Considerations for Integrating Gender into Health Emergency and Disaster Response: COVID-19.*²⁵⁴

490. At the political level, PASB conducted significant advocacy for women's leadership in and for health, in the context of the pandemic, through events conducted jointly with the OAS Inter-American Taskforce on Women's Leadership, such as the Inter-American Award for Good Practices in Women's Leadership, and the participation of the Bureau's senior leadership in global forums to promote women's leadership in health, including the CNN Opinion online video discussion on women's role in fighting the pandemic.²⁵⁵ PASB also organized a prominent event and social media campaign within the framework of International Women's Day 2021, under the theme Women's Leadership in and for Health: Accelerating Gender Equality in the Context of COVID-19.

491. The Bureau obtained information from 30 countries and territories²⁵⁶ and PASB entities to report on advances toward gender equality in health, resulting in the submission of a progress report on the PAHO Gender Equality Policy²⁵⁷ to the 58th Directing Council in September 2020. Put into effect through the Plan of Action for Implementing the Gender Equality Policy of PAHO, the report called for new lines of action and a renewed gender policy to accelerate the achievement of gender equality in health.

Ethnicity

492. PASB's interprogrammatic collaboration helped countries to address ethnic inequities in health during the pandemic through the dissemination and implementation of the recommendations from the publication *Considerations on Indigenous Peoples, Afro-descendants, and Other Ethnic Groups during the COVID-19 pandemic*,²⁵⁸ released in June 2020. The publication takes into account the concerns expressed by different indigenous peoples and Afro-descendants, and its dissemination and implementation at country level, involving key organizations and stakeholders, are fundamental to ensuring inclusive, equitable responses.

493. From September to November 2020, PASB led the organization of three subregional consultations for indigenous peoples and Afro-descendants to address the pandemic, and convened two regional high-level meetings, one with indigenous peoples and the other with Afro-descendant representatives and leaders. For the first time at regional level, the meetings brought these representatives and Member State decisionmakers together, with the objective of jointly addressing the main challenges and opportunities within the context of the pandemic. The

²⁵⁴ Available from: <https://iris.paho.org/handle/10665.2/52247>.

²⁵⁵ Available from: <https://www.cnn.com/2021/03/12/opinions/one-year-of-covid-19-pandemic-womens-history-month-schnall/index.html>.

²⁵⁶ Anguilla, Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Venezuela (Bolivarian Republic of).

²⁵⁷ Pan American Health Organization Document CD58/INF/14(D). Available from: <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-d-paho-gender-equality-policy-progress>.

²⁵⁸ Available from: <https://iris.paho.org/handle/10665.2/52251>.

recommendations from the meetings were subsequently published in two reports: *The Impact of COVID-19 on the Indigenous Peoples of the Region of the Americas: Perspectives and Opportunities. Report on the High-level Regional Meeting, 30 October 2020*,²⁵⁹ and *The Impact of COVID-19 on Afro-descendant Populations in the Region of the Americas: Priorities and Opportunities. Report on the High-level Regional Meeting, 17 November 2020*.²⁶⁰ These reports provide frameworks for action at country level, in collaboration with organizations and agencies representing, and working with, diverse ethnic groups.

494. The Bureau also provided technical support to the Inter-American Network of High Authorities on Policies for Afro-descendant Populations to address the main pandemic-related concerns of this population group.

495. In line with the PAHO Strategy and Plan of Action on Ethnicity and Health 2019-2025,²⁶¹ the Bureau provided training on the use of knowledge dialogues as a key tool to make health services accessible and culturally appropriate for indigenous peoples and Afro-descendants, by considering their perspectives and worldviews, including in the context of COVID-19. The training was conducted at various levels in countries, including for representatives of ministries of health, health personnel working at the community level, and representatives from the different ethnic groups. Argentina, Colombia, Dominican Republic, Ecuador, Honduras, Panama, and Paraguay received, or initiated planning for, training on intercultural health, including the methodology of knowledge dialogues. This methodology was used extensively to promote interprogrammatic collaboration within the Bureau, including for the prevention and control of communicable diseases and in the field of maternal health, where it was aligned with use of the previously developed culturally safe birth tool.

496. In the South American subregion, PASB articulated a joint work plan with the Amazon Cooperation Treaty Organization and Canada, supported by the IDB, to enable work to improve the health of indigenous peoples living in Amazonian border areas. In addition, in collaboration with Canada, the Bureau initiated a project, supported by the Colombian Presidential Cooperation Agency, to promote vaccinations for indigenous peoples on the common borders of Bolivia (Plurinational State of), Colombia, Ecuador, and Peru.

497. In Colombia, PASB coordinated with the departmental secretariats of health and indigenous affairs of La Guajira and the Ai Hospital program of the Ministry of Health and Social Protection to implement a project based on guaranteeing the right to health of all the people who inhabit a territory, under an ethnic and cultural diversity approach. This *gestores* (cultural management) model responds to the need to guarantee the right to health—in this case of a widely dispersed rural population with serious difficulties in accessing health care—and enables a strong focus on social mobilization and community participation, basic components of any PHC intervention.

²⁵⁹ Available from: <https://iris.paho.org/handle/10665.2/53428>.

²⁶⁰ Available from: <https://iris.paho.org/handle/10665.2/53525>.

²⁶¹ Available from: <https://iris.paho.org/handle/10665.2/51744>.

Equity

498. Within the framework of a grant from RWJF for the project Engagement and Evidence for Pro-equity Health Policies, Programs and Plans in the Americas, PASB undertook a wide-ranging study of the extent and ways in which health equity is currently included in 32 national health plans in the Region.²⁶² The review found that most national plans include many key health equity elements, but it also identified gaps that comprise important areas of priority for PASB's technical cooperation and Member State commitments. These areas include the systematic identification of populations in conditions of vulnerability who experience barriers to health; specific interventions to reduce barriers for these groups; limited accountability mechanisms for the progressive realization of the right to health; the need to increase community participation in the design, monitoring, and evaluation of health policies and plans; and limited collaboration with, and regulation of, private sector health providers. The review resulted in the publication of the report *Equity in Health Policy Assessment: Region of the Americas*²⁶³ in 2020 and a summary of the findings in a peer-reviewed article in the PAJPH.²⁶⁴ The report methodology and findings were presented to the public for information and comment in a virtual webinar in July 2020 that attracted over 100 participants.

499. Under the same RWJF grant, PASB drafted a self-learning course Optimizing Health Policy to Achieve Health Equity²⁶⁵ for the VCPH, targeting regional policymakers and technical staff in ministries of health, aiming to support policymakers to apply tenets of equity in health policy. The course will be live on the platform by the end of 2021.

500. In October 2020, the PAJPH published the thematic issue *Health Equity in the Americas after COVID-19*,²⁶⁶ with 15 articles released over a period of months, presenting multiple entry points and perspectives for action toward equity in health in the context of COVID-19. The issue included high-level commentary by Campbell Barr, First Vice-President of Costa Rica, and Professor Sir Michael Marmot, Director of the University College of London Institute of Health Equity, as well as a lead editorial entitled *Just Societies: A New Vision for Health Equity in the Americas after COVID-19*,²⁶⁷ co-authored by the Bureau and external members of the PAJPH Editorial Board. The PAJPH special issue was also financed by RWJF.

501. In late 2020, the results of an analysis of data collected on health equity in national health plans and lessons learned formed the basis of a new proposal to RWJF, which resulted in the award

²⁶² The plans were from Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

²⁶³ Available from: <https://iris.paho.org/handle/10665.2/52931>.

²⁶⁴ Kavanagh MM, Norato LF, Friedman EA, and Armbrister AN. Planning for health equity in the Americas: an analysis of national health plans. *Rev Panam Salud Publica*. 2021; 45:e29. <https://doi.org/10.26633/RPSP.2021.29>

²⁶⁵ Available from: <https://www.campusvirtualsp.org/en/course/optimizing-health-policy-achieve-health-equity-americas-2020?language=es>.

²⁶⁶ Available from: <https://www.paho.org/journal/en/special-issues/health-equity-americas-after-covid-19>.

²⁶⁷ Available from: <https://iris.paho.org/handle/10665.2/52940>.

of a new grant in January 2021 for the project The Road Map towards Health Equity: Status Report for the Americas, Phase One. This PASB interprogrammatic project targets the improvement of health equity data as well as assessments of specific health and health-related policy on health equity, particularly those aimed at addressing structural issues and social determinants, and promoting the participation of diverse groups. It is anticipated that this work, and an eventual health equity status report for the Americas, will improve understanding of health equity in the Region, identify pathways through which health inequities are generated, and detail how policy interventions can impact health inequalities and well-being.

502. In observance of World Health Day, 7 April 2021, the Bureau launched a social media campaign; held a press conference; published a press release calling for action on health equity and highlighting related PASB activities, including the new grants; convened a virtual panel event, Building a More Just, Equitable and Healthy World after COVID-19 in the Region of the Americas; and launched a video with the same title,²⁶⁸ which included a message from the PASB Director.

503. The Bureau made a successful proposal to WHO for the inclusion of an indicator focusing on the CCTs in monitoring the global implementation of its COVID-19 strategy. The inclusion of such an indicator opens new pathways for obtaining long-term data, information, and evidence on health inequities, and for enabling integrated approaches to the CCTs.

504. The influx of new lines of voluntary funding from the Government of Canada opened up important opportunities to increase attention to the CCTs within the Bureau's support for COVID-19 responses, in particular as a central component of the project Improving Access to COVID-19 Vaccines for Populations in Situations of Vulnerability in the Americas. PASB worked interprogrammatically on the proposal and development of this project to ensure that all relevant components included a focus on the CCTs, to construct indicators, and to design activities that enhance the Bureau's interprogrammatic actions. The project has great potential to improve equity in access to vaccines across the populations and countries of the Region.

505. In specifically addressing the health of migrants, in October 2020, PASB and IOM signed a memorandum of understanding to work toward the effective respect of the human rights and well-being of migrants and host communities in the Region. The agreement focuses on increasing and scaling up interventions that address barriers to health care for migrant populations, and is particularly applicable in light of the disproportionate impact of COVID-19 on migrant populations. Its objectives include joint advocacy and work to improve access to health services; capacity-building for health professionals, nonhealth professionals, and other stakeholders to provide migrant-sensitive health services; and strengthening health surveillance, information management, and monitoring of the health needs and conditions of migrants.

506. PASB supported four countries—Brazil, Guatemala, Honduras, and Peru—that were implementing interventions and actions to promote and protect the health and well-being of the migrant population within national health policies, plans, and programs. In 2020, Brazil launched Mental Health and Psychosocial Care Plan for Migrants, Refugees, Asylum Seekers and Stateless

²⁶⁸ Available from: <https://www.youtube.com/watch?v=RzXGEOhs0gA>.

Persons during the COVID-19 Pandemic; Honduras developed Health Care Guide for the Migrant Population; and Guatemala developed Guidelines for the Care and Protection of Unaccompanied and Returned Children and Adolescents in the Context of COVID-19.

Human rights

507. During the reporting period, PASB promoted several legal and human rights capacity-building initiatives for Member States, including courses and seminars in the VCPH, and established databases of health-supporting legislation, such as the repository for health and migration legislation. Other databases in development relate to organ transplantation in the Caribbean, and legislation related to digital health, and COVID-19 and vaccines. The Bureau also initiated the development of a self-learning virtual course on human rights and health.

508. The Bureau began to develop human rights thematic tools related to the right to health and other health-related rights, to promote rights-based approaches to address maternal mortality, mental health, WASH, and the pandemic, among other themes.

509. In 2020, PASB supported the ratification of the Inter-American Convention on Protecting the Human Rights of Older Persons by Peru, and provided technical legal cooperation to the Congress of the Republic of Colombia in order to pass Law No. 2055, which ratified the same convention.

510. The Bureau undertook legal technical cooperation with Member States in order to promote the right to health and international human rights law by issuing numerous legal opinions on health regulations, legislation, and programs. These related to issues such as alcohol use reduction, healthy nutrition, food labeling, migration, aging, and, in particular, legal obligations related to COVID-19 control measures. PASB organized and participated in more than 20 webinars on the timely topics of the legal and human rights implications of measures taken by governments in their response to COVID-19, reaching more 2,000 participants from ministries of health, diverse government sectors, civil society, and academia.

Law and Public Health

511. PASB continued to promote the implementation of the Strategy on Health-related Law (Document CD54/14, Rev. 1) approved by the 54th Directing Council in September 2015. The intersection between law and health came into sharper focus in 2017, with the endorsement by the 70th World Health Assembly of the WHO “best buys,” an updated set of policy options and interventions to help countries meet global targets for NCD prevention and control, and the realization that 10 of the 16 best buys require the effective use of law and/or regulations.

512. The Bureau reviewed, proposed, and provided comments to Member States on the implementation of new laws, legislative reforms, regulations, norms, and standards related to a wide variety of themes, including tobacco control; healthy nutrition; FOPWL; alcohol regulation; road safety; mental health; organ transplantation; sexual and reproductive health; child health; and marketing of breast-milk substitutes. Specific examples include legal review and comments related to:

- a) Healthy nutrition and FOPWL for Canada, Costa Rica, Guatemala, Mexico, Peru, and Uruguay, and the review of the CARICOM regional standard for FOWPL;
- b) Tobacco control for 10 Member States—Barbados, Bolivia (Plurinational State of), Cuba, Grenada, Guyana, Jamaica, Mexico, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines.

513. At the request of the Ministry of Health of Guyana, the Bureau is leading the development and drafting of a new public health law. This initiative may provide a new standard in the Caribbean and lead to a new generation of comprehensive integrative legislation, as considerations for the new law include the strengthened EPHF model and the imperative of integrating the IHR into domestic legislation, a pressing need identified during the COVID-19 pandemic.

514. PASB organized the 6th Congress of Health Committees of the Parliaments of the Americas in October, November, and December 2020, with participation by parliamentarians from 14 countries²⁶⁹ within the Region. At least 15 provincial deputies from Argentina also took part, as did representatives from the Andean Parliament, CARICOM, Central American Parliament, Latin America and Caribbean Parliament, MERCOSUR Parliament, UWI, and WHO.

515. The Bureau assumed the role of technical secretariat of the new Caribbean Public Health Law Forum, which was launched in a webinar held on 30 June 2021.²⁷⁰ The establishment of the Forum was in fulfillment of the agreement made at a Caribbean subregional meeting held in March 2020 on the use of law in tackling NCDs,²⁷¹ which had the active participation of the Caribbean Court of Justice, CARICOM, Healthy Caribbean Coalition, Organization of Eastern Caribbean States, and UWI, among other key stakeholders. The vision of the Forum is the use of law as a tool to address public health issues through innovative engagement, advocacy, capacity-building, cooperation, and scholarship. Its mission is the development of a committed cadre of professionals, students, and organizations engaged in researching, promoting, and using laws to address public health concerns in the Caribbean. The Forum will serve public health officials, lawyers, and other cadres of personnel from the ministries of health and subregional organizations in the Caribbean.

Country Focus

516. PASB enhanced its strategic position to tailor its technical cooperation to individual country needs through strengthened partnerships with ECLAC, the United Nations, WHO, and subregional integration mechanisms; engagement with ministers of health, heads of state and government of CARICOM and COMISCA through face-to-face and virtual meetings and courtesy calls; and participation in UN high-level meetings and the United Nations General Assembly special session on COVID-19.

²⁶⁹ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru, and Uruguay.

²⁷⁰ Available from: <https://www.paho.org/en/events/launch-caribbean-public-health-law-forum>.

²⁷¹ Pan American Health Organization. The use of law to address noncommunicable diseases in the Caribbean. Subregional workshop report. Miami 3-5 March 2020. Washington, D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/53821>.

517. The Bureau's coordinated approach with the UN Resident Coordinators in countries and the UN Regional Coordination Mechanism for Latin America and the Caribbean has cemented PAHO's leadership at country level, extending beyond the health sector to ensure a common approach with all development partners and at the highest levels of government.

518. The development of PAHO/WHO Country Cooperation Strategies (CCSs) continued to guide PASB's technical cooperation with Member States, including in the maintenance of essential health services throughout the pandemic. Each CCS is fully aligned with the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030), PAHO Strategic Plan 2020–2025, SDG 3, and other health-related SDGs, as appropriate to the national context.

519. During the review period, and in alignment with Organizational Development Initiative 3 (ODI 3)—the third (of 20 ODIs) that PASB launched in 2020—Review Experiences with Country Cooperation Strategies and Develop New Guidelines, the Bureau adapted the global approach to CCS development to the regional context. This action followed a consultative and systematic documentation and review of CCS experiences, which resulted in concrete recommendations to strengthen country focus and improve CCS processes, outcomes, and use. However, no new CCSs were developed during the reporting period due to constraints imposed by the COVID-19 pandemic.

520. PASB increased its visibility and impact at country level by ensuring quality control for country stories developed for the 2021 WHO Country Presence Report,²⁷² COVID-19 country stories were produced by Argentina, Barbados, Colombia, Costa Rica, Dominican Republic, Guatemala, Panama, and Trinidad and Tobago, along with country profiles from the Dominican Republic and Paraguay for the WHO Country Presence portal.

521. The Bureau continued its promotion of South-South and triangular cooperation under its CCHD framework, which allowed for strategic, country-led initiatives, and exchanges of best practices and lessons learned among countries. PASB continued to directly finance and support five projects under the CCHD framework, thereby facilitating exchanges of best practices and lessons learned among 25 countries and territories.²⁷³ The results of these projects include the formulation of policies to reduce obesity in the Caribbean; improvement of maternal and child health in the border between the Dominican Republic and Haiti; and strengthened capacities to detect and manage AMR in CARICOM countries.

522. The Bureau supported country-level resource mobilization efforts through the development of country-driven projects. The India-UN Partnership Development Fund supported technical cooperation and the response to COVID-19 in Belize (\$1 million), Grenada (\$100,000), Guyana (\$968,000), and Trinidad and Tobago (\$1 million). PASB also organized resource mobilization webinars to identify opportunities that allow for initiatives under the modality of cooperation among countries by partners such as the India, Brazil, and South Africa Facility for Poverty and

²⁷² World Health Organization. WHO presence in countries, territories and areas: 2021 report. Geneva: WHO; 2021. Available from: <https://apps.who.int/iris/handle/10665/341308>.

²⁷³ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, El Salvador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Montserrat, Panama, Peru, Paraguay, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

Hunger Alleviation; the German Corporation for International Cooperation Regional Fund for Triangular Cooperation in Latin America and the Caribbean; and various UN multipartner trust funds.

523. In the context of COVID-19, PASB and UN partners aided national pandemic response efforts by convening virtual sessions and training exercises, including Universal Health Coverage and the Coronavirus Crisis—Challenges and Responses: Maintaining Essential Health Services while Responding to COVID-19,²⁷⁴ and Post-COVID-19: How Can Countries in the South Work Together to Strengthen Health Systems around Reproductive, Maternal, Newborn, and Child Health?’²⁷⁵ In September 2020, PASB, UNOSSC, and UNDRR co-organized a training course Making Cities Resilient: Developing and Implementing a Local Disaster Risk Reduction Strategy to Respond to COVID-19,²⁷⁶ which attracted over 1,000 participants from around the globe.

²⁷⁴ Available from: <https://www.campusvirtualsp.org/en/webinar/universal-health-coverage-uhc-and-coronavirus-crisis-challenges-and-responses-maintaining>.

²⁷⁵ Available from: <https://www.ssc-globalthinkers.org/node/308>.

²⁷⁶ Available from: <https://www.paho.org/en/events/making-cities-resilient-developing-and-implementing-local-disaster-risk-reduction-strategy>.

Part 3: Review of PASB's Institutional Strengthening and Enabling Functions

524. In September 2020, the PASB Director launched the ODIs. The ODIs are initiatives based on recommendations provided by the Internal Steering Committee (ISC) for a Strategic Functional Review, established in June 2020 by mandate of the Director. This ISC was tasked with examining PAHO's organizational functions, structure, and budgets, with the aim of identifying possible adjustments in response to the difficult financial situation described in the Special Session of the PAHO Executive Committee held in May 2020.²⁷⁷

525. With some improvement in the financial position of the Organization, the work of the ISC was modified to provide recommendations to ensure PAHO is fit for purpose and positioned to maximize its limited resources in support of its Member States, given the significant challenges to their health systems in 2020, in large part due to the COVID-19 pandemic. The PASB Director approved 20 of the ISC recommendations, which became the ODIs.

526. The 20 ODIs comprise 12 for strategic functional optimization, designed to realize synergies across technical competencies—they include streamlining, consolidation, and reorganization for greater effectiveness in achieving the objectives of the PAHO Strategic Plan 2020–2025. The remaining eight ODIs are to ensure that PASB is on a sustainable financial footing for the 2022–2023 biennium and beyond, seeking efficiencies and cost reductions to maximize available funds for the greatest technical impact, within the limits of the reduced flexible funding envelope expected in 2022–2023 and beyond.

527. ODI 13, Full Institutionalization of Corporate Innovations for Streamlining Administrative Business Processes, includes many subinitiatives that the Bureau began integrating into its institutional processes, using process and policy innovations that introduce efficiencies and are also user-friendly. The ODIs provide a complementary framework for the Bureau's institutional strengthening and performance of the enabling functions.

Human Resources Management

528. In response to the COVID-19 pandemic, most PASB personnel were required to telework to ensure their health and well-being. The Bureau regularly updated its standard operating procedures to guide managers and staff on the emergency telework modality, and the telework agreement form was modified in the PASB Management Information System (PMIS) to allow for the new ways of working. The Bureau issued a revised policy on telework in April 2021 that was informed by a survey of PASB personnel. The policy, along with the updated standard operating procedures, will govern all staff members upon their return to premises.

529. The Bureau provided continuous support to the physical and mental well-being of its personnel during the COVID-19 pandemic, including tracking the number of COVID-19 cases among personnel; creating a voluntary confidential reporting module in PMIS; providing information on testing services and medical evacuation procedures; developing a protocol for the

²⁷⁷ Pan American Health Organization. Current Financial Situation and Adjustments to the Pan American Health Organization Strategic Priorities. Available from: <https://iris.paho.org/handle/10665.2/52347>.

reporting of COVID-19 cases to allow individualized follow-up of reported, confirmed, and probable cases of COVID-19, and contact-tracing; and encouraging and facilitating uptake of the COVID-19 vaccine in Headquarters, country offices, and centers.

530. The Bureau offered a series of webinars on mental health and ergonomics for teleworking through the in-house counselor and external providers; revamped the Intranet page; and organized two town-hall meetings. Starting in April 2021, PASB extended the existing external Employee Assistance Program available to personnel based in Washington, D.C., which complements the support provided by a counselor psychologist, to cover all country offices and centers.

531. PASB developed the People Strategy 2.0 to incorporate high-priority activities from the 2015–2019 People Strategy and the human resources-related ODI. The People Strategy 2.0 identifies three pillars in support of the PAHO Strategic Plan 2020–2025: functional optimization, innovation, and agility. The Bureau defined key performance indicators for each pillar, to enable determination of the Bureau’s achievements and timeliness, based on an implementation plan.

532. In May 2020, the Bureau developed and disseminated guidance to all duty stations on managing the occupancy of premises safely and defining the conditions for a phased return to premises. A check-in survey was developed in PMIS to ascertain an individual’s eligibility and availability to manage a return within the maximum occupancy allowed.

533. In December 2020, PASB created a special program for succession planning related to PAHO/WHO Representatives (PWRs), and, in February 2021, it established a mentoring program to maintain achievements in gender parity and offer the same development opportunities to female and male internal candidates seeking PWR positions. The program is available to all PASB staff members whose names are already on the global roster for heads of country offices, and those whose inclusion in the roster is pending the completion of additional developmental activities based on their assessment results.

Planning and Budgeting

534. The Bureau ensured the efficiency of its response to the COVID-19 pandemic through budget support for, and collaboration with the IMSTs, channeling resources, where possible, to finance PAHO’s base programs. Actions included a strategic review of biennial work plans to ensure that the challenges of the COVID-19 pandemic and the Bureau’s financial situation did not compromise the provision of key technical cooperation interventions and deliverables. Other actions included the contribution of the Region’s experience to the development of the WHO Strategic Preparedness and Response Plan, development of countries’ COVID-19 operational plans for 2020 and 2021, and creation of a standard structure for the implementation of COVID-19 funding to facilitate an effective response.

535. PASB developed the PAHO Program Budget (PB) 2022–2023, the second to be developed under the PAHO Strategic Plan 2020–2025, using the programmatic structure of the PB 2020–2021 and taking into consideration WHO’s PB 2022–2023. The PB 2022–2023 focuses on three strategic approaches: protect, recover, and build stronger; and it has been shaped by the consequences of, and lessons learned from, the ongoing pandemic.

536. The overall proposed budget for the PB 2022–2023 is \$688 million, a 5.8% increase in overall budget and a 3.2% increase for base programs from the 2020–2021 budget. The budget was prepared through a “bottom-up and top-down” planning process that considered—individually and collectively—the priorities defined by Member States in the Strategic Plan 2020–2025. The priorities were subjected to a strategic review by PASB and Member States in light of the new challenges and health context of the Region due to the COVID-19 pandemic, and appropriate adjustments made. PASB also applied lessons learned during the implementation of the PB 2020–2021, with special attention to actions related to preparedness, prevention, control, and response to the COVID-19 pandemic. The PB 2020–2023 will be presented to the 59th Directing Council in September 2021.

537. Consistent with the Bureau’s commitment to enhanced accountability and transparency, the PAHO Evaluation Policy was revised, updated, and approved in March 2021. Complementary products and services include the 2021–2022 PAHO Evaluation Work Plan; capacity development of the PAHO Evaluation Network; the PAHO Evaluation Intranet; and the PAHO Evaluation Handbook (the first draft was developed in June 2021). These will be critical in the implementation of the PAHO evaluation action areas: an enabling evaluation environment and governance; capacity development and networking; evaluation implementation; and evaluation usage.

538. During the reporting period, the Bureau accelerated efforts to monitor the inclusion of the PAHO CCTs across all levels, with the implementation of the gender, equity, and rights scorecard as part of PASB’s wider reporting to WHO, and development and use of innovative monitoring tools for a more detailed analysis. PASB reviewed reports on the mandatory CCT-related products and services component that was introduced for the 2020–2021 biennial work plan. It also included two surveys on integration of related perspectives and approaches in both technical and enabling work in the annual reporting at outcome level at the end of 2020. The results of these surveys will enable the identification of areas in which crosscutting work is advancing, as well as of gaps requiring further attention and support.

539. PASB adapted the methodology of the ODI in the Bureau’s work to examine the organizational structure and location for the work on CCTs. The methodology included extensive data collection through documentary review, an organization-wide survey, in-depth interviews, and focus group discussions. The data collected not only served to produce a report for consideration by the PASB Director, but also highlighted several significant themes to enhance the Bureau’s integration of the CCTs across all its technical cooperation programs and projects.

Financial Operations

540. The Bureau ensured efficient support for the exponentially increased volume of voluntary contributions for emergency response and procurement on behalf of Member States for pandemic-related supplies, and recruited temporary assistance to address the continued increase in transactions in 2021. PASB developed a policy and job aid to assist with appropriate and transparent reporting, monitoring, and management of inventories, in light of the Bureau’s need to temporarily hold stocks of PPE and other essentials for the COVID-19 response in order to facilitate their timely distribution to Member States.

541. PASB cooperated with and assisted the National Audit Office (NAO) of the United Kingdom of Great Britain and Northern Ireland to implement a remote external audit, which resulted in PAHO receiving an unqualified audit opinion. In addition to the standard audit of accounting and other internal controls, in 2020 the NAO focused on the Bureau's programs for procurement on behalf of Member States, and on human resources management and important aspects of the response to COVID-19.

542. PASB completed a competitive selection process to acquire third-party administrator (TPA) services to support the processing of staff health insurance (SHI) medical and pharmacy claims for PAHO and WHO staff members and retirees residing in the United States of America, and their eligible dependents. Significant savings are expected to accrue beginning in 2021, estimated at more than \$2.0 million per year for the Bureau. The Bureau implemented a communication campaign, informing SHI members of the procedures and tools available with the new administrators through meetings and written communications. The transition to both vendors was completed on 1 January 2021.

Partnerships and Resource Mobilization

543. During the period under review, PASB made strenuous efforts to increase its resources, and mobilized a total of \$270.3 million. The Bureau signed agreements with 25 new financial partners, representing a diverse group of foundations, public charities, academia, and development agencies, broadening the donor base, and reinforcing PAHO's position as the partner of choice in public health for the Americas.

544. In December 2020, PASB launched its resource mobilization strategy (RMS) 2020–2025, which presents a pathway for the Bureau to increase its readiness to respond and adapt to a rapidly changing environment and the many challenges that lie ahead in resource mobilization. The RMS has an action plan to guide its implementation, measurable indicators aligned with the principles of results-based management, and a complementary communications campaign targeting PASB personnel that accompanied the continued rollout in the first semester of 2021.

545. The Bureau also launched a road map 2021–2023 for working with the private sector, the first of its kind, which includes its conformity with the WHO Framework of Engagement with Non-State Actors (FENSA) (Document A69.6), and a strategic reflection of future PASB collaboration with the private sector. During the launching event, Facebook and Sony Music shared their experiences of partnering with the Bureau.

546. In boosting its capacity for resource mobilization, partnerships, and project management, PASB organized five webinars that drew 651 attendees from Headquarters, country offices and specialized centers. In the first semester of 2021, the webinar series Activate Resource Mobilization explored the importance of partnerships; concept notes as valuable resource mobilization tools; initial approaches to partners; core principles of negotiations and effective negotiation; and characteristics of a quality proposal.

547. The EU, which is one of PASB's top 10 financial partners, adopted its new Multiannual Financial Framework—the EU budget 2021–2027—in December 2020. PASB, in collaboration

with WHO, offered a training exercise in March 2021 to strengthen the capacities of key staff to effectively engage with the European Commission and EU delegations, aligned with the “activate” component of the RMS 2020–2025. The Bureau provided ongoing capacity development opportunities, including through an exchange of knowledge and experience around resource mobilization efforts across all PASB levels.

Ethics, Transparency, and Accountability

548. The Bureau responded to 237 consultations from personnel during the reporting period, indicating that approximately 11.5% of all PAHO personnel solicited advice during this period.

549. PASB issued a new, comprehensive policy on preventing, detecting, and responding to fraud and corruption, making clear the intention of the Bureau to take decisive action against fraud, corruption, and other dishonest practices that could seriously damage PAHO’s reputation and credibility. Another key policy issued pertained to the prevention of sexual exploitation and abuse of beneficiary populations, especially those in conditions of vulnerability. This new policy prohibits PASB personnel from engaging in any type of sexual conduct with people who depend on the services or assistance rendered by the Bureau.

550. The Bureau also updated the PAHO Asset Accountability Policy, which holds staff accountable when PASB assets are lost or stolen due to negligence. The policy was revised to reduce the financial liability of staff in order to reflect the increasing use of PASB-owned assets outside the workplace in the performance of official tasks, and the resulting higher risk of theft or loss.

551. PASB continued its efforts to mitigate conflicts of interest, and developed a new disclosure form specifically for consultants. Prior to being contracted, consultants are now required to disclose their activities and associations in order to allow the Bureau to determine whether a disclosed activity or association might give rise to a conflict of interest. In addition, the Bureau automated the annual declaration of interest questionnaire for senior staff and staff in selected employment categories, and integrated it into the PMIS.

552. In August 2020, PASB issued an organization-wide bulletin to clarify that PASB personnel are allowed, in their personal capacity, to make financial contributions to political candidates and/or political parties.²⁷⁸ In February 2021, it issued another bulletin to remind PASB personnel to respect COVID-19 vaccination schedules and priority lists in Member States.²⁷⁹

553. During the period under review, PASB continued to provide assurance to the PASB Director and Executive Management regarding the internal controls that protect PAHO and its technical cooperation programs. Internal audit reports were issued on country-level assignments in Bolivia (Plurinational State of), Chile, Haiti, and Jamaica, and on thematic topics such as travel expenditure for participants in PASB-convened events, and the clearance and risk assessment of proposed projects funded by voluntary contributions. The Bureau continued to provide ad hoc

²⁷⁸ Financial Contributions to Political Parties and/or Candidates, PIB-HQ-CO-Centers-20-3269.

²⁷⁹ Respecting COVID-19 Vaccination Schedules, PIB-HQ-CO-Centers-21-3396.

advice on internal control matters through various internal working groups and committees, including the Asset Protection and Loss Prevention Committee.

Governance Functions

554. The Bureau continued to support Member States in their exercise of authority and governance over the Organization. Building on lessons learned under the new virtual modality of work, and relying on the Bureau's adaptability and innovation, five meetings of the Governing Bodies were held between July 2020 and June 2021. They included a Special Session of the Directing Council in December 2020 to consider pandemic-related issues, the first time in recent history that an extraordinary and exceptional meeting of the Directing Council had been held. For the 2021 Governing Bodies cycle, PASB has put forward timely and strategic policy issues that will have an impact in the post-COVID-19 world and which are of high relevance to the Region of the Americas.

Communications

555. Given its position at the forefront of the fight against the COVID-19 pandemic in the Americas, PASB had new opportunities during the reporting period to communicate its mission; enhance its visibility, narrative, influence, and impact; and continue innovating to improve the fulfillment of its mandates.

556. The Bureau hosted 44 weekly news media briefings on COVID-19 in the Americas, including by the PASB Director, with media outreach and hundreds of interviews by spokespersons at Headquarters and country offices. Media outlets published 22,944 news stories related to the Bureau's work, with coverage by all major news outlets in the Region, including the main wire services, the largest newspapers, and the most-watched television networks. Of the many countries and territories in the Region reporting news, Argentina, Brazil, United States of America, and Venezuela (Bolivarian Republic of) accounted for the greatest number of articles, and the most-covered topics included COVID-19 vaccines, the epidemiological situation in the Region, and SARS-CoV-2 variants.

557. The news briefings created opportunities to raise awareness regarding other pressing health challenges affecting the Region, including NCDs, MNS disorders, and the social determinants of health. PASB became the "go to" technical and scientific institution for media inquiries on various public health issues relevant to the Region. In order to reach the general public, the Bureau's communication officers at country level developed a series of feature stories depicting human perspectives of COVID-19 and other health conditions. These stories included text, photographs, and videos highlighting— among other topics—vaccination among vulnerable populations and the dedication of health workers. The stories were instrumental in promoting public health messages for broader audiences.

558. PASB convened hundreds of webinars and provided critical support for the virtual conduct of its official Governing Bodies and Executive Management meetings, including special forums of the PASB Director with the OAS ambassadors and ministers of health on COVID-19-related

issues. The Bureau produced more than 750 videos on the PAHO YouTube channel²⁸⁰—PAHO TV—during the reporting period, and the quality and diversity of these videos allowed PAHO TV to garner over 4.2 million views.

559. PASB’s social media presence experienced a rapid increase in engagement and reach during the review period: 27 PASB Facebook sites attracted over 1 million new followers, 27 Twitter accounts received over 500,000 more followers, the Instagram account gained 400,000 new followers, and the LinkedIn account 50,000 new followers. Facebook-Instagram and Twitter provided access to resources to help the Bureau maximize its presence on their platforms, support on the preparation of content, donation of advertisement credits to boost posts, and training opportunities related to COVID-19.

560. In 2020, PASB embraced Drupal as the new content management system for the PAHO website. The new system enabled the Bureau to tell success stories more compellingly and disseminate time-sensitive content throughout the COVID-19 pandemic. The Bureau conducted weekly training sessions to introduce users to the new platform and ensure a smooth transition without interruption of the content flow. During the review period, the PAHO website had 77,279,755 page views—55% of the content viewed was in Spanish, and 27% in Portuguese.

561. Innovative corporate communications approaches expanded PASB’s traditional audiences. A new partnership with Pink Fong resulted in the co-branded hand-washing messages delivered by Baby Shark, and work with Global Citizen led to the donation of proceeds from the song *Color Esperanza* recorded by Camillo, Kany Garcia, Leslie Grace, Lali, Reik, Carlos Rivera, Prince Royce, Thalia, Diego Torres, and Carlos Vives, and sponsored by Sony Latin Music. This engagement generated resources and drew new audiences.

Information Technology

562. During the period under review, PASB experienced an acceleration in innovation and digital transformation in multiple areas. The challenges of working through the COVID-19 pandemic, along with the launch of the ODIs in 2020, required rapid implementation of digital solutions to support new ways of working and undertaking technical cooperation across the Region.

563. Many corporate innovations were introduced to streamline administrative business processes in PMIS, by leveraging the Workday Cloud platform, including supplier invoices, asset management, and travel management; by developing the corporate correspondence tracking system and virtual meetings report tools to capture and disseminate institutional knowledge; and by deploying PASB’s first two “digital workers” through robotic process automation technology to power procurement processes for a much faster response to COVID-19 vaccine demands.

564. Following the “cloud first” principle, PASB continued the adoption of cloud-based technologies, with three significant milestones:

²⁸⁰ Available from: https://www.youtube.com/channel/UCpNnv_kL4Jk8YG_VflnZpmg.

- a) In 2020, consolidation of virtual workplace, meeting, and collaboration platforms, leveraging the Microsoft Office 365 Cloud Platform and using Microsoft Teams as well as Zoom for virtual videoconferencing with simultaneous interpretation;
- b) In May 2021, migration of the PAHO intranet from on-premises infrastructure to Pantheon, a web-hosting services provider that leverages the Google Cloud Platform;
- c) Implementation of external teams and collaboration sites by leveraging Microsoft Office 365 technologies to support remote relations with Member States and partners.

565. Data and analytics received more focus across the Bureau, demanding technical solutions and strategic projects. PASB's institutionalization of the Microsoft Power BI platform to support visualizations and the deployment of a data warehouse environment facilitated access to data and provided tools for analysis and visualizations to enhance data-driven decision-making across PASB's programs and entities.

566. PASB initiated the modernization of the PAHO RFV and Strategic Fund processes through the implementation of new technologies and digital solutions. The deployment of the COVAX Tracker in March 2021 provided a valuable tool to monitor the processing and delivery of COVID-19 vaccines to Member States. Additionally, the deployment of the COVID-19 Vaccine Demand Planning tool in June 2021 allowed both the Bureau and Member States to document countries' demands, as well as COVAX and bilateral agreements, through a centralized platform.

567. The Bureau submitted a proposal to develop a data management road map for all corporate health-related projects through engagement with Gartner Consulting, focused on the development of the data management architecture and the corresponding infrastructure and technological operating model. The engagement also addressed review of key initiatives under way to identify those that could provide "quick wins" as part of an overall implementation strategy.

568. During this period, PASB also focused on cybersecurity user awareness, ensuring that all employees were able to assist in identifying and reporting potential cyberattacks. The Bureau revamped its cybersecurity monitoring and response mechanisms, introducing a new range of tools based on machine-learning and artificial intelligence to enable the early detection of incidents, leveraging Microsoft's Sentinel technology. Although remote working introduced new cybersecurity challenges, PASB was able to extend the same level of security that existed on premises to all remote devices, no matter where employees were located, through the deployment of new software distribution tools, leveraging Microsoft's InTune technology. In addition, given the critical nature of the user's role, the Bureau continued to focus on increasing the security awareness of its personnel, especially by carrying out regular simulated phishing attacks to further sensitize users about the dangers of clicking on malicious links.

569. As a result of the Bureau's cybersecurity program, which is aligned with best practices and international standards, external firms consistently rated PAHO at the top of UN agencies in terms of countering cybersecurity risk exposure.

Publications and Languages

570. In the period under review, PASB provided 624 information products, several in more than one of the four official languages of the Organization, as part of its technical cooperation. The Bureau made 418 COVID-19 guidance documents accessible to users in the Americas and globally, and worked to ensure the efficient management of these resources. This involved the creation of a specific workflow to assign dates and version numbers to the documents, so that users of the website and institutional repository could readily find the latest updates. In addition to COVID-19 documents, PASB issued a total of 110 International Standard Book Number (ISBN) publications and 95 non-ISBN products.

571. PASB's other major focus of growth during the period was marketing and dissemination. The Bureau created a database of 900 institutions in the Region and beyond, including public health schools, medical schools, universities, public health associations, and collaborating centers, and built partnerships with them for the promotion and dissemination of PAHO publications through their networks. Through these channels, PASB had acquired 800,000 new readers by June 2021, and authors were invited to write articles to further promote their work. The Bureau also delivered content and metadata from PAHO publications to content aggregators, reaching out to 51,000 institutional libraries through electronic dissemination.

572. PASB continued the assignment of digital object identifiers (DOIs) to PAHO ISBN publications, a process initiated at the beginning of 2020. This procedure ensures that these publications are more discoverable on the Web, and that a permanent Uniform Resource Locator (URL) link for each is registered in Crossref, an official DOI registration agency.

573. PASB continued to leverage the benefits of combining computer-assisted translation and terminology tools with professional translators, which helped to improve productivity and consistency in translation processes. During the period under review, PASB translated a record 32,000 pages, including 6,500 pages of COVID-19-related materials. The pandemic highlighted the importance of providing multilingual guidance to Member States in order to increase equitable access to health information and facilitate more timely technical cooperation.

Procurement

574. During the reporting period, PASB surpassed the \$1 billion mark in annual procurement, becoming one of the top 10 UN agencies carrying out procurement activities to support Member States in achieving their national and regional health goals.

575. In 2020, through the PAHO RFV, PASB co-led—with UNICEF—the procurement mechanisms of the COVAX Facility, and jointly issued a request for proposals to secure at least 2 billion doses of COVID-19 vaccines of assured quality. The Bureau coordinated the supply chain for three different providers (Serum, Pfizer, and AstraZeneca) for a total of 22.5 million doses of vaccines to 31 countries and territories²⁸¹ in the Region.

²⁸¹ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Uruguay.

576. Other RFV activities included:

- a) Engagement with partners, manufacturers, freight forwarders, and airlines for support in the transportation of COVID-19 vaccines;
- b) Coordination of logistics operations for the first donation by the United States Government of COVID-19 vaccines through COVAX;
- c) Procurement and logistics functions to support the delivery of 30.3 million doses of seasonal influenza vaccine for more than 35 countries and territories²⁸² in the Region, to protect the population and reduce the influx of influenza patients to healthcare facilities that may be focused on the COVID-19 response;
- d) Sourcing specialized commodities, such as ultra-cold refrigerators, syringes, and vaccine diluents, in a complex situation with limited global market availability.

577. The Bureau continued to support immunization programs in the Region to maintain high vaccination coverage, securing access to traditional vaccines during the pandemic to guarantee their arrival in countries when needed. The implementation of new procurement strategies and the constant monitoring of suppliers, especially those impacted by factors such as increased costs of raw materials, constraints on logistic options, and decrease in workforce, were success factors in PASB's efforts.

578. The PAHO Strategic Fund continued to support Member States in accessing strategic supplies for the COVID-19 response, including PPE, diagnostic tests, and biomedical equipment, providing products and services to 15 countries²⁸³ in the Americas. The Strategic Fund's sourcing and procurement approach secured and supplied more than 13 million tests of Ag-RDTs to detect COVID-19.

579. For the first time, the Strategic Fund reached \$233 million and almost 600 shipments managed in 2020, and the number of transactions and value for the orders continued to increase in 2021. By the end of June 2021, PASB had issued purchase orders for over \$209 million and almost 450 shipments to support 26 countries and territories²⁸⁴ in the Americas.

580. Due to the limited availability of, and access to, pharmaceuticals used for intensive care, PASB made major efforts to source supplies and engage with multiple international manufacturers to assist Member States in the procurement of these pharmaceuticals. Purchase orders for over

²⁸² Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Honduras, Jamaica, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and Uruguay.

²⁸³ Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of),

²⁸⁴ Argentina, Bahamas, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

\$70 million were issued for seven countries—Brazil, Bolivia (Plurinational State of), Costa Rica, Ecuador, Nicaragua, Suriname, and Venezuela (Bolivarian Republic of).

581. As part of a coordinated strategy to support technical cooperation on NCD prevention and control, aligned with the HEARTS initiative for the treatment of CVD, PASB established nine LTAs with international suppliers for 20 products, including fixed-dose antihypertensive drug combinations. PASB's procurement function also continued to support the Smart Hospitals Initiative to enhance the resilience of health facilities, while reducing the impact of climate change and incorporating the most feasible and cost-effective safety measures.

582. The Bureau provided procurement support for countries regarding specialized commodities, in terms of reviewing, identifying, and sourcing their requirements, in coordination with technical experts and other stakeholders in the countries. Examples include:

- a) Belize: Sourcing of a clinical data platform, through EU funding;
- b) Cuba: Sourcing for acquisition of manufacturing equipment for N95 masks (particulate respirators) and for tube-filling equipment to enhance local production;
- c) Honduras: Support on a tender to acquire oxygen distributors for hospitals, as part of an agreement with the Health Secretariat of that country.

General Services

583. During the period under review, PASB invested in infrastructure projects at Headquarters and its offices in the Dominican Republic and Guyana; implemented digitization projects in two PASB entities and in Guatemala; and conducted appraisals of PAHO properties (land and buildings) at Headquarters and in Argentina, Barbados, Brazil, Guatemala, Guyana, Haiti, Jamaica, Paraguay, Peru, and Venezuela (Bolivarian Republic of).

584. PASB also furnished, or replaced furniture in, various locations, including in a total of 188 new workspace locations. The contract for the PAHO warehouse in Virginia, the United States of America, was terminated when the contract ended, and the firm Iron Mountain was hired to provide archive management services to the Bureau.

585. In accordance with its internal response to COVID-19, the Bureau continued to operate and manage the headquarters building at reduced levels of attendance and at significantly lower operating costs, with strict control of occupancy.

Country and Subregional Coordination

586. Despite the challenging environment and the changed political context presented by COVID-19, PASB continued to ensure effective bridging across the different levels of the Organization—the regional office (Headquarters), 27 country offices, and three subregional programs—in order to strengthen the country-focus approach, enhance collaboration with subregional integration entities, and optimize the Bureau's technical cooperation.

587. PASB ensured continued leadership and strategic, technical, and managerial operations at country and subregional levels through the development of adapted guidelines for country office transfers on appointment of new PWRs, and leveraging all available virtual resources to conduct successful transfers of PWRs in nine countries—Argentina, Bahamas, Bolivia (Plurinational State of), Dominican Republic, El Salvador, Guyana, Haiti, Peru, and Venezuela (Bolivarian Republic of)—and of Subregional Program Directors in the Caribbean and Central America.

588. PASB convened numerous dialogues and strategic briefings between the PASB Director and the PWRs, as well as capacity-building activities for the latter, in efforts to enhance coordination and communication at all levels of the Organization. Additionally, the Bureau restructured its subregional programs so as to further engage with subregional integration mechanisms at the highest levels, and promote a more coordinated approach to address common health challenges.

589. In the context of the difficult financial situation, PASB conducted a “bottom-up” exercise to formulate strategies that would allow for greater efficiency and effectiveness at the country level, and engaged in extensive dialogue with PWRs. As a result, a set of recommendations were made to support senior management in the Bureau’s country offices, including conducting an assessment of the situation, developing strategies for the efficient use of resources, and revising the modalities of technical cooperation, given the current context.

590. PASB dedicated special attention to countries in particularly difficult situations, such as Haiti and Venezuela (Bolivarian Republic of), through weekly meetings of dedicated task forces, allowing for close monitoring of the countries’ situations, and timely decision-making and technical cooperation.

Legal Affairs

591. During the reporting period, PASB enhanced its legal interventions to facilitate and enable both the Bureau’s internal procedures and its technical cooperation, especially in the challenging and changing situation presented by the COVID-19 pandemic. The Bureau ensured legal counsel and support for its technical cooperation activities by drafting, negotiating, and reviewing agreements for projects and activities, including many addressing its own and Member States’ responses to COVID-19.

592. In January 2021, PASB’s legal apparatus launched the cloud-based version of the PAHO E-Manual, which is the official repository for the Organization’s policies and procedures. Improvements in the system include enhanced search capabilities and a more user-friendly experience for PASB personnel and for policy drafters and approvers. Over 500 individuals participated in two training sessions intended to familiarize staff with the new system and to encourage its use, in continuing efforts to provide the Bureau with a robust system in which PAHO’s regulatory framework is captured and accessible to all.

593. In relation to legal interventions for human resource management issues, PASB successfully negotiated and finalized a contract with Cigna International to provide TPA services to the Bureau by managing SHI medical benefits claims. The Bureau also negotiated and finalized

a contract with Navitus Health Solutions to provide pharmacy benefits management (PBM) services by administering SHI pharmaceutical benefits. The two agreements are expected to save approximately \$3.2 million per year in costs to the SHI plan and participants, and the recruitment of experts in the areas of TPA and PBM services was critical to the successful negotiation of contracts that proved to be significantly more favorable to the SHI plan and to participants than previous agreements. Implementation of the new TPA and PBM services began in January 2021.

594. In 2020 and 2021, the SHI Advisory Committee to the PASB Director, presented to PASB's Executive Management several cost-saving, liability-reducing measures with significant positive financial impacts for the Organization. PASB initiated implementation of several of the measures in 2021, will implement others in 2022, and will present some to WHO's Global Oversight Committee for approval prior to their implementation.

595. PASB's legal support for the procurement of vaccines and essential medicines and supplies, including through the COVAX Facility included:

- a) Developing country pre-payment obligations to COVAX/Gavi through the Bureau to enable country participation in COVAX;
- b) Providing assistance and advice on a joint request for proposal—with UNICEF—for COVID-19 vaccines that was issued in November 2020;
- c) Reviewing manufacturers' bid responses;
- d) Providing assistance and advice, including negotiating agreements, regarding the Bureau's procurement and shipping of essential medicines and supplies to Member States to aid their response to COVID-19;
- e) Participating in COVID-19 vaccine negotiations for supply agreements with manufacturers;
- f) Negotiating supply agreements to maintain previously agreed or improved prices for routine immunization programs through at least 2021, given the severe economic impact of the pandemic, including for pneumococcal conjugate vaccine, HPV vaccine, and rotavirus vaccine, among others.

596. PASB's legal apparatus supported resource mobilization and partnerships through:

- a) Creation of a model template to expedite and facilitate the receipt of contributions from non-state actors to support PAHO's response to the COVID-19 pandemic;
- b) Continued implementation of FENSA, conducting numerous due diligence evaluations and risk assessments;
- c) Identification of the need for, and development of, a flexible process for proposed engagement with non-state actors to address COVID-19 emergency activities;
- d) Capacity-building in FENSA for selected Bureau staff;
- e) Contribution to, and provision of guidance on, PAHO's new internal strategy document, *Working with the Private Sector: PAHO Road Map for 2021–2023*.

Part 4: Challenges and Lessons Learned

Challenges

597. The COVID-19 pandemic generated many challenges, resulting from its severe impact on health, societies, and economies, due not only to the devastating illness and death that it caused, but also to lockdowns, travel restrictions, supply disruptions, isolation, and interruptions in essential health services and critical health programs. It resulted in diversion of attention and resources—financial, human, technical, and infrastructural—from agreed priority health issues in order to enable a strong response to the pandemic emergency, and added to the many, ongoing challenges unrelated to COVID-19 facing both Member States and PASB.

Misunderstanding of the Nature and Role of PAHO and WHO

598. An overall challenge was the apparent misunderstanding by many of the nature of PAHO and WHO as intergovernmental organizations comprising Member States and secretariat. The thinking seemed to be that the secretariat—PASB in the case of PAHO—was equivalent to the Organization, and that not only could the Bureau compel Member States to take certain actions in the face of the pandemic, but that it was failing to do so. This led to erroneous perceptions and opinions of, and the dissemination of false information about, the leadership of WHO and PAHO, especially on social media, as part of the myths, misinformation, and disinformation associated with the pandemic. The persistence of this aspect of the infodemic has the potential to undermine the credibility, reputation, and work of both organizations.

Limited Financing

599. Limited financial resources in both countries and the Bureau compounded PASB's unsatisfactory financial situation and cost containment measures during 2020, continuing into 2021, resulting in delays and uncertainty regarding the provision of funds for planned technical cooperation. The limited funds available were redirected, in large part, to support the COVID-19 emergency response, making it necessary to reassess the technical cooperation interventions that had been agreed with Member States, based on reprioritization at country level, and on feasibility of work.

600. Despite successes in COVID-19-related resource mobilization and advances in voluntary contributions, PAHO is currently facing a shortfall in financing for its base programs, which is partly due to a gap in the WHO voluntary contributions allocation to the Region for those programs. At the same time, voluntary contributions funding, including that from WHO, was used to support the outbreak and crisis response segment of the PB, but there is ongoing critical need to mobilize resources beyond the emergency response.

Inequities and Health System Gaps

601. Data gaps. The COVID-19 situation not only magnified inequities related to socioeconomic status, age, ethnicity, race, gender, geographical location, and other social determinants of health, but also highlighted the limited availability and reporting of national health

data disaggregated by these and other equity stratifiers. It underscored the importance of efficient information systems for health; brought to the fore longstanding problems in health systems in the Region, including at the FLC; and pointed to the importance of comprehensive, integrated healthcare delivery networks, and universal access to health and universal health coverage.

602. Unavailability of national personnel. National counterparts for PASB's technical cooperation were often unavailable, including focal points for several technical areas, owing to reassignment to pandemic-related duties, illness, and family responsibilities, among other factors. This resulted in delays in or cancellation of many activities, and added to the challenges usually faced through changes in these human resources due to transfers, resignations, or retirement, with loss of continuity in programmatic interventions. Elections held in some countries led to changes at the political, policymaking, and health program supervisory levels, with shifts in technical and financing priorities, and the need for briefing and reorientation regarding agreed technical cooperation. These developments have the potential to undermine the sustainability of many projects in the Region and reverse gains made.

603. Limitations in health supplies. The pandemic impacted global health supply chains, disrupting sources of active pharmaceutical ingredients, affecting manufacturing countries, reducing the options for deliveries across the globe due to limited flight availability (with at least threefold increases in air freight charges, and closures at destination airports), and shifts in demand for health supplies. It also revealed the weakness of supply chain management across the Region, especially around planning, quantification, and inventory management, including overreliance on commercial air freight, compounded by low availability and scarcity of medicines at the global level, which added to high demand for certain medicines due to the magnitude of the pandemic emergency. In addition, working with partners in procuring essential medicines, vaccines, and health technologies, although necessary, presented difficulties where their interests and those of the Bureau did not fully align.

604. Inadequate COVID-19 diagnostic capacity. The detection of COVID-19 cases posed—and still poses—a challenge in many areas. Access to diagnostic capacity outside of urban centers to serve populations living in remote and hard-to-access places was only partially addressed with Ag-RDTs. The numbers of cases and resulting samples received exceeded capacities in many centralized laboratories, and the emergence of VOCs generated panic, misinformation, and an unusual additional burden on the laboratories in Member States.

605. Effects of the infodemic. The flood of information associated with the pandemic—the infodemic—resulted in misinformation and disinformation, and contributed to the spread of myths, a degree of distrust in international organizations, and vaccine hesitancy across the Region. As the pandemic continued into its second year, both the public and the news media showed increasing fatigue to COVID-19-related news, particularly the plethora of emerging scientific studies—some with results contradicting others. This presented a risk of inadequate attention being paid to evidence-based guidance, especially for nonpharmaceutical public health measures.

606. Limitations in the use of virtual platforms. In addition to the lack of access to relevant technology for some persons or groups, efforts to maintain essential health services through virtual means such as telemedicine revealed significant weaknesses in the regulatory instruments to

support such services. This was particularly marked in the management of patient data, informed consent and other aspects related to privacy, and the security and confidentiality of the information disseminated to and stored on virtual platforms. The increased use of virtual media and platforms, given the restrictions on face-to-face interventions, caused delays in the implementation of surveys and other strategies to gather data and information to inform technical cooperation. It also resulted in a significant increase in cybercrime, including activities targeting organizations responding to the pandemic.

Barriers to Addressing Noncommunicable Diseases and Mental, Neurological, and Substance Use Disorders

607. In addition to the disruption of services for NCD reduction and to address MNS disorders, certain private sector entities used the pandemic as an opportunity to promote unhealthy processed and ultra-processed foods high in fats, salt, and sugar, as well as breast-milk substitutes, countering promotion and guidance to the contrary provided before and during the pandemic.

608. Also evident was the shortage of resources—including funding—for MHPSS, and a lack of data on MNS disorders, especially regarding the impact of the pandemic on the mental health of vulnerable groups.

Issues in the Pan American Sanitary Bureau

609. Owing to redeployment of its own resources to address the emergency and funding deficits, the Bureau itself faced challenges in implementing non-COVID-19 response programs, in undertaking its regular technical cooperation with Member States, and in addressing selected internal procedures.

610. The degree of predictability of funding directly impacted the type of human resources contractual mechanisms available to the Bureau, and, with the uncertainty of funding availability that prevailed during most of 2020, the Bureau was unable to make contractual commitments to new fixed-term staff. This forced it to rely on contingent workers to undertake technical cooperation. While such workers should be engaged for specific products or services, such as supporting emergency response or time-limited projects, a significant proportion of contingent workers were hired to undertake core functions.

611. Delays in the provision of timely, sound legal advice related to technical cooperation interventions occurred occasionally. These were due to inadequate appreciation of the value of early consideration and analysis of the legal aspects of technical cooperation projects or negotiations; the limitations or advantages of PAHO's privileges and immunities at the country level; and the importance of providing complete supporting documentation and information to facilitate legal assessment or analysis.

612. It became apparent that the resources available in the Master Capital Investment Fund would be insufficient to finance the identified renovation and repair needs for the main headquarters building.

Lessons Learned

613. Member States and PASB learned many lessons and identified numerous opportunities for improvements in technical cooperation interventions and supporting actions, in order to strengthen equity- and rights-based approaches, prevent future crises, and ensure resilient health systems. It is important that political decisions prioritize the investment of financial and other resources in health to accelerate the resumption and improvement of essential services and achieve desired health development outcomes.

614. Communication strategies must be implemented to explain the nature of PAHO as an intergovernmental organization. It is critical that various audiences, including the general public, be made familiar with PAHO as an intergovernmental technical cooperation agency that is guided by a constitution; the primacy of its Member States in the governance and decision-making processes of the Organization; its relationship with WHO; its advantages and limitations; and the work it does for health and sustainable national development.

615. Greater attention must be paid to the Organization's CCTs. Member States' attention to issues of equity, equality, and human rights in the context of COVID-19, and the availability of related voluntary funding at national and regional levels has heightened awareness of, and technical cooperation in, applying the CCTs across all interventions. There must be greater coordination of the multiple actors involved, to ensure integrated, coherent, and sustainable approaches to the CCTs, with emphasis on their relevance to addressing the social determinants of health and reducing the inequities and inequalities that the pandemic has highlighted.

616. There must be increased and sustained investment in systems for emergency and disaster preparedness, mitigation, and recovery. Maintaining and honing such systems during "normal" times is essential, and strategic partnerships in this area at national, subregional, regional, and global levels are critical.

617. MHPSS preparedness, response, and recovery efforts must be multisectoral, and all emergency and disaster preparedness, response, and recovery initiatives must incorporate MHPSS. Much greater investment in mental health is required to address the increased mental health needs generated by COVID-19, which will probably continue after the pandemic has ended, and to finance appropriate responses to future emergencies in the Region.

618. Health systems strengthening is essential. Advocacy for governments to adopt and implement policies for resilient health systems that promote equity, with strengthened local primary care networks and robust interfaces between first-level services and communities, must be sustained, and its effects monitored.

619. The recruitment, retention, and distribution of trained HRH, especially at the FLC and in underserved areas is vital. This is a critical component of the PHC approach, and the VCPH can play a larger role in HRH capacity-building, with a critical mass of designers, teachers, and course coordinators who have expertise in technical and educational process; improvement of country nodes; and articulation with the WHO Academy, the educational platform of WHO, for greater complementarity of actions.

620. Disaggregated data and information are essential for appropriate planning and monitoring of equity-based interventions. An integrated and centralized mechanism is required in order to allow access to disaggregated, up-to-date, reliable, and timely information. Efforts must continue to ensure that information systems capture quality data from all sectors of the population, with integration of systems to enable sustainability and strengthen regional and national capacity to provide information related to health priorities, including early detection of other emerging respiratory viruses with epidemic potential; NCDs; MNS disorders; and disabilities. Also important are data on the economic costs of various diseases and conditions, and there is a need for greater involvement of health economists in the cadre of health professionals and stakeholders working in their prevention and control.

621. The use of virtual tools must be maximized. Widespread utilization of virtual tools and decentralization of some activities allowed PASB to maintain support to programs across the Region and assist Member States to navigate their responses to the pandemic. While there are concerns about equity gaps in access to technology, virtual meetings and consultations for selected technical cooperation modalities proved to be cost-effective. The virtual methodology optimized the use of financial resources, expanded participation and engagement with remote communities and persons who had difficulty travelling, and improved linkages and dialogue among local, national, subregional, and regional levels. Adequate investment in IT and virtual communication at all levels is vital.

622. Interprogrammatic, intersectoral, people-centered collaboration is crucial. The establishment and strengthening of interprogrammatic and intersectoral collaboration, whole-of-government and whole-of-society approaches, and strategic partnerships are essential to optimize resources and address the social and other determinants of health. The meaningful engagement of persons living with various conditions such as NCDs, MNS disorders, and disabilities is key, as is the involvement of older persons, children, adolescents, and youth in the development, implementation, and assessment of programs aimed at improving their health outcomes.

623. Global and regional mandates and agreements provide important frameworks for action, and global and regional networks are invaluable assets. Interventions undertaken within the framework of global and regional mandates and agreements, but tailored to the national situation, are fundamental. International networks, including those that address influenza and other respiratory viruses such as COVID-19, facilitated efficiency in the mobilization of resources and provision of technical expertise, and fostered partnerships between national counterparts and key international collaborators.

624. There must be strengthening of communication exchanges and collaboration among different actors from civil society, academia, and governments to strengthen policy design, development, promotion, and implementation in different countries, taking into account their local contexts. The private sector must be involved in policy implementation, but conflicts of interest must be identified and managed, and the capacity to address such conflicts must be built across government and civil society sectors, with the development and implementation of relevant policies and measures.

625. Accurate, timely communication from trusted sources to address the infodemic is essential. The availability of institutional tools such as the PAJPH, IRIS, and the COVID-19 evidence database made it possible to rapidly produce, share, and disseminate new regional and global evidence throughout the scientific community. Prioritization exercises, rapid adaptability, and teamwork are key factors in coping with the overload of information available, and PASB and countries must invest in institutionalizing country capacity to bridge science, policy, and action.

626. It is important to strengthen knowledge translation processes and capacity, raise political commitment, and empower the production and use of trustworthy evidence that can inform policies and practice during public health crises, and be used to address other health priorities. Sustained investment in communication, information dissemination, and knowledge management in both the Bureau and Member States is imperative in order to garner interest for other newsworthy areas of PASB's work and promote support for its initiatives and strategies. The increased collaboration among all levels of the Bureau, which paid dividends in terms of content development, design and production, web and social media management, and campaign quality, must continue—it is also needed to implement new functionality and engineer innovative user engagement.

627. There must be diversification of the Bureau's financing sources and intensified resource mobilization. Despite some improvement in PASB's financial situation, it must be closely monitored in light of ongoing challenges, and there must be effective implementation of the PASB RMS, advocating for health at the core of development and investment. Resources must be mobilized beyond the emergency to address shortfalls in voluntary contributions, and the way forward includes the development of project proposals that have a comprehensive, sustainable, and holistic response to the pandemic, going beyond product procurement and strengthening health systems to include the emerging demands of MNS disorders, environmental and climate change challenges, human resources in health, and gender inequities, among others.

628. There must be a balance between protecting the Organization's reputation and advancing partnerships with non-state actors, especially the private sector, and the implementation of FENSA should, where possible, allow PASB greater flexibility with the private sector, bearing in mind conflict-of-interest issues.

629. There must be permanent adoption of successful innovations and efficiencies by PASB. Some of the Bureau's pandemic-induced strategies and methodologies, such as the simplified prioritization review methodology, and PASB's participation in global procurement collaborations, should become permanent features of work with Member States and partners. PASB's participation in global procurement initiatives was important in building fair allocation principles for scarce supplies and advocating for equitable access to medicines, vaccines, and health technologies. There must also be close monitoring of stocks at national level, reprioritization of deliveries, and timely updates from countries to improve procurement.

630. The continued tightening of PASB's cybersecurity and strengthening of its IT governance process are critical for success. Given the ever-increasing number and sophistication of cyberattacks, the area of cybersecurity requires continued focus and attention. In addition, the establishment of an IT business relationship management team is desirable in order to bridge the gap between business needs and technology; provide advice and guidance to other PASB entities

on business process optimization; and design and deploy a comprehensive enterprise architecture that leverages both current and new technologies to improve PASB functions and work.

631. Early requests for legal opinions on and input into the Bureau's technical cooperation projects and interventions will guard against complications and barriers related to the Organization's privileges and immunities. The continued support of external legal experts in some areas in which the Bureau may lack expertise, including third-party administration of health insurance, is critical.

Part 5: Conclusions and Looking Ahead

Conclusions

632. PAHO Member States and PASB have learned many important lessons from their experiences with the COVID-19 pandemic. In most cases, the pandemic catalyzed a stocktaking exercise that examined health and related systems in light of the health, social, and economic impact of COVID-19. Countries faced the harsh realities of increasing inequities and realized the significant role that the social, environmental, commercial, and other determinants of health played in their generation. Governments developed a greater appreciation of the need for multisectoral and interdisciplinary actions to address these determinants, with inclusion of not only government sectors, but also of civil society—including persons living with and affected by various conditions, other persons in conditions of vulnerability, youth, and other population groups—as well as the private sector.

633. Health system weaknesses were also magnified, with greater awareness of the importance of the FLC, IHSDNs, and the PHC approach, in situations where hospital facilities had to be safeguarded and used for the care of patients, including those severely affected by COVID-19.

634. With the Bureau's technical cooperation, many countries developed, or planned to develop, national health and related plans with components addressing the provision and use of evidence for policy and program development; strengthening health systems to enable continuity of, and equitable access to, essential services, including improving the FLC as a component of the PHC approach; emergency and disaster preparedness and response; prevention and control of NCDs, including MNS disorders, which emerged as the main underlying causes in patients with severe COVID-19; social participation and inclusion, especially of civil society and persons in conditions of vulnerability; enhancing social protection mechanisms and safety nets; and communicating effectively for health, especially in translating scientific language into easily understood and persuasive terms, promoting vaccination, and countering misinformation and disinformation.

635. In light of challenges to maintain routine health programs, avoid excessive slippage in progress to health development and the health-related SDGs, and address new COVID-19-induced imperatives for health management, telehealth, telerriage, and telemedicine became important strategies for continued access to essential health services. The digital transformation, information systems for health, and IT were thrust into the spotlight, with the caution that efforts must be made to enable equitable access to accurate digital information and communication.

636. The Bureau's role in disseminating information and supporting knowledge translation and knowledge management in the context of the unfolding COVID-19 pandemic was crucial. Critical collaboration and partnerships with WHO, other UN agencies, WHO Collaborating Centers, regional and national networks of health professionals, international NGOs, civil society organizations, and many other partners played an invaluable role in addressing the infodemic and refuting myths, misinformation, and disinformation. Guidance and tools provided to ministries of health and other government sectors were instrumental in efforts to manage the pandemic and its untoward effects, and to take advantage of the opportunities it offered to redress inequities and advance the right to health. This role of PASB will remain a critical one in the foreseeable future.

637. Through continuous quality improvement efforts, including the launch and ongoing implementation of the ODIs, the Bureau began to take advantage of lessons learned both before and during the pandemic. PASB enhanced its interprogrammatic work, including to mainstream the Organization's CCTs of gender, ethnicity, equity, and human rights, and worked to improve adherence to organizational policies and procedures—incorporating technological and other developments—even as it sought to allow enough flexibility for adaptation, creativity, and innovation to overcome barriers and challenges to quality technical cooperation.

Looking Ahead

638. PAHO has always characterized itself as a learning organization, and, based on the lessons learned and experiences from the pandemic, PASB will continue to prove its worth and value to Member States, partners, and other key stakeholders in health and development.

639. The technical cooperation themes addressed in this report remain relevant to the implementation of the PAHO Strategic Plan 2020–2025, fulfillment of the SHAA2030, and achievement of the SDGs.

640. The Bureau will continue to streamline its efforts in emergency and disaster preparedness, mitigation, response and recovery, promoting and supporting strategies to ensure that events—be they natural, human-caused, or pandemic-prone, such as COVID-19—find the Region of the Americas much better prepared. The 10 pillars of the PAHO COVID-19 response strategy will prove useful for other emergencies and disasters, adapted as needed to the respective situations.

641. The thrust to universal access to health and universal health coverage, using the PHC approach and enhancing the performance of the EPHFs, will continue. PASB will be untiring in its promotion of people-centered health systems with IHSDNs; adequate health financing; effective social protection mechanisms; well-trained and motivated HRH, particularly at the FLC; efficient information systems that produce and share accurate, timely, updated health and related information; procurement and distribution systems that ensure equitable access to essential medicines, vaccines, and health technologies; and governance by informed leadership that takes into consideration persons in conditions of vulnerability, inclusive decision-making, and identification and management of conflicts of interest.

642. PASB will strengthen its technical cooperation in the life course approach to health, recognizing the importance of health-promoting interventions from pre-conception through pregnancy, infancy, childhood, adolescence, and older age. Such interventions will take into consideration maintaining and increasing immunization across the life course to protect against VPDs, and operate within the framework of families, communities, and settings, such as workplaces, schools, and cities, to reach people where they work, learn, live, and play. Analyzing the impact and addressing the social and other determinants of health will be an integral part of the development, implementation, and evaluation of life course projects and programs.

643. Despite significant advances in eliminating certain diseases in the Region, particularly some VPDs, weakened surveillance systems, and vaccine denial and hesitancy pose threats to these gains. In addressing those and other communicable diseases, the Bureau will continue its drive to

strengthen disease surveillance, boost vaccination coverage, and enhance social listening and dissemination of evidence-based information targeting different audiences, with promotion of and support for events such as VWA. PASB will also intensify efforts to contribute to the fulfillment of regional and global communicable disease elimination mandates from the Governing Bodies of PAHO and WHO, respectively.

644. The Bureau's technical cooperation in reducing the significant burden of NCDs and MNS disorders will continue to address the reduction of risk factors; provision of quality care, including in emergency and disaster situations, with greater involvement of persons living with or affected by these conditions in relevant planning and programming; and the providing of economic evidence to justify increased investment in, and fiscal measures for, their prevention and control. PASB will promote the elimination of cervical cancer, one of the few preventable cancers, and work to increase the availability of MHPSS, especially in emergency and disaster situations, including for youth, a group whose resilience in such situations is sometimes mistakenly taken for granted.

645. PASB intends to work to accelerate the digital transformation, strengthen information systems for health, enhance access to IT, and bridge the digital divide, taking advantage of advances in IT. The promotion of eHealth, including mHealth, will facilitate extension of the telehealth solutions demonstrated to be effective in reaching remotely located and underserved persons, and other persons in conditions of vulnerability, thus facilitating reduction of inequities. Similarly, the use of social and new media, traditional media, and health champions that appeal to young people in particular will be an important part of the Bureau's arsenal in communicating for health.

646. PASB will continue and intensify already-initiated efforts to strengthen and harmonize strategies aimed at integrating the Organization's CCTs into its planning and programming. The Bureau will work at national, subregional, and regional levels, and seek to mobilize resources—technical and financial—to effectively implement its renewed gender policy.

647. In working toward its technical cooperation objectives, the Bureau will continue to strengthen and establish partnerships, collaborations, and alliances, including with other UN agencies; global, regional, and national civil society organizations; regional and global networks; and other entities as appropriate in the pursuit of agreed health development goals. PASB will strengthen its work with entities such as ECLAC and IFIs around themes of convergence of health and the economy, strengthening the resilience of health systems, and protecting public health gains, learning from the COVID-19 experience.

648. In establishing joint action, the Bureau will seek win-win solutions that not only address health priorities, but also other priority issues related to health, such as climate change adaptation, food and nutrition security, and environmental protection—for people, planet, and prosperity—as envisaged in *Transforming Our World: The 2030 Agenda for Sustainable Development*²⁸⁵ and the SDGs, leaving no one behind.

²⁸⁵ Available from: <https://sdgs.un.org/2030agenda>.

List of Abbreviations and Acronyms

ACT-A	Access to COVID-19 Tools Accelerator
AECID	Spanish Agency for International Development Cooperation
AEFI	adverse events following immunization
Ag-RDT	antigen rapid diagnostic test
AIDS	acquired immunodeficiency syndrome
AMCS	alternative medical care site
AMR	antimicrobial resistance
BRISA	Regional Database of HTA Reports of the Americas
CARICOM	Caribbean Community
CARIFORUM	Caribbean Forum
CARPHA	Caribbean Public Health Agency
CC	Collaborating Center
CCHD	cooperation among countries for health development
CCS	Country Cooperation Strategy
CCT	crosscutting theme
CDB	Caribbean Development Bank
CERF	Central Emergency Response Fund (United Nations)
CHW	community health worker
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
COMISCA	Council of Ministers of Health of Central America and the Dominican Republic
COVAX	COVID-19 Vaccines Global Access
COVID-19	coronavirus disease of 2019
CVD	cardiovascular disease
DeCS/MeSH	Health Science Descriptors/Medical Subject Headings
DOI	digital object identifier
ECHO	European Civil Protection and Humanitarian Aid Operations
ECLAC	Economic Commission for Latin America and the Caribbean
EMT	emergency medical team
EPHF	essential public health function
ESAVI	events supposedly attributable to vaccination or immunization
EU	European Union
EUL	emergency use listing
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FENSA	Framework of Engagement with Non-State Actors
FLC	first level of care
FOPWL	front-of-package warning labeling
Gavi	Gavi, the Vaccine Alliance
GIS	geographical information system
GISAID	Global Initiative on Sharing All Influenza Data Platform
HIV	human immunodeficiency virus
HPS	health-promoting school

HPV	human papillomavirus
HRH	human resources for health
HTA	health technology assessment
IARC	International Agency for Research on Cancer
IDB	Inter-American Development Bank
IFI	international financing institution
IHME	Institute for Health Metrics and Evaluation
IHR	International Health Regulations (2005)
IHSDNs	integrated health services delivery networks
ILI	influenza-like illness
IMST	Incident Management Support Team
INSP	National Institute of Public Health of Mexico
IOM	International Organization for Migration
IPC	infection prevention and control
IRIS	Institutional Repository for Information Sharing
IS4H	Information Systems for Health
ISBN	International Standard Book Number
ISC	Internal Steering Committee
IT	information technology
IVD	in vitro diagnostics
LILACS	Latin American and Caribbean Health Sciences Literature
LTA	long-term agreement
MERCOSUR	Southern Common Market
mhGAP	mental health gap action program
MHPSS	mental health and psychosocial support
MIS-C	multisystem inflammatory syndrome in children and adolescents
MNS	mental, neurological, and substance use
NAO	National Audit Office (United Kingdom)
NCD	noncommunicable disease
NGO	nongovernmental organization
NIC	national influenza center
NIP	national immunization program
NRA	national regulatory agency
OAS	Organization of American States
ODI	Organizational Development Initiative
OECD	Organisation for Economic Co-operation and Development
ORAS-CONHU	Andean Health Agency-Hipólito Unanue Agreement
OTG	Oxygen Technical Group
PAHO (or Organization)	Pan American Health Organization
PAJPH	Pan American Journal of Public Health
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
PASB (or Bureau)	Pan American Sanitary Bureau
PB	Program Budget
PBM	pharmacy benefits management
PCR	polymerase chain reaction
PFA	psychological first aid

PHC	primary health care
PLWNCDs	persons living with noncommunicable diseases
PMIS	PASB Management Information System
PPE	personal protective equipment
PrEP	pre-exposure prophylaxis
PWR	PAHO/WHO Representative
QA	quality assurance
RAP	Rapid Preparedness Assessment for Health Care Facilities
RFV	PAHO Revolving Fund for Access to Vaccines
RMS	resource mobilization strategy
Rt	reproductive number
RWJF	Robert Wood Johnson Foundation
SAGE	Strategic Advisory Group of Experts on Immunization
SARI	severe acute respiratory infection
SDG	Sustainable Development Goal
SHAA2030	Sustainable Health Agenda for the Americas 2018–2030
SHI	staff health insurance
SICA	Central American Integration System
SIDS	small island developing states
SIHI	Social Innovation in Health Initiative
SPRP	Strategic Preparedness and Response Plan
SSB	sugar-sweetened beverage
STI	sexually transmitted infection
TAG	technical advisory group
TB	tuberculosis
TPA	third-party administrator
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDRR	United Nations Office for Disaster Risk Reduction
UNICEF	United Nations Children’s Fund
UNODC	United Nations Office on Drugs and Crime
UNOSSC	United Nations Office for South-South Cooperation
URL	Uniform Resource Locator
USAID	United States Agency for International Development
U.S. CDC	United States Centers for Disease Control and Prevention
UWI	University of the West Indies
VCPH	Virtual Campus for Public Health
VHL	Virtual Health Library
VIRAT	Vaccine Introduction Readiness Assessment Tool
VOC	variant of concern
VPD	vaccine-preventable disease
VWA	Vaccination Week in the Americas
WASH	water, sanitation, and hygiene
WHO	World Health Organization

Acknowledgments of Support

The Pan American Sanitary Bureau is grateful for the support of its Member States through their quota contributions, and for the generous voluntary contributions and collaboration of governments, agencies, and institutions, including, but not limited to:

Action on Smoking and Health
Agencia Catalana de Cooperación al Desarrollo
Agencia Presidencial de Cooperación Internacional de Colombia
Airbnb, Inc.
Ajuntament de València (Spain)
Alliance for Health Policy and Systems Research
Alma Jean Henry Charitable Trust
Alzheimer's Disease International
Amazon Cooperation Treaty Organization
American Cancer Society
American Heart Association
American Public Health Association
American Society for Microbiology
American Speech-Language-Hearing Association
Andalusian Agency of International Cooperation for Development
Andean Health Agency-Hipólito Unanue Agreement
ANLIS-Malbrán Institute (Argentina)
Bernard van Leer Foundation
Bill & Melinda Gates Foundation
Bloomberg Initiative to Reduce Tobacco Use
Bloomberg Philanthropies
Brazilian Federation of Gynecology and Obstetrics Associations
CAF – Development Bank of Latin America
Caribbean Broadcasting Union
Caribbean Community
Caribbean Community Climate Change Center
Caribbean Community Regional Organization for Standards and Quality
Caribbean Confederation of Credit Unions
Caribbean Court of Justice Academy for Law
Caribbean Development Bank
Caribbean Institute of Meteorology and Hydrology
Caribbean Public Health Agency
CDC Foundation
Central American Bank for Economic Integration
Central American Parliament
Childhood Cancer International
Christoffel-Blindenmission
City of Buenos Aires
Climate and Clean Air Coalition

Clinton Health Access Initiative
Coalition for Epidemic Preparedness Innovations
Cooperation Programme between Latin America, the Caribbean and the European Union on Drugs Policies
Coordinator of Indigenous Organizations of the Amazon River Basin
Costa Rican Social Security Fund
Council of Ministers of Health of Central America and the Dominican Republic
Department of Foreign Affairs, Trade and Development (Canada)
Department for International Development (United Kingdom)
Diabfrail LatAm Consortium
Diego Torres
Direct Relief
District Health Fund – Bogota District Health Department
Drugs for Neglected Diseases Initiative – Latin America
Durham University (United Kingdom of Great Britain and Northern Ireland)
Economic Commission for Latin America and the Caribbean
Ecuadorian Social Security Institute
Embassy of Belize in Mexico
Embassy of Japan in the United States
Embassy of Sweden in Cuba
Embassy of the Republic of Korea in Honduras
END - Ending Neglected Diseases Fund
European Civil Protection and Humanitarian Aid Operations Disaster Preparedness Programme
European Commission
European Commission Directorate-General for International Cooperation and Development
European Union
Every Woman Every Child Initiative for Latin America and the Caribbean
Fideicomiso Fondo Mixto de Cooperación Técnica Científica México-España
Florida International University
Fondation Botnar
Fonds d'Assistance Économique et Sociale
Food and Agriculture Organization of the United Nations
Framework Convention Alliance
French Development Agency
Fund for Economic and Social Assistance (Haiti)
Fundação para o Desenvolvimento Científico e Tecnológico em Saúde
Gavi, the Vaccine Alliance
German Society for International Cooperation
Global Affairs Canada
Global Citizen
Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Advocacy Incubator
Global Outbreak Alert and Response Network
Global Partnership to End Violence Against Children
Government of Argentina
Government of Belize
Government of the Bolivarian Republic of Venezuela

Government of Brazil
Government of the British Virgin Islands
Government of Canada
Government of Colombia
Government of Haiti
Government of Jamaica
Government of Japan
Government of Malta
Government of the Netherlands
Government of New Zealand
Government of Nicaragua
Government of Norway
Government of the Republic of Korea
Government of the Russian Federation
Government of Spain
Government of Sweden
Government of Switzerland
Government of Trinidad and Tobago
Government of the United Kingdom of Great Britain and Northern Ireland
Government of the United States of America
Green Light Committee
Harvard Analytics
Health Technology Assessment Network of the Americas
Healthy Caribbean Coalition
Hebrew Immigrant Aid Society
Hemispheric Program for the Eradication of Foot-and-Mouth Disease Trust Fund
Hospital Universitario Infanta Sofía (Spain)
Ibero-American Center for Strategic Urban Development
Ibero-American Network of Nongovernmental Organizations that work on Drug and Other Addictions
Ibero-American Social Security Organization
IMPAQTO
India-United Nations Partnership Development Fund
Institute for Health Metrics and Evaluation, University of Washington
Institute of Nutrition of Central America and Panama
Institute on Alcoholism and Drug Dependence (Costa Rica)
Instituto de Investigación Sanitaria Hospital 12 de Octubre (Spain)
InterAmerican Heart Foundation
Inter-American Association of Sanitary and Environmental Engineering
Inter-American Development Bank
Inter-American Drug Abuse Control Commission (Organization of American States)
Inter-American Network of Food Analysis Laboratories
Inter-American Society of Cardiology
Inter-American Task Force on Women's Leadership
International Agency for Research on Cancer
International Center for Medical Research and Training (Colombia)
International Civil Aviation Organization (South American office)

International Clearinghouse for Birth Defects Surveillance and Research
International Committee of the Red Cross
International Federation of Gynecology and Obstetrics
International Federation of Red Cross and Red Crescent Societies
International Monetary Fund
International Organization for Migration
International Society of Urban Health
International Union against Tuberculosis and Lung Disease
Johns Hopkins University
Johns Hopkins University Bloomberg School of Public Health
Joint United Nations Programme on HIV/AIDS
Korea International Cooperation Agency
Latin American and Caribbean Neonatal Alliance
Latin American and Caribbean Women's Health Network
Latin American Association of Pharmaceutical Industries
Latin American Association on Occupational Health
Latin American Confederation of Clinical Biochemistry
Latin American Faculty of Social Sciences (Argentina)
Latin American Federation of Cities, Municipalities, and Local Government Associations
Latin American Federation of the Pharmaceutical Industry
Latin American Federation of Therapeutic Communities
Latin American Society of Nephrology and Hypertension
London School of Hygiene and Tropical Medicine
MacArthur Foundation
McMaster University
March of Dimes
Mary Kay Inc.
Measles and Rubella Initiative
Médecins du Monde
Médecins Sans Frontières
Mental Health and Psychosocial Support Network
Ministry of Agriculture, Livestock, Aquaculture, and Fisheries of Ecuador
Ministry of Finance and the Public Sector of Jamaica
Ministry of Foreign Affairs and International Cooperation Office of Development Cooperation of Italy
Ministry of Foreign Relations and Trade of New Zealand
Ministry of Health, Labor and Welfare of Japan
Ministry of Health of Argentina
Ministry of Health of Brazil
Ministry of Health of Costa Rica
Ministry of Health of Ecuador
Ministry of Health of Guyana
Ministry of Health of Kenya
Ministry of Health of Panama
Ministry of Health of Peru
Ministry of Health of Sri Lanka
Ministry of Health of Trinidad and Tobago

Ministry of Health of the Province of Jujuy (Argentina)
Ministry of Health of the Province of Santa Fe (Argentina)
Ministry of Health of the Province of Santiago del Estero (Argentina)
Ministry of Public Health and Social Assistance of Guatemala
Ministry of Public Health and Social Assistance of the Dominican Republic
Mixed Fund for Technical and Scientific Cooperation
Movendi International
Mundo Sano Foundation
Municipality of Paipa (Colombia)
National Alliance for Hispanic Health
National Autonomous University of Honduras
National Livestock Council (Brazil)
National Drug Board (Uruguay)
National Health Agency (Brazil)
National Health Foundation (Brazil)
National Health Surveillance Agency (Brazil)
National Institute of Public Health (Mexico)
National Institute of Social Services for Retirees and Pensioners (Argentina)
National Secretariat for Integrated Policies on Drugs (Argentina)
National Service for Animal Health and Quality (Paraguay)
NCD Alliance
Network of Care for Women in Abortion Situations
New Venture Fund
NEXUS
Norwegian Agency for Development Cooperation
Nutrition Cluster of the Regional Group on Risks, Emergencies, and Disasters for Latin America and the Caribbean
Office of Planning and Budget (Uruguay)
Office of U.S. Foreign Disaster Assistance (USAID)
OPEC Fund for International Development
OPENWHO
Orbis International
Organization of American States
Organization of Eastern Caribbean States
Organisation for Economic Co-operation and Development
Oswaldo Cruz Foundation
Pan American Federation of Associations of Medical Schools
Pan American Federation of Nursing Professionals
Pan Caribbean Partnership Against HIV and AIDS
Plan International
Population Services International
Project HOPE
Public Health Agency of Canada
PVBLIC Foundation
Regional Task Force on Maternal Mortality Reduction
Robert Wood Johnson Foundation

Rockefeller Foundation
RTI International
Sabin Vaccine Institute
Saint George's University (Grenada)
Saint Jude's Children's Research Hospital
Salomón Beda
Save the Children
Secretariat of Health of the State of Bahia (Brazil)
Secretariat of Health of the State of Espírito Santo (Brazil)
Secretariat of Health of the State of Maranhão (Brazil)
Secretariat of Health of the State of Pará (Brazil)
Secretariat of Health of the State of Pernambuco (Brazil)
Secretariat of Health of the State of Rio Grande do Sul (Brazil)
Secretariat of Health of the State of Tocantins (Brazil)
Sesame Street/Sésamo
Social Innovation in Health Initiative
Sociedad Española de Medicina Geriátrica
Sony Music Entertainment
Sony Music Latin
Southern Common Market
Spanish Agency for International Development Cooperation
Swedish International Development Agency
Swiss Agency for Development and Cooperation
Task Force for Global Health
Therapeutic Goods Administration (Department of Health of Australia)
Together for Girls
United Arab Emirates
United Nations Central Emergency Response Fund
United Nations Children's Fund
United Nations Development Cooperation Office
United Nations Development Programme
United Nations Digital Transformation Network
United Nations Educational, Scientific and Cultural Organization
United Nations Environment Programme
United Nations Fiduciary Management Oversight Group
United Nations Foundation
United Nations Habitat
United Nations High Commissioner for Refugees
United Nations Industrial Development Organization
United Nations Information Security Special Interest Group
United Nations Inter-Agency Gender and COVID-19 Group
United Nations Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings
United Nations Inter-Agency Task Force on Noncommunicable Diseases
United Nations International Computing Center
United Nations International Labour Organization

United Nations Joint Programme on HIV/AIDS
United Nations Multi-Partner Trust Fund
United Nations Office for Disaster Risk Reduction
United Nations Office for Project Services
United Nations Office for South-South Cooperation
United Nations Office for the Coordination of Humanitarian Affairs
United Nations Office on Drugs and Crime
United Nations Partnership to Promote the Rights of Persons with Disabilities
United Nations Population Fund
United Nations Refugee Agency
United Nations Secretariat of the International Strategy for Disaster Reduction
United Nations System – Brazil
United Nations Trust Fund for Human Security
United Nations University International Institute of Global Health
United Nations Women
United Nations World Food Programme
United States Agency for International Development
United States Centers for Disease Control and Prevention
United States Department of Health and Human Services – Administration for Community Living
United States Department of Health and Human Services – Assistant Secretary for Preparedness and Response
United States Food and Drug Administration
United States National Cancer Institute
United States Pharmacopeia
University of Campinas (Brazil)
University of Colorado Global Health Center (United States of America)
University of Illinois at Chicago (United States of America)
University of South Florida (United States of America)
University of Stirling (United Kingdom of Great Britain and Northern Ireland)
University of Texas MD Anderson Cancer Center (United States of America)
University of the West Indies
University of Toronto (Canada)
Urban Health in Latin America
Vaccine Ambassadors
Virtual Health Library Network Cooperating Centers
Vital Strategies
Water, Sanitation, and Hygiene Group for Latin America and the Caribbean
WHO/Cochrane/Cornell/University Summer Institute
WHO Contingency Fund for Emergencies
WHO Codex Trust Fund
WHO Foundation
WHO Global Task Force for Cholera Control
WHO Information Network for Epidemics, EPI-WIN
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WHO Partnership for Universal Health Coverage
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World Association for Sexual Health
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World Diabetes Foundation
World Organisation for Animal Health
World Resources Institute Ross Center for Sustainable Cities
Yale Institute for Global Health Eastern Caribbean Health Outcomes Research Network
Yamuni Tabush Foundation