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PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2024–2025

Introductory Note to the Executive Committee

1. The proposed Program Budget of the Pan American Health Organization 2024–2025 will complete implementation of the Strategic Plan of the Pan American Health Organization 2020–2025. It is also instrumental in responding to the post-COVID-19 transition and to emerging health and development challenges that will require efforts to recover better and to accelerate progress toward fulfilling priorities and commitments with Member States.

2. The document sets out the corporate results and targets for the Pan American Health Organization (PAHO), as agreed with the Member States, for the next two years. It presents the budget that the Pan American Sanitary Bureau (PASB or the Bureau) will require to deliver on these biennial results and support Member States in improving health outcomes while contributing to the achievement of health targets set out in regional and global frameworks.

3. The proposed Program Budget 2024–2025 (PB24–25) follows the programmatic structure of the PAHO Strategic Plan 2020–2025. It considers the results of the Program Budget 2020–2021 end-of-biennium assessment and the Program Budget 2022–2023 midterm assessment. The results framework of the proposed PB24–25 responds to the main strategic mandates for the period at regional and global levels: the PAHO Strategic Plan 2020–2025, the Sustainable Health Agenda for the Americas 2018–2030, the World Health Organization (WHO) Thirteenth General Programme of Work, and the WHO Programme budget 2024–2025. The implementation of the proposed PB24–25 will also contribute to progress toward the Sustainable Development Goals.

4. As in previous planning cycles, the proposed PB24–25 provides an opportunity to review and redefine biennial results to ensure that the Organization's technical cooperation responds adequately to the country and regional public health situation. The COVID-19 pandemic and its socioeconomic impact have posed a unique challenge for PAHO, and this will continue to be true in the post-pandemic recovery phase.

5. The document submitted for consideration to the 172nd Session of the Executive Committee in June 2023 is the draft of the proposed PB24–25. It incorporates input from consultations with Member States, from the 17th Session of the Subcommittee on Program, Budget, and Administration, and from the WHO Programme budget 2024–2025. Following consideration by the Executive Committee, this document will be revised to take account of any comments received and then finalized for consideration by the 60th Directing Council in September 2023.

Action by the Executive Committee

6. The Executive Committee is invited to consider the proposed Program Budget of the Pan American Health Organization 2024–2025 presented in the Annex, and to provide PASB with comments regarding the structure and content of the document and the budgetary information provided.

Annex

PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2024–2025

“Recovering, innovating, and accelerating progress for health and equity”

Pan American Health Organization

Regional Office of the World Health Organization for the Americas

May 2023

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Executive Summary

1. The Pan American Health Organization (PAHO) approved its Strategic Plan 2020–2025 (SP20–25) in 2019. Since then, the Region of the Americas has been able to achieve and maintain significant public health gains and produce transformative action on key priorities. Nonetheless, the period has been marked by the unprecedented toll of the COVID-19 pandemic and by the Organization's internal financial crisis against the backdrop of a rapidly evolving socioeconomic and political context in the Region. Setbacks have threatened the attainment of the SP20–25 targets as well as of goals in the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030) and the Sustainable Development Goals (SDGs).

2. As the last program budget of the SP20–25, the Program Budget 2024–2025 (PB24–25) comes at a pivotal moment. While actions are already being implemented to help the Region recover from recent events, the 2024–2025 biennium will be critical for PAHO's efforts to continue the recovery, accelerate actions, and undertake innovations to advance the health agenda and reduce health inequities in the Region and in countries. Targeted actions should be designed with an understanding of what is working well and what is not working or could be done differently, taking into consideration the regional and global context and the lessons learned from the pandemic.

3. With the PB24–25, the Pan American Sanitary Bureau (PASB or the Bureau) and Member States reaffirm their existing commitments to the SHAA2030 and SP20–25, at regional level, and to the 2030 Agenda for Sustainable Development, the Thirteenth General Programme of Work of the World Health Organization (WHO), and the WHO Programme budget 2024–2025 (WHO PB24–25), at global level. PASB will also take on board findings and recommendations from the various WHO Member States working groups whose scope includes the Region, as well as those from external evaluations.

4. During the biennium, PASB will work to enable sustainable post-pandemic recovery in countries across the Region and stem the backsliding in service coverage rates and health outcomes that resulted from the pandemic. At the same time, the Bureau will strive to advance the health agenda and work with countries and territories to strengthen their capacity to respond to future threats. The emphasis will be on completing the implementation of the SP20–25 while fulfilling other regional and global mandates and priorities, with special attention to closing gaps and responding to the needs of populations living in situations of vulnerability. PAHO will continue transitioning its technical cooperation for COVID-19 from an emergency response modality to sustained core technical cooperation, incorporating the many lessons learned from 2020 to 2023.

5. The PB24–25 was developed through a consultative process with national health authorities to identify the priority outcomes of the SP20–25, using the PAHO-adapted Hanlon method to identify areas where the Organization's efforts are most needed during the 2024–2025 biennium and where its technical cooperation adds the most value. As of 26 April 2023, 80% of countries and territories in the Region (41 of 51) had completed the

prioritization exercise.[1] The results show that countries and territories collectively continue to place the highest priority on support for *a)* noncommunicable diseases and mental health, including risk factors; *b)* access to health services; *c)* health emergencies prevention, preparedness, and response; and *d)* communicable diseases risk factors. The COVID-19 pandemic and other recent developments in the Region have highlighted the importance of strengthening information systems for health, and this area has emerged as a new high priority for 2024–2025. This consultative process with Member States has also served to strengthen the collaboration required for successful implementation of the PB24–25 through sustainable interventions at country and regional levels.

6. In line with the SP20–25, and with these priorities in mind, the PB24–25 includes an overall strategic direction with three approaches[2] and five areas of focus, which together constitute the strategic direction for the 2024–2025 biennium. The five areas of focus correspond to the PASB Director's five strategic pillars for the next five years:

a) Help Member States end the pandemic in the Americas with the best tools at hand, especially surveillance and vaccines.

b) Apply the lessons learned from the pandemic and actively address vulnerabilities in the Region, enabling countries to be much better prepared to face new threats as they emerge.

c) Ensure timely and equitable access to health innovations for all countries in the Region in order to protect existing achievements, build back priority programs, and make faster progress in improving the health of our populations.

d) Build resilient national health systems based on renewed and strengthened primary health care.

e) Strengthen PAHO's capacity to support Member States.

7. The total PAHO proposed budget for the 2024–2025 biennium is US$ 820 million.[3] Of this amount, $700 million is for base programs and $120 million is for special programs (including emergencies, as a placeholder budget). This proposal represents a net decrease of 7% of the overall budget compared to 2022–2023, resulting from a 3% increase in base programs and a 40% decrease in the special programs segment. In line with PASB's commitment to strengthen its country focus for PB24–25, 81% ($16.7 million) of the modest increase of $20.5 million in base programs has been allocated to the country level. The proposed budget envelope, which responds to new and emerging needs, also considers financing prospects during the post-pandemic recovery phase and the WHO budget allocation to the Americas for 2024–2025. Recognizing the socio-economic situation of

[1] An additional three countries/territories completed the exercise after this document was submitted for clearance.

[2] Safeguard the achievements while addressing the unfinished agenda and applying lessons learned from the pandemic; recover better from the pandemic while accelerating progress toward the SHAA2030 and SDG targets; build more resilient, better-prepared health systems based on primary health care, with timely and equitable access to health innovations.

[3] Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

the Region, this proposal does not include any increase in assessed contributions from Member States. Given the increases in inflation in the last decade, this implies that in real terms, the PASB will operate with less resources, and will need to continue implementing strategies and innovations to strengthen its enabling functions, efficiency, transparency, and accountability.

8. During the 2024–2025 biennium, the PASB and Member States will likely face complex risks that may affect the success of PAHO's work if not addressed effectively. PASB will continue working toward a more mature risk management system with a view to preparing the Organization to face uncertainty. In a resource-constrained context, the Bureau will apply the principle of risk-based prioritization when investing the efforts needed to address risks, with primary focus on the work at country level.

9. The PB24–25 forms a results-based "contract" between PASB and Member States, with each undertaking to perform the respective actions necessary to achieve the health outcomes and outputs contained in the document. Through the PB24–25, PAHO will continue to demonstrate accountability for results, emphasizing the country-level impact. The approval, implementation, and reporting of the PB24–25 are the main means of accountability for programmatic work and the financial resources entrusted to PASB for this purpose.

10. Through the 28 outcomes, 102 outputs, and 143 output indicators in the PB24–25, PASB will implement interventions that reflect the strategic approaches and areas of focus mentioned above. PAHO will continue to build on its rich experience and lessons learned from over two decades of implementing a results-based management approach, including better articulation of the Organization's direct contribution toward health outcomes in the Region.

11. To improve transparency and accountability to Member States while continuing to embrace innovative approaches, PASB has developed a digital platform[4] for the PB24–25 that includes detailed and more interactive information regarding the PAHO programmatic structure, prioritization results, budget figures, and country information for the 2024–2025 biennium.

12. The PB24–25 provides a historic opportunity to make the necessary adjustments to ensure that PAHO's technical cooperation is responsive and aligned with the needs of Member States, with an emphasis on recovering, innovating, and accelerating progress for health and equity across the Region.

[4] Available at: https://pbdigital.paho.org.

Programmatic Context and Strategic Direction

13. This section provides an overview of the context and strategic direction that underpins the PB24–25 of the Pan American Health Organization. It highlights the main considerations and lessons learned that should guide the Organization's work, as well as the prioritization of outcomes by Member States for the biennium.

14. The first two biennia of the SP20–25 provided important lessons, many of which were documented in the Results Report for the 2020–2021 biennium (Document CSP30/7, Add. I). Since the approval of the SP20–25 in 2019, the Region of the Americas has been able to achieve and maintain many significant public health gains and produce transformative action on key priorities. Nonetheless, the period has been marked by the unprecedented toll of the COVID-19 pandemic and by the Organization's internal financial crisis against the backdrop of a rapidly evolving socioeconomic and political context in the Region. While actions are already being implemented to help the Region recover, the 2024–2025 biennium will be critical for efforts to continue the recovery and to accelerate actions and innovations to advance the health agenda, with special attention to addressing inequities in health in the Region and in countries.

15. As shown in the Results Report for the 2020–2021, progress toward the SP20–25 impact targets is at risk. Life expectancy in Latin America and the Caribbean decreased from 75.1 years in 2019 to 72.2 years in 2021, primarily because of the impact of COVID-19.[5] Health services across the Region faced disruption, resulting in slowed progress or even reversals on some indicators. The overall impact of the COVID-19 pandemic, including long-term effects on population health, is not yet fully understood. Nonetheless, these setbacks have threatened the accomplishment of the impact targets and, by extension, attainment of the goals in the SHAA2030 and the Sustainable Development Goals.

16. Targeted, accelerated, and innovative actions are needed. The design and implementation of such actions should be informed by an understanding of what is working well and what is not working or could be done differently, taking into consideration the regional and global context and lessons learned from the pandemic. Interventions with a track record of success should be scaled up, less successful strategies should be changed, and innovations should be expanded. All actions must be implemented with equity and solidarity as their guiding principles.

17. During 2024–2025, PASB will continue to support Member States' efforts to recover better from the health, social, and economic impacts of the COVID-19 pandemic. At the same time, PASB will assist in addressing gaps in health systems and coverage and accelerating progress toward the SHAA2030 and SDG targets. The emphasis will be on completing implementation of the SP20–25 while advancing other regional and global mandates and priorities, with special attention to closing gaps and responding to the needs

[5] Health in the Americas 2022. Available at: https://iris.paho.org/bitstream/handle/10665.2/56472/OPASEIHHA220024_eng.pdf.

of populations living in situations of vulnerability. These priorities include, but are not limited to, promoting integrated care, strengthening national regulatory systems, expanding regional capacity for production of essential medicines and health technologies, improving access to mental health care, strengthening genomic surveillance, accelerating the digital transformation of the health sector and the use of data, implementing the One Health approach, reinvigorating immunization programs, pursuing the disease elimination agenda, integrating prevention and response actions related to noncommunicable diseases (NCDs) and mental health with a focus on primary health care, and addressing the health impacts of climate change. Through effective implementation of measures to address these commitments, countries will be able to build more resilient health systems and ensure that primary health care remains at the center of sustainable development and at the forefront of national political agendas.

18. The Organization will continue transitioning its technical cooperation for COVID-19 from an emergency response modality to sustained core technical cooperation, incorporating the lessons learned from 2020–2023. This will include addressing relevant recommendations from external evaluations, including, as appropriate, the evaluations of PAHO's response to COVID-19, of its technical cooperation in NCD prevention and control, and of its technical cooperation in human resources for health. These and other lessons will also guide the Organization's overall program of work during the biennium. Findings of the 2020–2021 and 2022–2023 end-of-biennium assessments (the latter to be completed in 2024), as well as information produced by PASB's internal performance monitoring and assessment process, will also be considered.

19. Key lessons learned include, among others, the need to *a)* capitalize on the leadership role of PAHO as catalyst, convener, and trusted broker in health; *b)* encourage Member States to make needed investments in health, especially in areas that are lagging, such as NCDs; *c)* reaffirm support for health sector reform with an emphasis on primary health care; *d)* accelerate actions with a health equity approach; *e)* engage in intersectoral work with a Health in All Policies approach to address the determinants of health and health promotion; *f)* strengthen integrated and inter-approaches to technical cooperation; *g)* leverage, diversify, and strengthen partnerships, including through interagency coordination in the United Nations (UN) system; *h)* build capacity for sustained response to public health emergencies, both in PASB and in Member States; *i)* promote South-South cooperation, cooperation among countries for health development, and subregional approaches; *j)* strengthen PAHO/WHO Representative Offices to ensure sufficient capacity to respond to the needs of Member States; and *k)* continue to invest in the use of digital technologies, tools, and communications to enable PASB to reach broader audiences.[6]

20. The Bureau will also work to take on board the findings and recommendations from various WHO Member States working groups whose scope includes the Region, namely the Standing Committee on Health Emergency Prevention, Preparedness and Response; the Working Group on Sustainable Financing; and the Agile Member States Task Group

[6] See Document CSP30/7, Add. I and forthcoming evaluation reports.

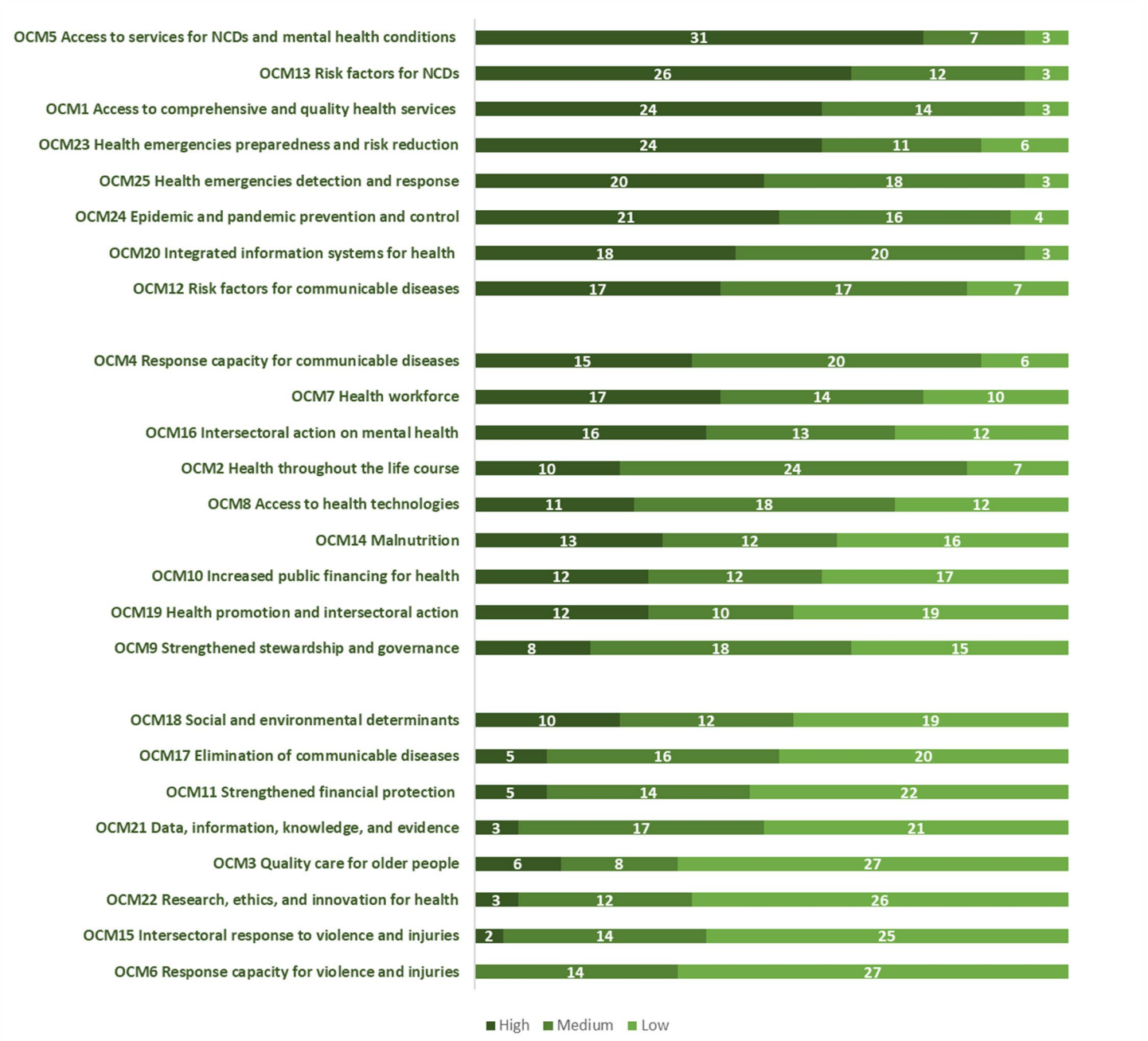
on Strengthening WHO's Budget, Programmatic and Financing Governance, as appropriate. Furthermore, PASB will adjust its technical cooperation to support Member States in responding to the negotiations of the Intergovernmental Negotiating Body, and the Working Group on Amendments to the International Health Regulations (2005).

21. In support of these goals, PASB will continue efforts to enhance its leadership and governance role, strengthen the country focus approach, and further improve accountability and transparency. This includes implementing measures for prevention of and response to sexual exploitation, abuse, and harassment, as well as mechanisms for monitoring, assessment, and reporting.

22. The PB24–25 provides an opportunity to further reevaluate strategic priorities in light of the current socioeconomic, political, and health situation in the Region, and to make adjustments required to help ensure that PAHO technical cooperation is responsive and aligned with the needs of Member States. With this in mind, from late 2022 to early 2023, consultations were conducted with national health authorities to identify the priority technical outcomes of the SP20–25 using the PAHO-adapted Hanlon method. The consolidated regional results were then grouped into three priority tiers—high, medium, and low—to identify areas where the Organization's efforts are needed most during the 2024–2025 biennium and where PAHO's technical cooperation adds the most value.

23. The priority-setting exercise has been completed in 41 of 51 countries and territories as of 26 April 2023. Figure 1 shows the consolidated regional results of the programmatic priorities stratification exercises completed to date. For each outcome (OCM), Figure 1 shows the total number of countries and territories that indicated a high, medium, and low priority rating. For example, 31 countries and territories indicated that Outcome 5 is a high priority, seven called it a medium priority, and three a low priority.

Figure 1. Consolidated Prioritization Results for the Program Budget 2024–2025
(number of countries and territories by priority rating for each outcome, preliminary results as of 26 April 2023)



Note: Outcomes 26, 27, and 28 were excluded due to the corporate nature of their scope.

24. In accordance with the approved PAHO-adapted Hanlon method, the priority tiers do not indicate the importance of a specific result, but rather the level of technical cooperation that countries and territories can expect from PASB. The consolidated preliminary prioritization results show that countries and territories collectively continue to prioritize technical cooperation in areas that are oriented to *a)* NCDs and mental health, including risk factors; *b)* access to health services; *c)* health emergencies prevention, preparedness, and response; and *d)* communicable diseases risk factors. Notably, the COVID-19 pandemic and other recent developments in the Region have highlighted the importance of strengthening information systems for health, and this area has emerged as a new high priority for 2024–2025.

25. The Member States prioritization results also served to inform the development of the WHO PB24–25 and will inform WHO's planning and budget allocation decisions.

Strategic Approaches and Areas of Focus

26. Countries in the Region of the Americas face a complex epidemiological landscape, with the stubborn persistence of communicable diseases, the risk of outbreaks and epidemics, the rise of NCDs, the damage caused by traffic accidents and violence, and the impacts of climate change. Additionally, the Region faces significant inequalities between and within countries and an accelerated demographic transition in Latin America and the Caribbean.

27. To respond to these challenges, the Region needs strong, resilient health systems that can perform all the essential public health functions adequately and lead multisectoral actions on the social, economic, and environmental determinants of health. National health systems must be equipped to respond urgently with a wide range of integrated actions, including improved disease surveillance and prevention, strong and renewed primary health care (PHC), quality hospital and specialized services, and a robust, well-trained health workforce.

28. Laser-focused on accelerating progress toward achieving the SHAA2030 and SDG targets, PASB will work for and with countries during 2024–2025 to help them overcome persistent inequalities, build resilient health systems that can respond to emerging threats, apply the lessons learned from the pandemic, recover to become stronger than they were before, and achieve universal health care. In this regard, the PB24–25 includes an overall strategic direction with three approaches[7] and five areas of focus, which represent the PASB Director's five strategic pillars for implementation over the next five years. By taking short term, concrete actions aligned with the five areas of focus, PAHO will strive to accelerate progress in health.

[7] Safeguard the achievements while addressing the unfinished agenda and applying lessons learned from the pandemic; recover better from the pandemic while accelerating progress toward the SHAA2030 and SDG targets; build more resilient, better-prepared health systems based on PHC, with timely and equitable access to health innovations.

29. The five areas of focus are interconnected and are underpinned by the principles of equity and solidarity. They are linked to the outcomes in the SP20–25, and while they do not replace the existing PAHO results chain, they serve to highlight the areas that require emphasis in the 2024–2025 biennium. The areas of focus are as follows:

a) **Help Member States end the COVID-19 pandemic in the Americas** with the best tools at hand, especially surveillance and vaccines. Actions within this area also seek to increase access to boosters for vulnerable groups, identify appropriate strategies to address vaccine hesitancy, and improve access to effective antivirals. Core outcome linkages are OCM1 (Access to comprehensive and quality health services), OCM4 (Response capacity for communicable diseases), OCM8 (Access to health technologies), OCM20 (Integrated information systems for health), OCM21 (Data, information, knowledge, and evidence), OCM24 (Epidemic and pandemic prevention and control), and OCM25 (Health emergencies detection and response).

b) **Apply the lessons learned from the COVID-19 pandemic** and actively address vulnerabilities in the Region, enabling countries to be better prepared to face new threats as they emerge. PASB will support the implementation of crucial lessons learned during the pandemic across several issues. They include strengthening national capacity to detect and respond to public health emergencies and build strong health surveillance systems based on the One Health approach; expanding the development and production of medicines, vaccines, and medical products in Latin America and the Caribbean, strengthening regulatory capacity, and supporting countries to make better and expanded use of regional mechanisms like the Revolving Fund for Access to Vaccines (Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund); and reinforcing the Bureau's capacity to provide regional coordination by implementing the recommendations from the external evaluation of its performance during the pandemic. Core outcome linkages are OCM4 (Response capacity for communicable diseases), OCM5 (Access to services for NCDs and mental health conditions), OCM8 (Access to health technologies), OCM23 (Health emergencies preparedness and risk reduction), OCM24 (Epidemic and pandemic prevention and control), and OCM25 (Health emergencies detection and response).

c) **Ensure timely and equitable access to health innovations** for all countries in the Region in order to protect existing achievements, rebuild priority programs, and make faster progress in improving the health of our populations. PASB will support countries to achieve a more rapid incorporation of new technologies and implementation of innovative and more effective strategies, all based on the best available scientific evidence, adapted to each national reality. Additionally, PASB will work with countries and territories to transform the excellent pilot projects that have already proved successful in the Region into policies for incorporation into health systems and into PHC. Core outcome linkages are OCM1 (Access to comprehensive and quality health services), OCM2 (Health throughout the life course), OCM4 (Response capacity for communicable diseases), OCM5 (Access to services for NCDs and mental health conditions), OCM17 (Elimination of

communicable diseases), OCM20 (Integrated information systems for health), OCM21 (Data, information, knowledge, and evidence), and OCM22 (Research, ethics, and innovation for health).

d) **Build resilient national health systems** based on renewed and strengthened PHC. The Bureau stands ready to support countries in achieving sufficient public financing to ensure universal access to health and universal health coverage, in strengthening governance by their ministries of health, and in ensuring a sufficient and appropriately trained health workforce. It is urgent that PHC be prepared to face the challenges posed by a complex epidemiological context and an aging population. Core outcome linkages are OCM1 (Access to comprehensive and quality health services), OCM2 (Health throughout the life course), OCM3 (Quality care for older people), OCM4 (Response capacity for communicable diseases), OCM5 (Access to services for NCDs and mental health conditions), OCM6 (Response capacity for violence and injuries), OCM7 (Health workforce), OCM9 (Strengthened stewardship and governance), OCM10 (Increased public financing for health), OCM11 (Strengthened financial protection), OCM19 (Health promotion and intersectoral action), OCM20 (Integrated information systems for health), and OCM23 (Health emergencies preparedness and risk reduction).

e) **Strengthen PASB's capacity to support Member States.** PASB will move forward to streamline its management, promote increased transparency, and improve agility, efficiency, and gender equity. This includes improving prevention programs and enforcing a zero-tolerance policy against any form of sexual harassment, exploitation, or abuse of personnel and populations served by PAHO. Core outcome linkages are OCM27 (Leadership and governance) and OCM28 (Management and administration).

30. These five focus areas considered the following: *a)* the health situation analysis and prioritization results described above; *b)* a strategic review of Program Budget 2022–2023 (PB22–23) implementation with PASB senior management; *c)* areas of strategic focus in the WHO PB24–25; *d)* recent mandates from PAHO and WHO Governing Bodies, as well as those currently proposed; and *e)* the need to ensure that PAHO continues to be the leading organization supporting the countries of the Region of the Americas to improve the health and well-being of their populations.

31. The key interventions required to implement the areas of focus are covered in the "Outcomes and Outputs" section of this document. While core outcomes have been indicated in paragraph 17 above, there are several supporting and cross-cutting outcomes that also must be successfully implemented to achieve targeted results in the five focus areas. They include OCM12 (Risk factors for communicable diseases), OCM13 (Risk factors for NCDs), OCM14 (Malnutrition), OCM15 (Intersectoral response to violence and injuries), OCM16 (Intersectoral action on mental health), OCM18 (Social and environmental determinants), OCM19 (Health promotion and intersectoral action), OCM21 (Data, information, knowledge, and evidence), and OCM26 (Cross-cutting themes: equity, ethnicity, gender, and human rights).

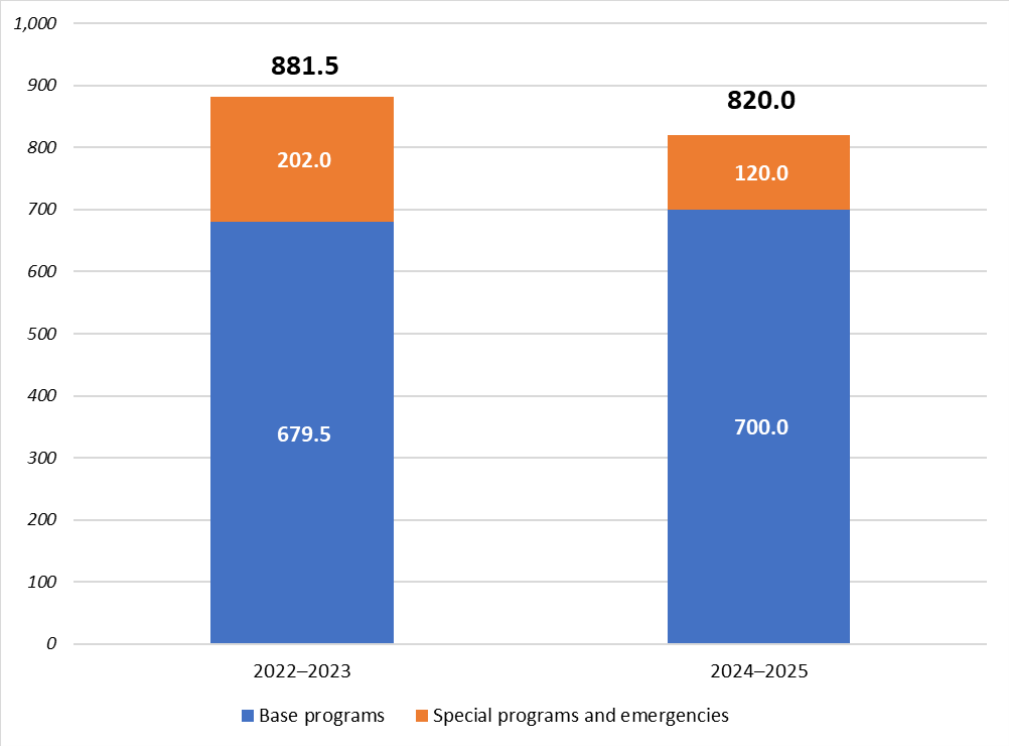
Proposed Budget

32. This section presents the overall budget proposal by outcome cluster, by outcomes of the SP20–25, and by functional level.

Overall Budget Proposal

33. The total proposed budget of the Pan American Health Organization for the 2024–2025 biennium is $820 million. Of this amount, $700 million is for base programs and $120 million is for special programs (including emergencies, as a placeholder budget), as shown in Figure 2.[8] This proposal represents a net decrease of 7% of the overall budget compared to 2022–2023, resulting from a 3% increase in base programs and a 40% decrease in the special programs segment. The proposed increase in base programs and decrease in special programs responds to new and emerging needs, including necessary shifts in technical cooperation from an emergency response mode for COVID-19 to a sustained core technical cooperation modality. The proposed budget envelope also considered the financing prospects during the post-pandemic recovery phase as well as the WHO budget allocation to the Americas for 2024–2025.

Figure 2. Program Budget 2024–2025 by Segment, Compared to 2022–2023
(US$ millions)



[8] As outlined in Document CSP30/6 and corresponding Resolution CSP30.R1, the figure PASB presented to Member States as a placeholder for the special programs segment of the PAHO PB22–23 was increased to reflect the influx of funds received for outbreak and crisis response and other programs during 2022.

34. The total proposed budget allocation from the World Health Organization for the Regional Office for the Americas (AMRO) is $313.7 million, broken down as follows: $295.6 million for base programs, $5.1 million for special programs, and $13.0 million for emergency operations and appeals. The AMRO budget allocation reflects an increase of $3.5 million or 1.6% for base programs with respect to 2022–2023.

35. The proposed distribution of the PAHO Program Budget increase ($20.5 million) in base programs is in line with PASB's commitment to strengthen its country focus. Accordingly, 81% of the increase has been allocated to countries and the subregional level ($16.7 million) and 19% to the regional level ($3.8 million).

Budget by Outcome

36. The proposed budget by outcome is mainly composed through a planning process that considers the priorities defined by Member States for PB24–25. PASB also incorporated lessons learned during the 2022–2023 budget implementation.

37. The high-level process for the definition of budget allocations is summarized as follows:

a) The Bureau identifies an overall budget amount that balances programmatic needs with past and expected financing and implementation levels. Later, it distributes the overall budget across the outcomes and functional levels (regional, subregional, and country). This distribution is guided by the priorities that Member States have defined; by the PAHO Budget Policy (Document CD57/5 [2019]); and by the internal consultations for the PB24–25.

b) In the case of functional levels, the PAHO Budget Policy provides primary guidance on distribution of the country-level budget.

c) Through an internal consultation process across the three levels (regional, subregional, and country), the proposed distribution of the overall budget allocations across the SP20–25 outcomes is validated.

d) The results for the three levels are consolidated to produce the first full proposed distribution for the PB24–25 to be presented at the 172nd Session of the Executive Committee, ensuring that corporate priorities are adequately represented and that the budget is realistic and complete.

38. As amounts by outcome are not predefined, the initial proposals can result in a high degree of variability with respect to changes from 2022–2023. Proposed changes in budget for outcomes were guided by the following principles: high-priority outcomes should at least maintain their budget space; any increase in a medium- or low-priority outcome needs to be justified by resource mobilization efforts; and any reduction in any outcome should be compensated with inter-programmatic actions in other outcomes. As envisaged in the SP20–25, PAHO will continue to promote and strengthen an integrated approach to its technical cooperation. For that reason, and because many outcomes are interrelated, activities and resources under broader-scope outcomes can also cover those with more specific scope during implementation.

39. Recognizing the interconnection between outcomes, and to provide a more comprehensive view, the 28 outcomes of the SP20–25 have been grouped into clusters by thematic area, as shown in Table 1. The clusters allow for a more integrated approach to the management and implementation of the Strategic Plan outcomes, covering all planning and performance monitoring, assessment, and reporting processes, including the PB24–25. This approach was first introduced in the Report of the End-of-biennium Assessment of the PAHO Program Budget 2020–2021 (Document CSP30/7 [2022]).

Table 1. Program Budget 2024–2025 by Outcome Cluster, Compared to 2022–2023
(US$)

OCM CLUSTER	Approved PB 22–23	Proposed PB 24–25	% Variation PB 22–23/ PB 24–25
Communicable Diseases	124,100,000	127,300,000	3%
Determinants of Health and CCTs	31,300,000	32,500,000	4%
Health Emergencies	103,700,000	106,800,000	3%
Health Systems, Services, and Life Course	137,000,000	145,200,000	6%
Information Systems, Evidence, and Research	37,000,000	38,500,000	4%
NCDs and Risk Factors, Mental Health, Violence, and Injuries	66,500,000	69,800,000	5%
Leadership, Governance, and Enabling Functions	179,900,000	179,900,000	0%
TOTAL	**679,500,000**	**700,000,000**	**3%**

40. The Communicable Diseases cluster comprises OCM4 (Response capacity for communicable diseases), OCM12 (Risk factors for communicable diseases), and OCM17 (Elimination of communicable diseases). It shows a 3% increase in its PB24–25 allocation compared to the 2022–2023 biennium. According to the prioritization results, OCM12 is a high-priority outcome, OCM4 is a medium-priority outcome, and OCM17 is a low-priority outcome. The increase in budget will allow PASB to advance the Disease Elimination Initiative and work with countries and territories to strengthen and expand immunization coverage across the Region, while also addressing the root causes of disease transmission and the emergence of antimicrobial resistance through a One Health approach.

41. The Determinants of Health and Cross-cutting Themes cluster consists of OCM18 (Social and environmental determinants), OCM19 (Health promotion and intersectoral action), and OCM26 (Cross-cutting themes: equity, ethnicity, gender, and human rights). It shows an overall increase of 4% in comparison with PB22–23. This increase is consistent with the prioritization results, resource mobilization prospects, and PASB focus for the 2024–2025 biennium. The additional budget, with commensurate funding, will catalyze efforts to ensure that no one is left behind.

42. The Health Emergencies cluster comprises three high-priority outcomes: OCM23 (Health emergencies preparedness and risk reduction), OCM24 (Epidemic and pandemic prevention and control), and OCM25 (Health emergencies detection and response). All three are aligned with multiple areas of focus for the PB24–25. As a cluster, these three outcomes show an increase of 3%, considering that funding to respond to COVID-19 will decrease as the Region enters the recovery phase of the pandemic. The increase in budget is important for continuing to strengthen Member States' capacities for preparedness, prevention, and response to health emergencies and for building resilient health systems, considering the lessons learned from the COVID-19 pandemic. At the same time, PASB will expand the Safe/Resilient Hospitals initiative.

43. The Health Systems, Services and Life Course cluster, composed of eight outcomes, presents an overall increase of 6% in comparison with PB22–23. It includes one high-priority outcome, OCM1 (Access to comprehensive and quality health services); five medium-priority outcomes, OCM2 (Health throughout the life course), OCM7 (Health workforce), OCM8 (Access to health technologies), OCM9 (Strengthened stewardship and governance), and OCM10 (Increased public financing for health); and two low-priority outcomes, OCM3 (Quality care for older people) and OCM11 (Strengthened financial protection). Through this outcome cluster, PASB will work to advance progress toward universal health, with access to services throughout the life course. This can only be accomplished if countries are empowered to build strong and resilient health systems based on primary health care.

44. The Information Systems, Evidence and Research cluster, with three outcomes, has an overall increase of 4% for the 2024–2025 budget allocation as compared with the 2022–2023 allocation. OCM20 (Integrated information systems for health) saw a surge of demand during the pandemic period, reflecting the need to build capacity to improve monitoring and dissemination of high-quality information for better decision making; accordingly, this outcome shifted from medium priority in PB22–23 to high priority in PB24–25. This is also consistent with the areas of focus mentioned above, which recognize the need to advance digital transformation and information systems for health, ensuring use of timely, reliable, and disaggregated data for decision making. OCM20 is closely related to OCM21 (Data, information, knowledge, and evidence) and OCM22 (Research, ethics and innovation for health), which complement its funding, since data and innovation are integral to strengthening information systems for health.

45. The NCDs and Risk Factors, Mental Health, Violence, and Injuries cluster presents a 5% increase for PB24–25 in comparison to PB22–23. This growth is driven by the increase in budget for OCM5 (Access to services for NCDs and mental health conditions), OCM13 (Risk factors for NCDs), OCM14 (Malnutrition), and OCM16 (Intersectoral action on mental health), all rated as high or medium priority. OCM5 and OCM13 have been consistently among the highest-ranked priorities for Member States, as the epidemiological transition that is underway in the Region increases the prevalence of NCDs. The budget increase will also enable PASB to support Member States to respond to the urgent need for attention to mental health, which emerged as a lesson learned from the COVID-19 pandemic. OCM6 (Response capacity for violence and injuries) and OCM15 (Intersectoral response to violence and injuries) have no budget increase from the previous biennium due to a low prioritization result.

46. The Leadership, Governance, and Enabling Functions cluster shows no growth in budget from the previous biennium. The two outcomes in this cluster, OCM27 (Leadership and governance) and OCM28 (Management and administration), are not rated in the prioritization exercise. In order to accomplish more with effectively fewer resources, considering the impact of inflation, PASB will continue to implement strategies and innovations to strengthen its enabling functions and enhance efficiency, transparency, and accountability.

47. Table 2 presents the budget allocations by outcome cluster, detailing the allocations and prioritization results by health outcome and comparing PB22–23 with the PB24–25.

Table 2. Program Budget 2024–2025 by Outcome, Compared to 2022–2023
(US$)

Outcome	Outcome Cluster / Outcome short title	Priorization Results 2022-2023	Revised Priorization Results 2024-2025	PB 20-21	PB 22-23	Proposed PB 24-25	% Variation PB 22-23/ PB 24-25
Communicable Diseases				**115,000,000**	**124,100,000**	**127,300,000**	**3%**
OUTCOME 4	Response capacity for communicable diseases	High	Medium	68,000,000	71,000,000	74,000,000	4%
OUTCOME 12	Risk factors for communicable diseases	High	High	26,000,000	26,800,000	27,000,000	1%
OUTCOME 17	Elimination of communicable diseases	Low	Low	21,000,000	26,300,000	26,300,000	0%
Determinants of Health and CCTS				**27,000,000**	**31,300,000**	**32,500,000**	**4%**
OUTCOME 18	Social and environmental determinants	Low	Low	13,000,000	17,600,000	17,600,000	0%
OUTCOME 19	Health promotion and intersectoral action	Medium	Medium	7,000,000	6,500,000	7,100,000	9%
OUTCOME 26	Cross-Cutting Themes: Equity, Ethnicity, Gender, and Human Rights	Not rated	Not rated	7,000,000	7,200,000	7,800,000	8%
Health Emergencies				**63,000,000**	**103,700,000**	**106,800,000**	**3%**
OUTCOME 23	Health emergencies preparedness and risk reduction	High	High	21,500,000	38,600,000	39,400,000	2%
OUTCOME 24	Epidemic and pandemic prevention and control	High	High	16,500,000	37,600,000	38,400,000	2%
OUTCOME 25	Health Emergencies Detection and Response	High	High	25,000,000	27,500,000	29,000,000	5%
Health Systems, Services, and Life Course				**139,000,000**	**137,000,000**	**145,200,000**	**6%**
OUTCOME 1	Access to comprehensive and quality health services	High	High	25,500,000	26,900,000	29,000,000	8%
OUTCOME 2	Health throughout the life course	Medium	Medium	42,000,000	35,000,000	35,000,000	0%
OUTCOME 3	Quality care for older people	Low	Low	4,000,000	4,000,000	4,000,000	0%
OUTCOME 7	Health workforce	Medium	Medium	14,000,000	12,800,000	14,000,000	9%
OUTCOME 8	Access to health technologies	Medium	Medium	35,400,000	38,000,000	41,500,000	9%
OUTCOME 9	Strengthened stewardship and governance	Medium	Medium	10,000,000	10,850,000	11,800,000	9%
OUTCOME 10	Increased public financing for health	Medium	Medium	4,000,000	5,350,000	5,800,000	8%
OUTCOME 11	Strengthened financial protection	Low	Low	4,100,000	4,100,000	4,100,000	0%
Information Systems, Evidence, and Research				**38,000,000**	**37,000,000**	**38,500,000**	**4%**
OUTCOME 20	Integrated information systems for health	Medium	High	16,000,000	16,700,000	18,200,000	9%
OUTCOME 21	Data, information, knowledge, and evidence	Low	Low	19,000,000	16,500,000	16,500,000	0%
OUTCOME 22	Research, ethics, and innovation for health	Low	Low	3,000,000	3,800,000	3,800,000	0%
Leadership, Governance, and Enabling Functions				**175,000,000**	**179,900,000**	**179,900,000**	**0%**
OUTCOME 27	Leadership and governance	Not rated	Not rated	78,500,000	81,400,000	81,400,000	0%
OUTCOME 28	Management and administration	Not rated	Not rated	96,500,000	98,500,000	98,500,000	0%
NCDs and Risk Factors, Mental Health, Violence, and Injuries				**63,000,000**	**66,500,000**	**69,800,000**	**5%**
OUTCOME 5	Access to services for NCDs and mental health conditions	High	High	19,500,000	21,100,000	23,000,000	9%
OUTCOME 6	Response capacity for violence and injuries	Low	Low	3,000,000	3,000,000	3,000,000	0%
OUTCOME 13	Risk factors for NCDs	High	High	27,000,000	27,600,000	28,000,000	1%
OUTCOME 14	Malnutrition	Medium	Medium	6,000,000	6,300,000	6,800,000	8%
OUTCOME 15	Intersectoral response to violence and injuries	Low	Low	3,000,000	3,000,000	3,000,000	0%
OUTCOME 16	Intersectoral action on mental health	Medium	Medium	4,500,000	5,500,000	6,000,000	9%
Total Base Programs				**620,000,000**	**679,500,000**	**700,000,000**	**3%**

Implementation of the PAHO Budget Policy: Budget Allocation by Country and Functional Level

48. PAHO continues to strategically strengthen its country-level work. To distribute the country-level budget allocation in a transparent and equitable manner, Member States adopted the PAHO Budget Policy at the 57th Directing Council in 2019.

49. Consistent with the Budget Policy, country, subregional, and regional levels maintain their shares of budget allocation in PB24–25 (42%, 3% and 55% respectively). In terms of percentage increases with respect to PB22–23, given that the subregional level is largely dependent on flexible funding, its increase is modest, at 2%. The regional and country levels show increases of 6% and 1% from the 2022–2023 budget allocation, respectively. It is important to note that the budget allocation levels stipulated by the Budget Policy serve as a guide at the start of the biennium. During implementation of the PB24–25 the actual level of funding will exceed these targets as actions and resources are directed to address country needs and priorities.

50. Following PASB's commitment to strengthen its country focus for PB24–25, 81% (or $16.3 million) of the overall budget increase of $20.5 million in relation to PB22–23 has been allocated to the country level. In consequence, the proposed change for budget allocations as defined in the Budget Policy was adjusted to reflect a higher increase at country level.

51. In the case of Nicaragua, for example, although the policy suggested a reduction of the budget in 2024–2025, PASB proposes to maintain the budget at the same level as in 2022–2023, considering Nicaragua's status as a key country and its continued resource mobilization efforts.

52. Table 3 shows the PB24–25 for PAHO countries and territories in accordance with the direction of change proposed by the PAHO Budget Policy.[9]

[9] Application of the Budget Policy through the biennia is available in Annex D of the PAHO Budget Policy (Document CD57/5).

Table 3. PAHO Program Budget 2024–2025: Indicative Budget by Country/Territory and Functional Level

(US$)

Country/Territory	Code	Approved PB 22–23	Proposed PB 24–25	Difference	% change
Member States		**(a)**	**(b)**	**(c)=(b)-(a)**	**(d)=(c)/(a)**
Antigua and Barbuda	ATG	760,000	830,000	70,000	9%
Argentina	ARG	7,550,000	8,200,000	650,000	9%
Bahamas	BHS	2,890,000	3,100,000	210,000	7%
Barbados	BRB	1,444,800	1,580,000	135,200	9%
Belize*	BLZ	5,440,000	5,950,000	510,000	9%
Bolivia*	BOL	12,156,800	13,000,000	843,200	7%
Brazil	BRA	19,200,000	19,900,000	700,000	4%
Canada	CAN	500,000	530,000	30,000	6%
Chile	CHL	5,160,000	5,650,000	490,000	9%
Colombia	COL	14,017,600	14,700,000	682,400	5%
Costa Rica	CRI	4,758,800	5,200,000	441,200	9%
Cuba	CUB	6,900,000	7,200,000	300,000	4%
Dominica	DMA	810,000	880,000	70,000	9%
Dominican Republic	DOM	8,282,850	8,800,000	517,150	6%
Ecuador	ECU	8,606,400	9,100,000	493,600	6%
El Salvador	SLV	6,536,800	7,100,000	563,200	9%
Grenada	GRD	650,000	710,000	60,000	9%
Guatemala*	GTM	15,272,800	16,300,000	1,027,200	7%
Guyana	GUY	7,723,200	8,200,000	476,800	6%
Haiti*	HTI	34,672,400	35,940,000	1,267,600	4%
Honduras*	HND	16,216,400	17,300,000	1,083,600	7%
Jamaica	JAM	6,475,600	6,900,000	424,400	7%
Mexico	MEX	10,050,000	10,500,000	450,000	4%
Nicaragua*	NIC	13,310,000	13,310,000	-	0%
Panama	PAN	6,170,000	6,700,000	530,000	9%
Paraguay*	PRY	9,820,000	10,500,000	680,000	7%
Peru	PER	11,800,000	12,600,000	800,000	7%
Saint Kitts and Nevis	KNA	640,000	700,000	60,000	9%
Saint Lucia	LCA	710,000	770,000	60,000	8%
Saint Vincent and the Grenadines	VCT	760,000	830,000	70,000	9%
Suriname*	SUR	6,078,400	6,600,000	521,600	9%
Trinidad and Tobago	TTO	4,520,000	4,800,000	280,000	6%
United States of America	USA	500,000	530,000	30,000	6%
Uruguay	URY	4,520,000	4,900,000	380,000	8%
Venezuela	VEN	12,651,600	13,500,000	848,400	7%
Eastern Caribbean					
Office of the Eastern Caribbean Cour	ECC	7,350,000	7,700,000	350,000	5%
Associate Members					
Aruba	ABW	350,000	370,000	20,000	6%
Curacao	CUW	250,000	260,000	10,000	4%
Puerto Rico	PRI	500,000	530,000	30,000	6%
Dutch Sint Maarten	SXM	350,000	370,000	20,000	6%
Participating States					
French Departments in the Americas		350,000	370,000	20,000	6%
Netherlands Territories		200,000	210,000	10,000	5%
Bonaire, Saint Eustatius, Saba	BES	200,000	210,000	10,000	5%
United Kingdom Territories		1,500,000	1,580,000	80,000	5%
Anguilla	AIA	200,000	210,000	10,000	5%
Bermuda	BMU	200,000	210,000	10,000	5%
Cayman Islands	CYM	300,000	320,000	20,000	7%
Montserrat	MSR	200,000	210,000	10,000	5%
Turks and Caicos	TCA	200,000	210,000	10,000	5%
British Virgin Islands	VGB	400,000	420,000	20,000	5%
Total - Country level		**278,404,450**	**294,700,000**	**16,295,550**	**6%**
Total - Subregional level		**20,900,000**	**21,300,000**	**400,000**	**2%**
Total - Regional level		**380,195,550**	**384,000,000**	**3,804,450**	**1%**
Total - Base programs		**679,500,000**	**700,000,000**	**20,500,000**	**3%**
Special programs		**202,000,000**	**120,000,000**	**(82,000,000)**	**-41%**
Program Budget Grand Total		**881,500,000**	**820,000,000**	**(61,500,000)**	**-7%**

*Key countries

Budget Alignment with WHO Outcomes

53. PAHO maintains its commitment to align with the WHO Thirteenth General Programme of Work (GPW13) and the WHO PB24–25. Programmatic alignment facilitates technical collaboration, monitoring, and reporting between the global and regional levels. From the budgetary perspective, alignment eases and streamlines the transfer, implementation, and reporting of funds.

54. The PB24–25 outputs have been structured so that no PAHO output responds to more than one output in the WHO GPW13 results framework. This makes it possible to aggregate the AMRO budget from the bottom up and to have a budget that is easily translatable into the WHO programmatic results chain.

Financing the Program Budget

Base Programs

55. The base programs of PB24–25 will be financed through:

a) Assessed contributions from Member States, Participating States, and Associate Members.

b) Budgeted miscellaneous revenue.

c) Other PAHO financing sources, including voluntary contributions and special funds.

d) Funding allocated by WHO to the Region of the Americas (consisting of both WHO flexible funding and voluntary contributions).

56. Regulation 4.4 of the Financial Regulations of PAHO establishes that assessed contributions and budgeted miscellaneous revenue shall be made available for implementation on the first day of the budgetary period to which they relate, based on the assumption that Member States will pay their quota contributions on a timely basis. Other sources of PAHO financing, such as voluntary contributions, are made available when the respective agreement is fully executed (signed). Funding from WHO is made available upon receipt of awarded funds or written communication from the WHO Director-General.

57. Table 4 shows the expected financing of base programs in PB24–25 compared with that of PB22–23, as well as the contribution of each financing source as a share of the whole.

Table 4. PAHO Program Budget 2024–2025 by Financing Source Compared with PAHO Program Budget 2022–2023, Base Programs Only
(US$)

Source of financing	2022–2023	2024–2025	Increase	Share
PAHO net assessed contributions	194,400,000	194,400,000	0	27.8%
PAHO budgeted miscellaneous revenue	14,000,000	14,000,000	0	2.0%
PAHO voluntary contributions and other sources	179,000,000	196,000,000	17,000,000	28.0%
WHO allocation to the Americas	292,100,000	295,600,000	3,500,000	42.2%
TOTAL	**679,500,000**	**700,000,000**	**20,500,000**	**100%**

58. Regarding the sources of financing:

a) **Assessed contributions.** This amount includes the estimation of assessed contributions from PAHO Member States, Participating States, and Associate Members, which are expected to be received in full. In 2022–2023, assessed contributions were approved in the amount of $194.4 million. PAHO assessed contributions have not increased since 2012–2013. As technical cooperation demands from Member States expand and diversify, having zero nominal growth in net Member State contributions has effectively resulted in a reduction in the Organization's flexible resources, since staff and activity costs have increased (due to inflation and fluctuation in exchange rates, among other factors). This situation has increased dependence on voluntary contributions and limited the Bureau's ability to address funding gaps and human resources' needs.

b) **Budgeted miscellaneous revenue.** This amount corresponds to the estimated income earned in the preceding biennium from interest on the Organization's investments. Based on the most up-to-date information at the time of presenting this budget proposal, miscellaneous revenue is expected to be $14 million.

c) **PAHO voluntary contributions and other sources, including special funds.** This component includes voluntary contributions that are mobilized directly by PAHO, as well as revenue from program support costs and any other source of income that finances the Program Budget.[10] PAHO continues to strengthen and expand its relationship with external partners to enhance its resource mobilization.

[10] The main component of PAHO other sources is the income generated from charges to voluntary contributions, known as program support costs; the Master Capital Investment Fund; and other funds such as BIREME sales and services, CLAP sundry sales and services, PROMESS vaccines and medications sales, sales of PAHO publications, the Special Fund for Health Promotion, and Virtual Campus services.

d) **WHO allocation to the Americas.** The WHO Programme budget allocation to the Region of the Americas for base programs in 2024–2025 is $295.6 million.[11] This allocation would correspond to 42% of the PAHO budget for base programs. It can only be financed by WHO flexible funds and voluntary contributions mobilized by WHO, which have demonstrated an increasing trend over the past several biennia. The anticipated increase in WHO assessed contributions for the WHO PB24–25 is expected to provide additional flexible funds to support regional and country priorities.

Special Programs

59. This section will provide a summary of the three special programs that compose this budget segment: outbreak and crisis response, polio eradication maintenance, and the Hemispheric Program for the Eradication of Foot-and-Mouth Disease. These are fully funded by voluntary contributions and are time-limited. During 2020–2021 and 2022–2023, most of the funds mobilized or redirected to respond directly to the COVID-19 pandemic are being budgeted and reported on in this segment as part of outbreak and crisis response.

60. Polio eradication maintenance has traditionally been financed by WHO. Nevertheless, as polio has been eradicated in the Region, and following changes in WHO's polio planning, most financing for this program is expected to finance PAHO base programs, so the amount included in this segment would be used as a placeholder.

61. Foot-and-mouth disease eradication is a regional initiative with dedicated voluntary contributions whose projections will determine the budget envelope.

Perspectives on Resource Mobilization: Challenges and Opportunities

62. In order to fulfill financing of the Program Budget, considering the financing trend from WHO (approximately $120 million per biennium), PAHO would need to mobilize voluntary contributions totaling $371.6 million in 2024–2025.[12] This includes voluntary contributions from WHO to fund the AMRO budget. This amount represents an increase of $95 million (35%) in resource mobilization efforts compared to the 2022–2023 biennium.

63. Although official development assistance for health reached its highest-ever level in 2022,[13] global health financing is trending downward toward the pre-pandemic level. To reverse this trend, it is fundamental to maintain health at the center of the Sustainable Development Agenda. This means looking beyond SDG 3 (good health and well-being) and its related targets to address persistent health gaps linked to the social, economic, and

[11] World Health Organization. Proposed programme budget 2024–2025 (Document A76/4), available at: https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_4-en.pdf.

[12] This amount ($371.6 million) is the total resource mobilization effort to fully fund the PB24–25 base programs ($700 million). It assumes a gap in WHO's funding of approximately $175.6 million (based on the flexible funding trend to AMRO of $120 million).

[13] Organisation for Economic Cooperation and Development (OECD), Official Development Assistance (ODA) statistics, 2023.

environmental determinants. SDG targets related to child stunting and obesity, drinking water and sanitation, gender equality, poverty eradication, climate change, innovation, and reduced inequalities all create opportunities for cross-sector programing and activities to improve health.

64. The Region is experiencing a confluence of crises—COVID-19, climate, food security, economic uncertainty, and more—with long-term effects and impacts across the countries of the Americas. Countries have seen firsthand that health is essential to all aspects of social progress, including economic development, national security, avoidance of civil conflicts, and poverty alleviation.

65. The Bureau will continue to leverage its leadership, convening capacity, technical expertise, and visibility, elevated during the pandemic response, to mobilize the necessary voluntary contributions to finance PB24–25. PASB will explore new funding modalities and continue to diversify the Organization's partnership base to increase resource mobilization in the coming years. Member States have a crucial role to play by maintaining health at the center of the development agenda and increasing, whenever possible, their voluntary contributions to the Organization.

National Voluntary Contributions

66. National voluntary contributions (NVCs) are provided by national governments to finance specific in-country initiatives that are aligned with PAHO's existing mandates. Typically, NVCs are provided as part of national technical cooperation agreements. Since most of these contributions are planned, implemented, and reported at national level, they fall outside the governance of the PAHO program budget, although they are strictly managed following PAHO financial rules and regulations and are subject to accounting in financial reports. The programmatic results of national technical cooperation agreements are reported as part of the strategic achievements of the Organization.

67. The Region of the Americas is composed largely of countries with upper-middle-income economies. Consequently, there is great potential for national contributions in the Region. At the same time, there is growing interest in and capacity to support national needs in health. Therefore, PASB will continue strengthening its relationship with national, subnational, and municipal authorities to increase the mobilization of NVCs to finance national health programs with local funding, in full alignment with the health objectives set out in the PB24–25.

68. The level of NVCs has varied in recent years, making it difficult to predict the exact level of this funding modality for 2024–2025. These resources will continue to be reported in the relevant financial reports and end-of-biennium assessments.

Risks and Mitigation Actions for 2024–2025

69. Since the start of the current decade, the Region of the Americas and the world have undergone dramatic political, socioeconomic, and environmental changes that may affect both the probability and the impact of any identified risk in the context of PAHO's work. The COVID-19 pandemic has shown that risks and opportunities emerge at different speeds and directions. Based on current information, it is likely that during the 2024–2025 biennium, PASB and Member States will face increasingly complex risks that may affect the success of the Organization's work if they are not addressed effectively.

70. Based on its accumulated experience implementing risk management measures, governance, and tools, PASB will define and implement a strategy that will include risk acceptability and risk appetite considerations and allow strengthening of its risk management function. This function, which is based on the Three Lines Model,[14] is designed to reduce and manage, rather than eliminate, the risk of failure to achieve PAHO's expected results. Internal control is an ongoing process, designed to provide reasonable assurance of the effectiveness and efficiency of operations and the reliability of financial reporting, risk management, and compliance with applicable regulations and rules. The Bureau will continue to support the first line of defense, represented by managers and other personnel, and proactively enhance the second line, which consists mainly of risk management and compliance mechanisms. Both are complemented by the third line, which includes PASB oversight functions (auditing) as well as evaluation, investigation, and independent reviews.

71. The Bureau has been developing several different approaches and tools to improve management of resources and to increase its ability to prepare PAHO to face uncertainty. In this regard, the maturity of the Enterprise Risk Management program in PASB has enabled it to be used more systematically as part of operational planning and the corporate review of voluntary contribution projects.[15] PAHO will continue its efforts to promote a culture of effective risk management along with more regular reviews and documentation of operational risks at country level. Extra efforts will also be directed to monitoring and ensuring effectiveness of the fast-track risk assessment of voluntary contributions for emergencies. Monitoring and reviewing activities focusing on the material, reputational, and financial risks to PASB, and strategically linking them to compliance for a more comprehensive approach, will be key.

72. During the biennium, PASB will define an accountability framework that will bring together the three lines of defense in an overall conceptual framework, describing how the elements interact. While many of these elements are in place at PAHO, connecting and

[14] Formerly known as the Three Lines of Defense model.

[15] The Bureau has defined processes and tools to manage the review of projects and agreements funded by voluntary contributions. For instance, as part of the Corporate VC Review Process Tool, originally launched on 15 February 2021, during 2022 new features and enhancements were incorporated, such as a new module for the expedited review of emergency projects and the identification of their related risks. Training was provided for all the entities, grant coordinators, and focal point for risk management.

articulating them in an overall conceptual framework would significantly enhance transparency and efficiency of control processes.

73. In a constrained funding context, the Bureau will apply the principle of risk-based prioritization when investing the resources needed to address risks, with primary focus on the Bureau's work at country level. This may result in funds being allocated to building and/or strengthening the necessary systems (people, processes, technology, etc.) to keep risks within acceptable levels. It depends on clearly prioritizing the top corporate risks, a task undertaken by the PAHO Risk Management and Compliance Standing Committee and validated by Executive Management.

74. Following the revision of the Bureau's risk register for 2022–2023, and considering the main risks for 2024–2025 identified by the Global Risk Management Committee of WHO, of which PAHO is a member, a set of principal risks has been identified for PASB for the biennium 2024–2025. These are shown in Table 5. It is recognized that risk assessment is dynamic and that risks are subject to change, in terms of probability and impact, during the biennium. PASB will therefore review and prioritize risks on a regular basis through the PASB's established risk management and compliance mechanism.

Table 5. Principal Risks Identified for PASB for the Biennium 2024–2025

Risk title	Risk description
Unsustainable and unpredictable financing	Delays in meeting financial commitments and/or failure of some Member States to comply with financial commitments (assessed contributions), with corresponding impact on core organizational mandate and on results of key functions, projects, or programs
Failure in emergency response	Delays or poor response in timely manner to Member States' events/needs in emergencies (outbreaks, humanitarian, and/or natural disasters)
Infomedia	Misleading or wrong information that may affect public health outcomes
Cybersecurity breach/breach in data protection and privacy	Damaged or compromised critical information and systems that lead to discontinuity of operations, financial losses, or damaged reputation
Reputational risk associated with misconduct events	Inability to prevent, detect, and manage cases of misuse of resources or fraudulent and corrupt practices in operations, including but not limited to potential for fraud/conflict of interest/misbehavior and sexual harassment
Reputational risk associated with the quality of PAHO technical cooperation	Inability to attract and retain staff with competencies and skills required to support programmatic commitments; failure to deliver quality health products in a timely manner to address country needs, and to provide timely response from PAHO's Revolving Fund and Strategic Fund
Ineffective administrative systems, including lack of compliance	Ineffective administrative policies, processes, procedures, and tools that may impact efforts to increase efficiency, transparency and accountability

Accountability for Results and Financial Resources

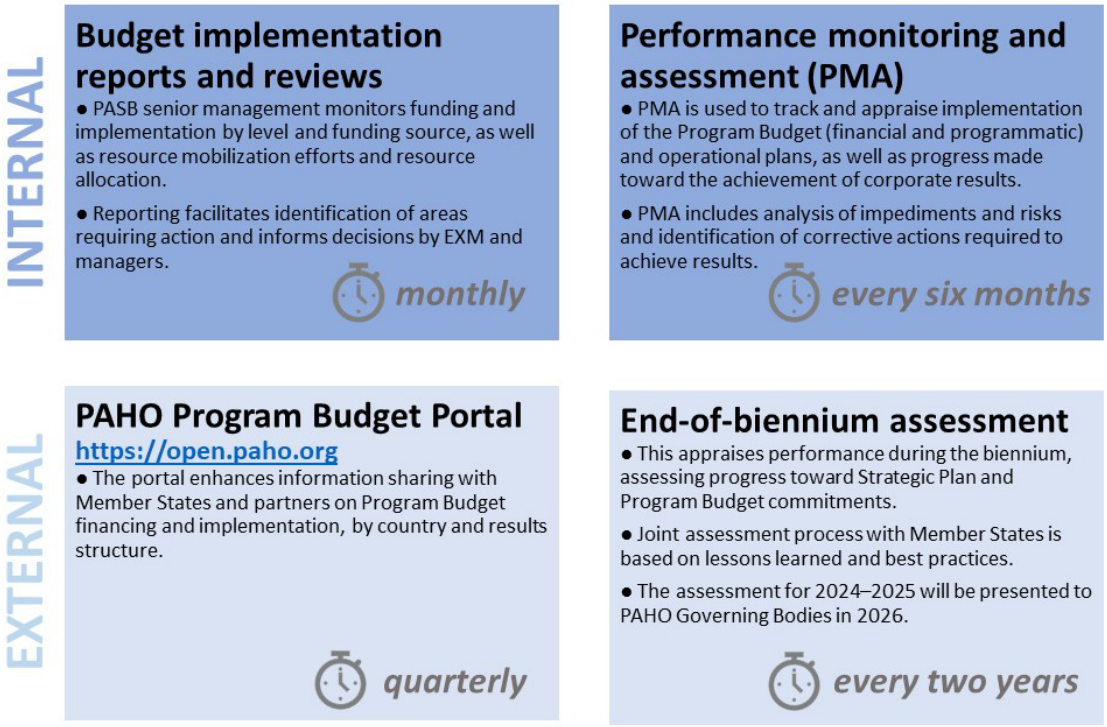
75. Monitoring and assessment are essential for proper management of the Program Budget and to guide necessary revisions to policies and programs. PAHO will monitor, assess, and report on PB24–25 implementation in line with the results framework defined in the SP20–25. The Organization will continue to build on its rich experience and lessons learned from over two decades of implementing a results-based management (RBM) approach. This includes the joint assessment of results with Member States and efforts to ensure transparency and accountability for results throughout the implementation of the Program Budget and operational plans.

76. The PB24–25 has 28 outcomes, following the structure of the SP20–25. Each outcome includes a set of outputs that define the specific results to be delivered in the biennium in collaboration with Member States and partners. There are a total of 102 outputs and 143 output indicators in the PB24–25. These outputs reflect the strategic approaches and areas of focus mentioned above, as well as efforts by PASB to review and prioritize areas of work for the 2024–2025 biennium. The PB24–25 also outlines key interventions under each outcome along with strategies to achieve the outputs.

77. Output performance, including the direct contribution of PASB, will be measured through the output indicators, with corresponding 2023 baseline and 2025 target figures. The indicators will be monitored and assessed using a set of technical descriptions known as the compendium of output indicators. It is important to note that the baseline and target figures will be based on projections by the Bureau. In line with lessons learned from previous biennia, the baselines and targets will need to be validated. This process serves to build commitment on the part of Member States and PASB to report on the outcome and output indicators at the end of the biennium and allows for a more accurate assessment of results.

78. The monitoring and assessment of the PB24–25 implementation will be conducted through established mechanisms in alignment with the Organization's RBM approach, as shown in Figure 3. In addition to supporting the monitoring and assessment of the program budget, these mechanisms will support the monitoring of progress toward the commitments in the SP20–25. The end-of-biennium assessment report to PAHO Governing Bodies is the primary means of accountability to Member States for the implementation of the program budget and provides an interim assessment of the SP20–25. It includes the joint assessment of countries' progress on the outcome and output results, a best practice that is unique in WHO and the United Nations system. The PAHO Program Budget Portal is a public accountability mechanism and provides quarterly updates on budget implementation. Within PASB, monthly monitoring of budget implementation and regular performance monitoring and assessment reviews facilitate analysis and decision making for effective implementation of the PB24–25 throughout the biennium. Efforts made during the 2022–2023 biennium to strengthen these mechanisms will be further consolidated during 2024–2025.

Figure 3. Overview of Program Budget 2024–2025 Monitoring and Assessment Mechanisms



79. At country level, PASB will continue to improve accountability for results through the mechanisms mentioned above in addition to building on innovations that drive the Organization's impact in countries. PASB will also continue to regularly update, monitor, and assess the PAHO/WHO Country Cooperation Strategies.

80. In addition to demonstrating accountability for results in the PB24–25, monitoring and assessment processes in PAHO will serve as the basis for reporting to WHO on the implementation of the AMRO portion of the WHO Programme budget. This will include the midterm report to be presented to the World Health Assembly (WHA) in 2025 and the final WHO Results Report that will be presented to the WHA in 2026. PAHO will contribute to global reporting by providing regional data, contributing to case studies that showcase the Organization's impact at country level, and submitting regular monthly financial reports.

81. Consistent with the commitment of PAHO to accountability and transparency, the evaluation function has been enhanced to strengthen organizational learning. Evaluation recommendations will be implemented with a view to continuous learning and improvement, and the lessons learned will be used to inform policymaking and decision making.

82. For consideration of the full spectrum of accountability mechanisms in PAHO, Member States may refer to Annex E of the SP20–25.

Outcomes and Outputs

83. This section presents the outputs and output indicators for the 2024–2025 biennium under each of the SP20–25 outcomes, along with the key interventions that will be carried out by PASB in close collaboration with Member States and partners. For the 60th Directing Council, each indicator will have a projected baseline for 2023 and a target for 2025.

Outcome 1: Access to comprehensive and quality health services

Outcome	Proposed budget	Priority tier
Increased response capacity[16] of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services[17] that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health	$29,000,000	High
Outputs (OPT)		
1.1. Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery, including public health services	**OPT Indicator 1.1.a.** Number of countries and territories with frameworks in place for integrated health service delivery networks (IHSDN) to improve the resolution capacity of the first level of care and integrate priority programs, including NCDs and the elimination agenda	
1.2. Countries and territories enabled to improve quality of care in health service delivery	**OPT Indicator 1.2.a.** Number of countries and territories implementing strategies and/or plans of action to improve quality of care in health service delivery	

[16] Response capacity, in this context, is defined as the ability of health services to provide health care responses adapted to people's needs and demands, in line with current scientific and technical knowledge, resulting in improved health.

[17] Comprehensive, appropriate, timely, quality health services are actions directed at populations and/or individuals, that are culturally, ethnically, and linguistically appropriate, with a gender approach, and that take into account differentiated needs in order to promote health, prevent diseases, provide care for disease (diagnosis, treatment, palliative care, and rehabilitation), and offer the necessary short-, medium-, and long-term care.

Key technical cooperation interventions
• Implement tools that strengthen coordination, communication, and resource sharing for the organization and management of IHSDN, centered on the needs and preferences of people, families, and communities throughout the life course, to achieve a timely and satisfactory health care journey, consistent with the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10). • Develop strategies to improve access and the resolution capacities of the first level of care, care throughout the life course, and the essential public health functions. • Strengthen capacities for implementation of the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025 (Document CD57/12). The emphasis should be on strengthening comprehensive health services with a focus on populations in conditions of vulnerability. • Strengthen inter-programmatic collaboration and integration within PASB and at the national level, while fostering multisectoral partnerships beyond the health care services network. • Develop strategies aimed at improving the overall performance and health outcomes of the health services network.

Outcome 2: Health throughout the life course

Outcome	Proposed budget	Priority tier
Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability	$35,000,000	Medium

Outputs (OPT)	
2.1. Countries and territories enabled to implement the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030	**OPT Indicator 2.1.a.** Number of countries and territories that are implementing a national plan in alignment with the Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030
2.2. Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered	**OPT Indicator 2.2.a.** Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level
	OPT Indicator 2.2.b. Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times, disaggregated by age, race/ethnicity, and place of residence
	OPT Indicator 2.2.c. Number of countries and territories implementing regular maternal and perinatal death reviews and audits
	OPT Indicator 2.2.d. Number of countries and territories that conduct periodic developmental assessment as part of their services for children

	OPT Indicator 2.2.e. Number of countries and territories implementing strategies to increase access to responsive and quality health services for adolescents
	OPT Indicator 2.2.f. Number of countries and territories developing specific and integrated interventions and/or actions at primary care and/or community level focused on optimizing the health and well-being of men
	OPT Indicator 2.2.g. Number of countries and territories that have set equity-based targets for access and coverage in at least one population living in conditions of vulnerability

Key technical cooperation interventions

- Update national laws, policies, strategies, or plans of action advancing the integration of interventions for women's, children's, and adolescents' health based on the Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030 (Document CD56/8, Rev. 1), and advocate for the application of the life course approach.
- Support the implementation and evaluation of the coverage of evidence-based interventions to reduce preventable morbidity and mortality and promote health and well-being by promoting the implementation of guidelines and standards and strengthening the competencies of human resources.
- Improve the quality and use of strategic information, with emphasis on universal access and coverage for women, children, and adolescents. Strengthen information systems to monitor and evaluate the quality of care and use of cost-effective interventions, with special emphasis on the measurement and effective reduction of inequities in underserved and vulnerable groups. Promote operational research through local and regional networks to improve the epidemiological surveillance of sentinel events.
- Improve accessibility and quality of care related to essential interventions with a focus on vulnerable groups (e.g., small and sick newborns) through the development of guidelines, information for decision making, and training materials.
- Develop and implement integrated and multisectoral actions to promote the health and well-being of women, mothers, newborns, children, adolescents, and men in accordance with global and regional mandates.

Outcome 3: Quality care for older people

Outcome	Proposed budget	Priority tier
Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands	$4,000,000	Low

Outputs (OPT)	
3.1. Countries and territories enabled to deliver integrated people-centered services across the continuum of care that respond to the needs of older persons	**OPT Indicator 3.1.a.** Number of countries and territories that implement comprehensive assessments of older persons at the first level of care

Key technical cooperation interventions
• Enable Member States to develop capacity to assess and improve the health system response to aging and to provide quality, comprehensive, and integrated care for older people. • Promote effective integration of social and health care that helps ensure sustainability of coverage and universal access to health for older persons, including long-term care for those who need it. • Strengthen health services for older persons at the first level of care and as a component of integrated health service delivery networks to provide equitable access to comprehensive, continuous, and quality care that responds to the needs of older people, with a special focus on maintaining their functional ability and preventing care dependence. This includes the development of capacities of health and social workers to provide integrated and person-centered care that responds to older adults' needs. • Favor the development of environments that support healthy aging and capacities of older adults, including actions on the built as well as social environments. Combating ageism is a priority, including in health services.

Outcome 4: Response capacity for communicable diseases

Outcome	Proposed budget	Priority tier
Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases	$74,000,000	Medium

Outputs (OPT)	
4.1. National health systems enabled to deliver and expand coverage of key quality services and interventions for HIV, sexually transmitted infections (STIs), tuberculosis (TB), and viral hepatitis (VH), through sustainable policies, up-to-date normative guidance and tools, and generation and use of strategic information	**OPT Indicator 4.1.a.** Number of countries and territories implementing national norms, standards, and tools aligned with PAHO and WHO guidelines on TB, HIV, STIs, and VH, with emphasis on key and vulnerable populations
4.2. Countries and territories enabled to effectively manage cases of arboviral diseases	**OPT Indicator 4.2.a.** Number of countries and territories implementing the new arboviral disease guidelines for patient care in the Region of the Americas
4.3. Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems	**OPT Indicator 4.3.a.** Number of NID-endemic countries and territories that implement PAHO recommendations on integrated interventions to reduce the burden of NIDs through their health systems
4.4. Countries and territories enabled to strengthen their political, technical, operational, and regulatory platform to reduce or eliminate malaria incidence	**OPT Indicator 4.4.a.** Number of countries and territories that implement PAHO/WHO-recommended policies and inter-programmatic approaches related to malaria

4.5. Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan to reach unvaccinated and under-vaccinated populations	**OPT Indicator 4.5.a.** Number of countries and territories with DPT3 immunization coverage of at least 95% that are implementing strategies to reach unvaccinated and under-vaccinated populations
	OPT Indicator 4.5.b. Number of countries and territories generating evidence to support decisions on the introduction or post-introduction of new vaccines
4.6. Countries and territories supported in implementing the Integrated Management Strategy for arboviral diseases	**OPT Indicator 4.6.a.** Number of countries and territories that have conducted Integrated Management Strategy arbovirus evaluations

Key technical cooperation interventions

- Provide guidance and technical cooperation to strengthen the capacity of integrated health service networks toward the elimination of HIV, STIs, viral hepatitis, TB, vector-borne diseases, NIDs, and vaccine-preventable diseases, with a focus on the first level of care.
- Promote intersectoral and multilevel approaches to improve equitable access to quality health care through prevention, surveillance, early detection, treatment, control, and care for HIV, STIs, viral hepatitis, TB, vector-borne diseases, NIDs, and vaccine-preventable diseases.
- Advocate and support the incorporation of innovative approaches to the prevention, detection, treatment, and care of HIV, STIs, viral hepatitis, TB, vector-borne diseases, and NIDs in line with WHO recommendations, including those introduced in response to the COVID-19 pandemic.
- Provide technical cooperation to support Member States to develop strategies and plans focusing on a sustainable response to HIV, STIs, viral hepatitis, TB, vector-borne diseases, NIDs, and vaccine-preventable diseases, using person-centered and integrated approaches.
- Improve country capacity for collection, analysis, and monitoring of data on HIV, STIs, viral hepatitis, TB, vector-borne diseases, NIDs, and vaccine-preventable diseases.
- Support countries to develop study protocols and implement impact and effectiveness studies for new vaccines and operative research to support actions for the prevention, control, and elimination of communicable diseases.
- Support countries in strengthening and modernizing immunization programs with renewed, high-level political and social commitment, new tools for analysis to identify groups that are being left behind and the barriers that hinder their access, and innovative communication and social mobilization strategies to recover adequate vaccination coverage.
- Enhance Member States' capabilities to ensure equitable access to and distribution of COVID-19 vaccines, increasing access to boosters for vulnerable groups, identifying appropriate strategies to address vaccine hesitancy, and improving access to effective antivirals.

Outcome 5: Access to services for NCDs and mental health conditions

Outcome		Proposed budget	Priority tier
Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs)[18] and mental health conditions[19]		$23,000,000	High
Outputs (OPT)			
5.1. Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages	**OPT Indicator 5.1.a.** Number of countries and territories that are implementing evidence-based national primary health care strategies for the management of NCDs (i.e., cardiovascular disease, cancer, diabetes, and chronic respiratory disease)		
5.2. Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments	**OPT Indicator 5.2.a.** Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments		
	OPT Indicator 5.2.b. Number of countries and territories with implementation plans for population-based surveys developed with direct support from PASB		
5.3. Countries and territories enabled to provide quality, people-centered mental health services, based on primary health care strategies and comprehensive essential mental health service packages	**OPT Indicator 5.3.a.** Number of countries and territories with comprehensive mental health services integrated into primary health care in at least 50% of primary health care facilities		
5.4. Countries and territories enabled to strengthen mental health information systems to monitor and report on the basic mental health indicators	**OPT Indicator 5.4.a.** Number of countries and territories that collect, analyze, and report a core set of mental health indicators within the national health information systems		
5.5. Countries and territories enabled to improve access to health and health equity for people with disabilities and to strengthen rehabilitation and assistive technology services	**OPT Indicator 5.5.a.** Number of countries and territories that have defined a priority list of assistive devices and products		

[18] The four main types of NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory disease.
[19] Mental health conditions include mental, neurological, and substance use disorders.

Key technical cooperation interventions
• Support countries to strengthen the primary health care response to NCDs and mental health, improve integrated service delivery, scale up appropriate interventions, and improve surveillance for NCDs, mental health, disabilities, and substance use disorders. These efforts should take into account the Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9, Rev. 1), the Policy for Improving Mental Health (Document CSP30/9), the findings of the evaluation of PAHO's technical cooperation in NCD prevention and control, and the lessons learned from the COVID-19 pandemic. Efforts will be made to hasten the elimination of cervical cancer. • Provide evidence and leverage collaborations to integrate equity, gender, ethnicity, and human rights components in NCD interventions. Equity, access, and quality will continue to be strong drivers to ensure that everyone benefits from screening and early detection, diagnosis, treatment, rehabilitation, and palliative care, in particular the most disadvantaged, marginalized, and hard-to-reach populations. • Maximize the coherence of work on NCDs, finding synergies between disease groups and risk factors and with other areas such as air pollution and climate change. PASB will work to identify ways to advance multisectoral action. • Strengthen integrated approaches to implementing, scaling up, and evaluating evidence-based and cost-effective interventions for NCDs, disabilities, mental health, and substance use. These should include, among others, implementation of the WHO Package of Essential Noncommunicable (PEN) interventions for primary health care and the HEARTS initiative, the strategy for human papillomavirus (HPV) testing and ablative treatment, the CureALL package for childhood cancer, and the Mental Health Gap Action Programme (mhGAP), including its delivery via tele-mental health. • Improve access to rehabilitation and habilitation services and assistive technology by utilizing country-specific measures such as the WHO Rehabilitation in Health Systems: Guide for Action and the WHO assistive technology assessments (ATA-C and rATA). This should include services for people facing long-term consequences of COVID-19. • Improve country capacity for data collection, analysis, surveillance, and monitoring of NCDs and their risk factors, disabilities and rehabilitation, and mental health conditions (including neurological disorders and substance use disorders). PASB will also work to develop metrics to measure and assess the efficiency of its support in this area of work.

Outcome 6: Response capacity for violence and injuries

Outcome	Proposed budget	Priority tier
Improved response capacity for comprehensive, quality health services for violence and injuries	$3,000,000	Low

Outputs (OPT)	
6.1. Countries and territories enabled to increase health service response capacity for road traffic injuries	**OPT Indicator 6.1.a.** Number of countries and territories that have a single emergency care access number with full national coverage
6.2. Countries and territories enabled to develop national standard operating procedures, protocols, and/or guidelines to strengthen the health system response to violence	**OPT Indicator 6.2.a.** Number of countries and territories that are implementing national standard operating procedures, protocols, and/or guidelines for the health system response to violence, aligned with PAHO and WHO guidelines

Key technical cooperation interventions
• Strengthen the health system response to survivors of violence in all its forms and to victims of road traffic injuries and other unintentional injuries, including drowning. • Strengthen emergency care and trauma care for victims of road traffic injuries and other unintentional injuries, with a focus on employing best-practice measures such as having a single emergency number, a trauma registry, and formal certification for prehospital providers. • Build capacity of health care providers to prevent and respond to survivors of violence, mitigate consequences, and reduce reoccurrence, with a special focus on violence against women, children, adolescents, youth, and migrant populations.

Outcome 7: Health workforce

Outcome	Proposed budget	Priority tier
Adequate availability and distribution of a competent health workforce	$14,000,000	Medium

Outputs (OPT)	
7.1. Countries and territories have formalized and initiated implementation of a national policy on human resources for health	**OPT Indicator 7.1.a.** Number of countries and territories that are implementing a national policy on human resources for health
7.2. Countries and territories have developed inter-professional teams at the first level of care with combined capacities for integrated care	**OPT Indicator 7.2.a.** Number of countries and territories with a norm that defines the capacities and scope of practice of inter-professional teams at the first level of care
7.3. Countries and territories have strengthened capacities of the health workforce through continuing education programs and lifelong learning	**OPT Indicator 7.3.a.** Number of countries and territories enabled to strengthen health workforce competencies and capacity-building programs through the Virtual Campus for Public Health and other WHO platforms

Key technical cooperation interventions
• Work with countries to articulate high-level coordination mechanisms between health, education, labor, and other sectors to reinforce strategic planning and regulation for human resources for health (HRH) to meet health system requirements and population needs. • Promote increased public investment and financial efficiency in HRH (as part of the goal of having at least 30% of the public budget for health dedicated to the first level of care by 2030), and strengthen HRH information systems to better inform planning and decision making. • Implement strategies to maximize, upgrade, and regulate the competencies of inter-professional health teams to ensure their optimal utilization, in particular at the first level of care and including community health workers and caregivers. • Develop tools and evidence to promote the transformation of health professional education in line with the principles of social accountability, inter-professional practice, and digital learning, with special emphasis on training for priority specialties, primary health care, and public health. • Support health workforce development for resilient health systems through continuing education and lifelong learning, expanding the strategic use of the Virtual Campus for Public Health and the country nodes network.

Outcome 8: Access to health technologies

Outcome		Proposed budget	Priority tier
Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage		$41,500,000	Medium
Outputs (OPT)			
8.1. Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies	**OPT Indicator 8.1.a.** Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies		
	OPT Indicator 8.1.b. Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products		
8.2. Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products	**OPT Indicator 8.2.a.** Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool		
8.3. Countries and territories enabled to improve affordability and access to medicines and other health technologies	**OPT Indicator 8.3.a.** Number of countries and territories with a comprehensive strategy on multisource/generic medicines		
	OPT Indicator 8.3.b. Number of countries and territories updating, developing, and implementing medicines pricing policies and monitoring systems		
8.4. Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services	**OPT Indicator 8.4.a.** Number of countries and territories implementing a national plan to strengthen access to radiological services and radiation safety		
	OPT Indicator 8.4.b. Number of countries and territories implementing a national plan to strengthen access to pharmaceutical services		
	OPT Indicator 8.4.c. Number of countries and territories implementing national strategies/mechanisms to improve access, quality, safety, or rational use of blood in their services		
	OPT Indicator 8.4.d. Number of countries and territories implementing a national plan to strengthen access to transplant services		

8.5. Countries and territories enabled to improve supply chain management of quality-assured and safe health products	**OPT Indicator 8.5.a.** Number of countries and territories implementing plans to manage and oversee the essential medicines supply chain, including planning, forecasting, and availability
8.6. Countries and territories enabled to improve antibiotic use and monitoring in support of the implementation of national plans for containment of antimicrobial resistance	**OPT Indicator 8.6.a.** Number of countries and territories that have a strategy/mechanism for antibiotic sales estimation and that enforce antibiotic sales under prescription
8.7. Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, and management, and for rational use of medicines and other health technologies	**OPT Indicator 8.7.a.** Number of countries and territories with mechanisms for health technology assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies

Key technical cooperation interventions

- Promote and update policies, norms, and strategies that ensure timely access to and rational use of safe, affordable, quality-assured, and cost-effective health technologies, including but not limited to pharmaceuticals, vaccines and diagnostics, and medical devices.
- Foster integrated health service delivery networks to strengthen and improve the organization of pharmaceutical, radiology, and blood and transplant services.
- Strengthen the Revolving Fund for Access to Vaccines and the Regional Revolving Fund for Strategic Public Health Supplies with respect to access, effectiveness, and affordability assessment, and quality assessment and oversight of eligible products and suppliers.
- Provide guidance and training to countries in the strengthening of regulatory capacity for medicines and health technologies and in the application of international norms and standards to ensure the quality of medicines and other health technologies.
- Foster regional networks and other collaborative mechanisms to strengthen capacities, information sharing, and work sharing to improve governance and oversight of national health and regulatory authorities regarding the selection, incorporation, regulation, and use of medicines and other health technologies.
- Lead efforts in innovation through the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas. This includes increasing regional capacity for the research and development of priority health products; supporting the generation of ecosystems to enable development of, production of, and access to medicines and other health technologies; and guaranteeing genuinely equitable access to vaccines, medicines, and other health technologies during pandemics.

Outcome 9: Strengthened stewardship and governance

Outcome	Proposed budget	Priority tier
Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health	$10,850,000	Medium

Outputs (OPT)	
9.1. Countries and territories enabled to implement the essential public health functions as the basis for building resilient health systems	**OPT Indicator 9.1.a.** Number of countries and territories implementing a strategy and/or plan of action to improve the essential public health functions as the basis for building resilient health systems
9.2. Countries and territories enabled to monitor and evaluate health systems transformation strategies for universal health that are based on primary health care	**OPT Indicator 9.2.a.** Number of countries and territories with mechanisms for monitoring and evaluating progress toward universal health and primary health care using PAHO's frameworks and tools
9.3. Policy options, tools, and technical guidance provided to countries to improve the regulation of the provision and financing of integrated people-centered health services	**OPT Indicator 9.3.a.** Number of countries and territories implementing regulatory frameworks for the provision and financing of integrated people-centered health services
9.4. Countries and territories enabled to develop and implement legislative and regulatory frameworks for universal access to health and universal health coverage	**OPT Indicator 9.4.a.** Number of countries and territories that have established, reviewed, and/or updated health-related legislation and regulatory frameworks in the last five years in support of universal access to health and universal health coverage, the realization of the right to health, and other health-related matters from a human rights perspective
9.5. Policy options, tools, and technical guidance provided to countries and territories for increasing equitable access to comprehensive, timely, quality health services and financial protection for migrant populations	**OPT Indicator 9.5.a.** Number of countries and territories implementing interventions and actions to promote and protect the health and well-being of the migrant population within national health policies, plans, and programs

Key technical cooperation interventions
• Support countries and territories in the monitoring and evaluation of PHC capacities, performance, and impact, and in using that evidence to plan and implement policies and actions to address bottlenecks and barriers that impede access to people-centered and integrated services. • Provide technical cooperation to build the capacity of health systems to deliver integrated and comprehensive public health actions to strengthen PHC-based health systems. • Support countries and territories in the development and evaluation of action plans for strengthening stewardship and governance capacities for the essential public health functions.

- Support countries and territories in implementing regulatory frameworks for the provision and financing of integrated people-centered health services. Support countries and territories in the review, enacting, and updating of health-related laws and regulations to achieve the right to health in all public health matters, advance universal health with a focus on prevention, and address the determinants of health, all from a human rights perspective.
- Support countries and territories in the planning, implementation, and scaling up of initiatives to promote and protect the health and well-being of the migrant population across the mobility continuum through national health policies, plans, and programs, while maintaining an inter-programmatic, interagency, and multi-stakeholder approach to migrant health.

Outcome 10: Increased public financing for health

Outcome	**Proposed budget**	**Priority tier**
Increased and improved sustainable public financing for health, with equity and efficiency	$5,800,000	Medium

Outputs (OPT)	
10.1. Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health coverage	**OPT Indicator 10.1.a.** Number of countries and territories implementing equitable health financing strategies and reforms to sustain progress toward universal health, including specific strategies to progressively increase public expenditure in health in a sustainable manner
	OPT Indicator 10.1.b. Number of countries and territories implementing payment systems and resource allocation strategies to promote a PHC approach in the organization of health services delivery

Key technical cooperation interventions

- Support the development of expanded fiscal space studies to improve public investment in health toward the target of 6% of gross domestic product (GDP).
- Generate evidence and promote the prioritization of investments in the first level of care within an IHSDN framework, with a people-, family-, and community-centered approach across the life course.
- Develop tools to support countries' prioritization of investments in the essential public health functions to improve resilience, preparedness, and response to health emergencies.
- Disseminate experiences in establishing solidarity-based pooling arrangements for efficient and equitable use of diverse sources of public financing.
- Support the implementation of tools to evaluate the determinants of effective budget execution in health, understood as the capacity to transform financial resources in health care services according to population needs.
- Support countries to adopt strategies to improve the allocation of resources through strategic purchasing and payment systems that promote efficiency and equity.
- Develop tools and capabilities in health economics and health financing, including financial indicators for improved resource tracking and use of results for policy decision making.

Outcome 11: Strengthened financial protection

Outcome	Proposed budget	Priority tier
Strengthened protection against health-related financial risks and hardships for all persons	$4,100,000	Low

Outputs (OPT)	
11.1. Countries and territories enabled to implement strategies to strengthen financial protection in health	**OPT Indicator 11.1.a.** Number of countries and territories implementing specific strategies to eliminate or diminish direct payments at the point of service

Key technical cooperation interventions

- Produce in-depth analyses of the determinants of out-of-pocket expenditure in Member States to inform policy design and implementation.
- Support subregional policy dialogue and experience exchange on successful initiatives to reduce out-of-pocket expenditures and replace them with sustainable public sources of funds.
- Support the inclusion of out-of-pocket expenditure in health-related questions in household expenditure or budget surveys and advocate for more regular collection of this information in collaboration with national statistics institutes.
- Continue to support training exercises for officials in the ministries of health and statistics offices to produce the corresponding financial protection indicators within the framework of the SDG agenda, especially in relation to SDG 3.8.2.

Outcome 12: Risk factors for communicable diseases

Outcome	Proposed budget	Priority tier
Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action	$27,000,000	High

Outputs (OPT)	
12.1. Countries and territories enabled to improve awareness and understanding of antimicrobial resistance (AMR) through effective communication, education, and training toward behavior change	**OPT Indicator 12.1.a.** Number of countries and territories that have campaigns on antimicrobial resistance and rational use aimed at the general public and at professional sectors
12.2. Countries and territories enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infections through effective sanitation, hygiene, infection prevention measures, and antimicrobial stewardship programs	**OPT Indicator 12.2.a.** Number of countries and territories with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities

12.3. Political commitment attained for sustained and effective coordination under a One Health approach at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals	**OPT Indicator 12.3.a.** Number of countries and territories with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance
12.4. Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance	**OPT Indicator 12.4.a.** Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance
12.5. Countries and territories enabled to identify and address HIV, TB, STIs, and VH social determinants and risk factors through multisectoral action, with the participation of public and private sectors and the engagement of civil society	**OPT Indicator 12.5.a.** Number of countries and territories reporting participation of communities in the response to HIV, TB, STIs, and viral hepatitis
12.6. Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions	**OPT Indicator 12.6.a.** Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs
12.7. Countries and territories enabled to implement international standards and strategies for food safety to prevent and mitigate foodborne illnesses, including infections produced by resistant pathogens, with a One Health approach	**OPT Indicator 12.7.a.** Number of countries and territories that have in place or under implementation intersectoral mandatory risk-based regulatory mechanisms, food monitoring and foodborne disease surveillance systems, or any other practice to protect public health from foodborne diseases, with a One Health approach
12.8. Countries and territories enabled to implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach	**OPT Indicator 12.8.a.** Number of countries and territories that have programs to prevent or mitigate zoonotic diseases and snake/arthropod envenoming
12.9. Countries and territories enabled to implement actions for eliminating vector-borne transmission of *T. cruzi* by the main or secondary vector	**OPT Indicator 12.9.a.** Number of countries and territories with integrated territorial actions for prevention, control, and/or surveillance of vector-borne transmission of *Trypanosoma cruzi*
Key technical cooperation interventions	
• Implement and/or scale up interventions to increase civil society participation in HIV, TB, and viral hepatitis response toward elimination, including service provision. • Implement strategies for control of domestic infestation by the main triatomine vector species or by the substitute vector. In addition, continue to foster capacity at country level for the prevention of blood transmission of Chagas disease and for management and clinical care of chronic patients.	

- Develop and strengthen country capacities to monitor AMR in bloodstream infections; foster implementation of antimicrobial stewardship and infection prevention and control programs aimed at containing AMR; and promote behavior change based on a better knowledge of AMR under the One Health approach.
- Provide technical cooperation and support Member States to develop and implement effective strategies to increase vaccination coverage, especially for hard-to-reach populations and communities, and continue activities to control, eradicate, and eliminate vaccine-preventable diseases.
- Provide technical cooperation and support Member States to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene (WASH) into their NID interventions as a means of accelerating and sustaining progress on neglected tropical diseases.
- Develop and implement interventions to strengthen national food control systems, with a multisectoral approach, to prevent foodborne illnesses, including infections produced by resistant pathogens.
- Increase access to interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, and against snake/arthropod envenoming, with a One Health approach.

Outcome 13: Risk factors for NCDs

Outcome	**Proposed budget**	**Priority tier**
Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action	$28,000,000	High
Outputs (OPT)		
13.1. Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests	**OPT Indicator 13.1.a.** Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions	
	OPT Indicator 13.1.b. Number of countries and territories implementing a national policy or strategy on physical activity	
	OPT Indicator 13.1.c. Number of countries and territories implementing policies to reduce salt/sodium consumption in the population	
	OPT Indicator 13.1.d. Number of countries and territories implementing policies and/or actions to regulate unhealthy food and drink products	
	OPT Indicator 13.1.e. Number of countries and territories covered by best-practice policies to eliminate industrially produced trans-fatty acids in the food supply	
	OPT Indicator 13.1.f. Number of Member States that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement	

Key technical cooperation interventions
• Enable countries and territories to improve legislation and multisector policies that address the major risk factors for NCDs, increasing capacity for advocacy and management of conflicts of interest. Efforts will also be intensified to enhance coordination with actors beyond the national health authority. • Support the drafting, enactment, design, implementation, and evaluation of tobacco control policies consistent with the WHO FCTC, with emphasis on the four WHO "best buys": *a)* increase tobacco taxes; *b)* establish smoke-free environments in all indoor public places and workplaces; *c)* establish mandatory large and graphic health warnings on tobacco packaging; and *d)* ban tobacco advertising, promotion, and sponsorship and strengthen surveillance systems for tobacco. These measures will include new and novel tobacco and nicotine products in line with FCTC mandates and decisions. • Implement the WHO SAFER package to reduce harmful use of alcohol, and strengthen advocacy, evidence, and monitoring of alcohol consumption, harms, and policies. • Support the development and implementation of policies, protocols, and technical tools to implement updated regional salt reduction targets for processed and ultra-processed food, as well as other salt reduction policies and interventions that are part of WHO's SHAKE package and "best buys." • Support countries in implementing multisectoral policies to promote physical activity in line with the Global Action Plan on Physical Activity 2018–2030. • Support plans, policies, interventions, and surveillance to eliminate industrially produced trans-fatty acids in line with the regional Plan of Action for the Elimination of Industrially Produced Trans-fatty Acids 2020–2025 (Document CD57/8) and WHO's REPLACE package. • Support countries on the implementation of the WHO Acceleration Plan to STOP Obesity to tackle the epidemic in high-burden countries and catalyze regional action.

Outcome 14: Malnutrition

Outcome	Proposed budget	Priority tier
Malnutrition in all its forms reduced	$6,800,000	Medium
Outputs (OPT)		
14.1. Countries and territories enabled to develop and monitor implementation of policies and plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals	**OPT Indicator 14.1.a.** Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals	
	OPT Indicator 14.1.b. Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices	

Key technical cooperation interventions
• Enable countries and territories to address malnutrition in all its forms by strengthening intersectoral nutrition policies and applying a food and nutrition systems approach, with a view to achieving the WHO Global Targets 2025 and the nutrition targets of the Sustainable Development Goals. • Develop updated guidance and tools for assessing, managing, and counseling on infant and young child feeding and nutrition and on overweight in children. • Provide guidance to countries and territories in conducting surveys for the assessment of nutritional status of children under 5 years of age. • Guide countries and territories in developing sustainable programs for implementation of the Baby-Friendly Hospital Initiative in accordance with revised WHO/UNICEF guidance and the health systems approach, and in monitoring application of the International Code of Marketing of Breast-milk Substitutes. • Guide countries and territories in applying double-duty actions to promote healthy diets and address the global syndemic of obesity, undernutrition, and climate change.

Outcome 15: Intersectoral response to violence and injuries

Outcome		Proposed budget	Priority tier
Improved intersectoral action to contribute to the reduction of violence and injuries		$3,000,000	Low
Outputs (OPT)			
15.1. Countries and territories enabled to strengthen multisectoral policies and legislation that promote road safety and lower associated risk factors	**OPT Indicator 15.1.a.** Number of countries and territories that have road safety laws or regulations on all five key risk factors speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints		
15.2. Capacity of key sectors strengthened to prevent violence through multisectoral collaboration	**OPT Indicator 15.2.a.** Number of countries and territories that have a national multisectoral coalition/task force to prevent and respond to violence that includes the health sector		
Key technical cooperation interventions			
• Advance evidence-based practices in violence prevention, road safety, and prevention of injuries, including drowning. • Support countries and territories in enhancing their legislation related to risk factors for road safety (for example, speed limits, drink-driving limits, and laws on use of seat belts, helmets, and child restraints) and risk factors for violence (for example, laws limiting access to firearms and laws against corporal punishment, among others). • Implement cost-effective interventions for road safety, including the WHO technical package Save LIVES, a set of prioritized interventions to reduce road traffic deaths and injuries. • Support the establishment/functioning of national multisector agencies for road safety with the authority and responsibility to make decisions, administer resources, and coordinate actions across relevant government sectors. • Improve multisector collaboration and strengthen multisector plans for addressing violence in all its forms, with emphasis on violence against women, children, adolescents, and youth.			

- Improve the quality and use of data on violence to generate evidence-based policies and programming, including data disaggregated by gender, age, sex, etc.
- Implement and evaluate evidence-based and cost-effective interventions for violence prevention, adapting INSPIRE, a set of strategies shown to successfully reduce violence against children and adolescents, and RESPECT, seven strategies to end violence against women in the Region.

Outcome 16: Intersectoral action on mental health

Outcome	**Proposed budget**	**Priority tier**
Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions[20] and suicide, and diminished stigmatization, through intersectoral action	$6,000,000	Medium

Outputs (OPT)	
16.1. Countries and territories enabled to strengthen multisectoral policies and legislation for mental health in line with PAHO/WHO policies	**OPT Indicator 16.1.a.** Number of countries and territories implementing policies and legislative frameworks to promote and improve mental health in line with global human rights instruments
16.2. Countries and territories enabled to develop suicide prevention plans	**OPT Indicator 16.2.a.** Number of countries and territories with national multisectoral strategies and plans aimed at the prevention of suicide across the life course and addressing its main risk factors and social determinants

Key technical cooperation interventions

- In line with the Policy for Improving Mental Health (Document CSP30/9), enable countries to address mental health conditions (including suicide and substance abuse) through a multisector approach by supporting the development of multisector collaborations between mental health, social services, education, and other government sectors.
- Strengthen mental health and substance use policies and plans with the aim of integrating mental health care into primary health care. This includes operational planning, capacity building, and attention to special programs such as suicide prevention, as well as protecting and promoting the human rights of people with mental health conditions.
- Strengthen suicide prevention interventions by supporting countries to develop and implement evidence-based multisectoral activities (e.g., the WHO program LIVE LIFE).

[20] Mental health conditions include mental, neurological, and substance use disorders.

Outcome 17: Elimination of communicable diseases

Outcome	Proposed budget	Priority tier
Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases	$26,300,000	Low

Outputs (OPT)	
17.1. Countries and territories enabled to provide early diagnosis, treatment, case investigation, and response toward malaria elimination and prevention of reestablishment	**OPT Indicator 17.1.a.** Number of countries and territories implementing PAHO/WHO-recommended interventions in active foci and areas at risk of reestablishment of malaria
17.2. Countries and territories enabled to accelerate, expand, or maintain interventions for the elimination of NIDs, HIV, STIs, TB, and viral hepatitis as public health problems	**OPT Indicator 17.2.a.** Number of countries and territories implementing PAHO policies and frameworks for diseases targeted for elimination as recommended in the Elimination Initiative
17.3. Implementation of the plan of action to eliminate perinatal transmission of hepatitis B	**OPT Indicator 17.3.a.** Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours
17.4. Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)	**OPT Indicator 17.4.a.** Number of countries and territories with official status as foot-and-mouth disease free, with or without vaccination, in accordance with the timeline and expected results established in the PHEFA Action Plan 2021–2025
17.5. Maintain the Region of the Americas free of poliomyelitis	**OPT Indicator 17.5.a.** Number of countries and territories that have maintained their status as free from both wild poliovirus and circulating vaccine-derived poliovirus
17.6. Implementation of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018–2023	**OPT Indicator 17.6.a.** Number of countries and territories that have met the established minimum annual rate of suspected measles/rubella cases plus at least three of the five surveillance indicators defined in the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018–2023
17.7. Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus)	**OPT Indicator 17.7.a.** Number of endemic countries and territories with screening and diagnosis of Chagas implemented for all newborns of mothers who tested positive for Chagas disease during prenatal care
17.8. Countries and territories enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs	**OPT Indicator 17.8.a.** Number of countries and territories implementing plans of action to strengthen prevention, prophylaxis, surveillance, and control for the validation of the elimination of rabies transmitted by dogs

Key technical cooperation interventions
• Institutionalize the PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7) as the major strategic and political opportunity for regional stakeholders to work toward the control and elimination of multiple diseases, including vector-borne, neglected, vaccine-preventable, and zoonotic diseases, with a focus on populations in situations of vulnerability and interventions across the life course. • Step up integration of health systems and service delivery by strengthening existing programs and community approaches through continued innovation to better integrate and synergize primary health care services. • Reinforce strategic health surveillance and information systems to improve data collection and analysis and monitoring of progress toward elimination. • Address the environmental and social determinants of health, such as poverty, gender equality, access to clean water and air, and effective waste management, among others. • Strengthen governance, stewardship, and financing of disease control and elimination programs.

Outcome 18: Social and environmental determinants

Outcome		Proposed budget	Priority tier
Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability		$18,550,000	Low
Outputs (OPT)			
18.1. Countries and territories enabled to address the social determinants of health	**OPT Indicator 18.1.a.** Number of countries and territories that have developed national, subnational, or local health policies, plans, programs, and/or projects that address the social determinants of health and inequities		
18.2. Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation	**OPT Indicator 18.2.a.** Number of countries and territories implementing water and sanitation safety plans, policies, programs, and/or interventions to reduce health risks associated with water quality and unsanitary conditions, following WHO guidelines		
	OPT Indicator 18.2.b. Number of countries implementing plans, policies, programs, and/or interventions to increase climate resilience and environmental sustainability of health care waste management practices, following WHO Guidelines		
	OPT Indicator 18.2.c. Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with outdoor air pollution, following WHO guidelines		

	OPT Indicator 18.2.d. Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with hazardous chemical exposures, following the WHO Chemicals Road Map, the Minamata Convention, and other chemical-related policies and programs
	OPT Indicator 18.2.e. Number of countries and territories implementing plans, policies, programs, and/or interventions to prepare health systems and reduce health risks associated with climate change
	OPT Indicator 18.2.f. Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with household air pollution due to use of solid fuels for cooking and heating, following WHO guidelines
18.3. Countries and territories enabled to prevent key occupational diseases	**OPT Indicator 18.3.a.** Number of countries and territories that have initiatives to prevent, diagnose, and record chronic kidney disease of nontraditional causes and/or pneumoconiosis

Key technical cooperation interventions

- Build capacity in countries at national, subnational, and local levels to implement policies that address the social determinants of health within the health sector, to evaluate the health impact of policies outside of the health sector, and to monitor and evaluate the social determinants of health and intersectoral work.
- Support implementation of the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/8).
- Improve regional, national, and subnational capacities of health surveillance systems, promote intersectoral data integration, and develop early warning systems using climate scenarios, on topics related to health and the environment.
- Increase intersectoral governance and concerted actions for the development of policies, plans, and programs aimed at reducing health risks associated with air, water, and soil contamination, exposure to hazardous wastes and chemicals, and the effects of climate change.
- Provide technical guidance for climate-resilient and environmentally sustainable health care systems, including health facilities.
- Provide training and support to improve the performance of environmental public health programs and institutions.
- Provide guidance for laws and regulations and promote access to financing options to protect health from environmental contaminants and unsanitary conditions.
- Build capacity of countries to prevent, diagnose, and record occupational diseases. This includes supporting countries to use occupational health and safety approaches to protect the regional workforce based on lessons learned from the COVID-19 pandemic.

Outcome 19: Health promotion and intersectoral action

Outcome	Proposed budget	Priority tier
Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action	$7,100,000	Medium

Outputs (OPT)	
19.1. Countries and territories enabled to adopt, review, and revise laws, regulations, and policies to create healthy settings, including schools, universities, housing, and workplaces	**OPT Indicator 19.1.a.** Number of countries and territories that have laws, regulations, or policies in at least two categories of healthy settings
19.2. Countries and territories enabled to develop and/or strengthen city and municipal government capacities to include health promotion as a priority	**OPT Indicator 19.2.a.** Number of countries and territories that build capacities of local-level governments to integrate health promotion in their planning
19.3. National, subnational, and local governance mechanisms used to address health determinants, applying the Health in All Policies approach	**OPT Indicator 19.3.a.** Number of countries and territories that have established an intersectoral mechanism at national or subnational and local government levels to address the determinants of health, applying the Health in All Policies approach
19.4. Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector	**OPT Indicator 19.4.a.** Number of countries and territories implementing a national health promotion policy[21]
	OPT Indicator 19.4.b. Number of countries and territories implementing mechanisms that facilitate the participation of community organizations and leaders in public health programs

Key technical cooperation interventions

- Implement the Health in All Policies approach at all levels of government to promote health and well-being, including guidance and support to strengthen urban governance for health and well-being in cities and at local level.
- Support the implementation of regional criteria for Healthy Municipalities, Cities and Communities (HMCC) and promote HMCC networks.
- Support the implementation of the Global Standards for Health Promoting Schools.
- Build country capacity for the incorporation of health promotion within health services and systems, based on the principles of primary health care.
- Support countries to strengthen mechanisms that enable community participation and civil society engagement in health promotion.
- Promote the participation and engagement of community and civil society organizations working with groups in conditions of vulnerability.
- Provide guidance and support to enable countries to include the health promotion approach within the context of COVID-19 recovery.

[21] In the case of federal countries, this can also include subnational health promotion policies.

Outcome 20: Integrated information systems for health

Outcome	Proposed budget	Priority tier
Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau	$18,200,000	High

Outputs (OPT)	
20.1. Countries and territories enabled to develop and implement national plans for strengthening information systems for health (IS4H) that are based on assessments	**OPT Indicator 20.1.a.** Number of countries and territories that have developed and implemented a plan to strengthen information systems for health based on PAHO's IS4H maturity assessment model
20.2. Countries and territories enabled to adopt and implement national plans of action for strengthening the quality and coverage of vital statistics	**OPT Indicator 20.2.a.** Number of countries and territories implementing an updated plan of action for strengthening the quality and coverage of vital statistics
20.3. Countries and territories enabled to adopt and implement digital health strategies	**OPT Indicator 20.3.a.** Number of countries and territories implementing digital health strategies or roadmaps, aligned with the regional policy and global strategy

Key technical cooperation interventions

- Collaborate with Member States to strengthen information systems for health and to position the health sector within the process of digital transformation of governments. This should include, in particular, efforts to *a)* ensure universal connectivity supported by appropriate bandwidth by 2030; *b)* implement digital public goods while adopting an inclusive digital health approach; *c)* achieve interoperability at all levels of the health sector; *d)* prioritize cybersecurity plans and actions for health-related data sets, applications, and systems; and *e)* promote the consideration of human rights as a cross-cutting priority within the process of digital transformation of the health sector.
- Develop and/or reinforce Member States' information systems for health and digital health strategies to ensure critical data gathering and interoperability in all processes, including, but not limited to, data governance, data collection and archiving, inter-institutional data exchange, eHealth, monitoring and evaluation, reporting, and policies and laws regarding use of health-related data. In working to address the digital gap and promote technological transformation, PASB will seek to capitalize on new technologies and approaches adopted during the pandemic.
- Build capacity for digital transformation, digital literacy, and inter-institutional exchange of data; information systems for health governance and leadership models; mechanisms for data collection; standardized health data that include disaggregated data at the national and subnational levels; and standards and processes that permit the measurement, monitoring, and ongoing improvement of high-quality information, as well as informed policy and decision making.

Outcome 21: Data, information, knowledge, and evidence

Outcome	Proposed budget	Priority tier
Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels	$16,500,000	Low

Outputs (OPT)	
21.1. Countries and territories enabled to generate and apply scientific evidence for health	**OPT Indicator 21.1.a.** Number of countries and territories integrating scientific evidence on health into practices, programs, or policies, using standardized methodologies including evidence-informed clinical and public health guidelines, norms, and standards
21.2. Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health	**OPT Indicator 21.2.a.** Number of countries and territories with mechanisms (policies, standards, tools, etc.) in place for the generation, dissemination, and preservation of, and access to, scientific and technical data, information, and evidence for health
	OPT Indicator 21.2.b. Number of PASB policies, standards, tools, open knowledge platforms, etc., for the generation, publication, and dissemination of multilingual technical documents; preservation and sharing of knowledge; and access to scientific and technical data, information, and evidence for health[22]
21.3. Countries and territories enabled to generate, analyze, and present health-related information, including on SDG 3	**OPT Indicator 21.3.a.** Number of countries and territories that generate and disseminate health analyses and/or health intelligence reports on relevant public health topics, including SDG 3 progress monitoring and health equity analyses
21.4. Information products and services available to strengthen health-related decision-making capacity	**OPT Indicator 21.4.a.** Number of PASB information products and services developed for strengthening health-related decision-making capacity of laypeople, communities, and health workers, among other relevant actors

Key technical cooperation interventions
• Develop and/or scale up institutional capacities within Member States for the systematic and transparent uptake of evidence to inform policy and decision making, and implement standardized evidence mechanisms derived from global science, local data, and specific contextual knowledge to improve policy, systems, and services. • Develop and implement information products and services for strengthening health-related decision-making capacity of laypeople, communities, and health workers.

[22] Examples include improvement of the Pan American Journal of Public Health, knowledge sharing among collaborating centers and other networks, exchange of best practices and lessons learned, access to the Research4Life program, and preservation of the Bureau's institutional memory.

- Build capacity to collect, analyze, disseminate, and use disaggregated data to monitor progress toward the regional goals for health priorities, including the strengthening of the regional Health in the Americas and Core Indicators initiatives.
- Adopt strategies for the application of data science in public health using artificial intelligence and other emerging technologies, according to the Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies (Document CD59/7).
- Increase the availability and use of multilingual scientific and technical literature, facilitating more equitable access to information and knowledge among Member States and reducing the size of the digital divide.

Outcome 22: Research, ethics, and innovation for health

Outcome	**Proposed budget**	**Priority tier**
Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities	$3,800,000	Low

Outputs (OPT)	
22.1. Countries and territories enabled to conduct research for health based on national health priorities	**OPT Indicator 22.1.a.** Number of countries and territories with a defined policy framework for research for health, including appropriate funding mechanisms, reported to the WHO Global Observatory on Health Research and Development
22.2. Countries and territories enabled to address priority ethical issues related to research for health	**OPT Indicator 22.2.a.** Number of countries and territories with the national health authority enabled to address ethical issues and establish effective mechanisms for ethics oversight of research
22.3. Countries and territories enabled to increase the production and dissemination of relevant health science and innovations	**OPT Indicator 22.3.a.** Number of countries and territories that have increased the number of scientific publications on health that respond to priority research agendas and the SDGs

Key technical cooperation interventions

- Conduct an assessment of each country's research ethics system, provide technical assistance for the development of a framework to ensure that human subjects research is ethical, establish effective mechanisms for ethics oversight, and strengthen capacities for ethics analysis and ethical decision making in public health.
- Develop institutional capacities for public health research to strengthen the implementation, monitoring, and evaluation of health policies, programs, and practice to improve health and reduce health inequalities.
- Support and assess national innovations for health geared toward strengthening health systems and advancing toward universal health; monitor and evaluate the governance of research for health, including assessments of investments and returns; and develop and implement norms, standards, and recommendations for these purposes.

Outcome 23: Health emergencies preparedness and risk reduction

Outcome	Proposed budget	Priority tier
Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector	$39,400,000	High

Outputs (OPT)	
23.1. All-hazards emergency preparedness capacities in countries and territories assessed and reported	**OPT Indicator 23.1.a.** Number of States Parties completing annual reporting on the International Health Regulations (2005)
	OPT Indicator 23.1.b. Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector
23.2. Countries and territories enabled to strengthen capacities for emergency preparedness	**OPT Indicator 23.2.a.** Number of States Parties with national action plans developed for strengthening International Health Regulations (2005) core capacities
	OPT Indicator 23.2.b. Number of countries and territories with full-time staff assigned to health emergencies
23.3. Countries and territories operationally ready to assess and manage identified risks and vulnerabilities	**OPT Indicator 23.3.a.** Number of States Parties that have conducted simulation exercises or after-action review
23.4. Countries and territories enabled to improve the safety and security of integrated health services networks	**OPT Indicator 23.4.a.** Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services
23.5. Countries and territories enabled to implement the most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment	**OPT Indicator 23.5.a.** Number of countries and territories that include criteria for disaster mitigation and climate change adaptation in the planning, design, construction, and operation of health services

Key technical cooperation interventions
• Provide technical cooperation to countries to ensure that they have the capacities for all-hazard health emergency and disaster risk management, including the core capacities needed to fulfill their responsibilities under the International Health Regulations (IHR), as well as to address the priorities for action in the Sendai Framework for Disaster Risk Reduction and the health security–related targets of the Sustainable Development Goals. Emphasis will be placed on strengthening areas of low capacity and addressing lessons learned during the COVID-19 pandemic.

- Work with countries to strengthen the leadership role of national health authorities with respect to emergency preparedness, readiness, and response; to develop and implement national multi-hazard preparedness, readiness, and response plans following a cross-cutting approach; to identify and implement gender and equity approaches and inclusive strategies, particularly for groups in conditions of vulnerability; and to maintain the essential public health functions to provide quality health services that are resilient to health emergencies and disasters while still advancing toward universal health care. PASB will also build and strengthen science-based platforms and tools to address public health emergencies. Countries will be supported in scaling up their preparedness efforts for specific geographic, political, and socioeconomic contexts, including urban settings, Small Island Developing States, overseas territories, conflict settings, and migration crises, among others.
- Support countries in the adoption and monitoring of benchmarks for health emergencies and disaster preparedness, and support IHR States Parties in their efforts to prepare and submit the State Party Annual Report to the World Health Assembly and to conduct simulation exercises, after-action reviews, and voluntary assessment of country core capacities. PASB will work with countries to develop and apply quantitative and qualitative assessments that complement/reinforce the IHR monitoring and evaluation framework to illuminate gaps and weaknesses in national systems, including in the areas of governance, preparedness, and readiness capacities at subnational and national levels. The Bureau will also work to translate that knowledge into action to better protect against the impact of future public health crises and advocate for greater investment in preparedness based on best practices in countries that responded effectively to COVID-19 and prior emergencies. Finally, PASB will support Member States' participation in the global debate about the new convention, agreement, or other international instrument to strengthen pandemic prevention, preparedness, and response.
- Promote and facilitate the implementation of disaster risk reduction actions, including strengthening and expansion of the Safe/Resilient Hospitals initiative, in order to reduce the health consequences and socioeconomic impact of health emergencies, disasters, and crises, particularly as they may impact populations in conditions of vulnerability.
- Support development and implementation of standardized assessment tools and approaches to assess, map, prioritize, and communicate about health emergency risks according to local context. In response to those risks, PASB will support countries and territories to establish and update coordination procedures based on current subregional, regional, and global systems and strategic partnerships for humanitarian health assistance. Efficient and effective response teams must also be established, and tools will be adapted for the coordination of international humanitarian assistance in the health sector and the strengthening of national and subnational health emergency coordination mechanisms. This will include the promotion of intra- and intersectoral coordination mechanisms, the implementation of Incident Management Systems, and the development of national emergency medical teams as part of country capacities for a rapid response to health emergencies and disasters.

Outcome 24: Epidemic and pandemic prevention and control

Outcome	**Proposed budget**	**Priority tier**
Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens	$38,400,000	High

Outputs (OPT)	
24.1. Research agendas, predictive models, and innovative tools, products, and interventions available for high-threat health hazards	**OPT Indicator 24.1.a.** Number of strategies in place at PASB to plan, forecast, or deploy effective packages of response measures to high-threat and emerging pathogens, including procurement and management of regional supply reserves
24.2. Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale	**OPT Indicator 24.2.a.** Number of countries and territories with strategies and/or plans in place to detect and respond to high-threat and emerging pathogens, including emerging zoonotic pathogens
24.3. Countries and territories enabled to mitigate the risk and consequences of the emergence/reemergence of high-threat infectious pathogens, including emerging zoonotic pathogens, and to improve pandemic preparedness	**OPT Indicator 24.3.a.** Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to high-threat and emerging pathogens, including emerging zoonotic pathogens
	OPT Indicator 24.3.b. Number of countries and territories performing regular monitoring/auditing of infection prevention and control practices in referral care facilities
	OPT Indicator 24.3.c. Number of countries and territories with operational integrated surveillance systems and pandemic preparedness plans for respiratory viruses, including influenza and COVID-19

Key technical cooperation interventions

- Support countries and territories in the surveillance, preparedness, and response to high-threat and emerging pathogens and diseases with pandemic and epidemic potential, including respiratory viruses (influenza viruses, coronaviruses, syncytial respiratory virus, and other respiratory viruses), yellow fever and emerging arboviral diseases, hemorrhagic fevers (filoviral diseases, arenaviral diseases), diseases caused by hantaviruses, bacterial diseases (cholera, meningococcal diseases, plague, leptospirosis), and emerging zoonotic pathogens.

- Enhance regional preparedness, response, and resilience to high-threat and emerging diseases by establishing and/or working through networks on surveillance, laboratory services, clinical management, and infection prevention and control, among other areas, including networks of risk communication and community engagement specialists, science translators, as well as knowledge hubs. Intersectoral coordination will be emphasized to address the needs of populations living in conditions of vulnerability and to address risks at the human-animal-environment interface. This work will be carried out in the context of key regional strategies, such as the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CSP30/12) as well as global strategies on respiratory pathogens, yellow fever, meningococcal diseases, cholera, and other issues, and in accordance with provisions of the International Health Regulations. Additionally, PASB will manage regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.
- Provide direct technical cooperation to countries and territories to enhance national epidemic/pandemic preparedness and response plans and to strengthen national capacities on the continuum of surveillance, early detection, containment, and response to high-threat and emerging pathogens and biosecurity hazards. This includes strengthening of epidemiologic/virologic/genomic surveillance systems, laboratory diagnostic and reference services and their networking, biosafety and biosecurity, case management at the different levels of care, infection prevention and control at national and health facility levels, planning and deployment of countermeasures, and intersectoral coordination. When needed, PASB will supplement national procurement, for instance, to ensure availability of essential laboratory reagents and supplies and of personal protective equipment.
- Improve regional and national capacities for characterizing, modeling, and forecasting the risk of high-threat and emerging pathogens, including those at the human-animal-environment interface, to monitor their level of occurrence and enable their early detection and containment at the source. In readiness for future threats, refine, formalize, and institutionalize, as applicable, tools and systems in PASB that were rapidly scaled up and adapted in response to the COVID-19 pandemic. This includes monitoring epidemiological trends and the emergence of new variants of concern.
- Through the One Health approach, build stronger capacities for preparedness and response at the human-animal-environment interface to address risks from epidemic-prone and emerging zoonotic pathogens. This work will be carried out with partners in animal and environmental health, mainly the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, and the World Organization for Animal Health.
- Support countries and territories, civil society organizations, and communities to develop and implement innovative approaches to tackle the threat of misinformation and disinformation, such as building a new workforce of infodemiologists and infodemic managers. Develop recommendations on risk communication and community engagement to implement effective social science interventions during outbreaks of epidemic-prone and emerging pathogens and promote community engagement before, during, and after emergencies.

Outcome 25: Health emergencies detection and response

Outcome	Proposed budget	Priority tier
Rapid detection, assessment, and response to health emergencies	$29,000,000	High

Outputs (OPT)	
25.1. Potential health emergencies rapidly detected, and risks assessed and communicated	**OPT Indicator 25.1.a.** Median number of days between onset of substantiated public health event and date information first received or detected by PAHO
	OPT Indicator 25.1.b. Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24–48 hours
	OPT Indicator 25.1.c. Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is made publicly available to decision makers by PASB, in any format, starting within 48 hours of grading or of posting on the Event Information Site (EIS)
25.2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	**OPT Indicator 25.2.a.** Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threat, in which PASB meets performance standards
25.3. Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings	**OPT Indicator 25.3.a.** Percentage of protracted-emergency countries in which PASB meets performance standards
25.4. Standing capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action	**OPT Indicator 25.4.a.** Number of PAHO/WHO Representative Offices that meet minimum readiness criteria

Key technical cooperation interventions

- Support countries and territories to strengthen national- and subnational-level capacities for detection, verification, risk assessment, and information dissemination on potential public health emergencies of international concern (PHEIC) in compliance with the International Health Regulations (2005).
- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. In cases of graded and protracted emergencies, PASB will provide data management, analytics, and reporting platforms to produce and disseminate timely standardized information products for all events, including updated situational analysis, risk assessment, and mapping of available health resources and response capacities. Moreover, PASB will monitor and disseminate information on public health indicators during emergencies and disasters. The Bureau will also provide technical cooperation to scale up and adapt data management and surveillance capacities during emergency response.

- The Bureau will monitor for signals of potential public health events and, in support of Member States, coordinate surveillance networks to establish early warning systems. PASB will maintain 24/7 availability for urgent event-related communications with Member States to verify threats, coordinate risk assessment, and disseminate accurate and timely information on potential public health events of international concern. At the same time, PASB will work to continuously improve public health intelligence systems and processes, including through the use of new technologies for detecting, verifying, and assessing potential public health events. Overall, PASB will carry out the core public health function of detecting, analyzing, assessing, interpreting, and generating information for action and dissemination, which is complemented by relevant operational and risk communication.
- Enhance the Bureau's capacity to lead, monitor, coordinate, and manage emergency response, with a strong focus on ensuring continued and optimal operation of the PAHO Emergency Operations Center and the capacity to establish and operate Incident Management Systems (IMS) at national, subregional, and regional levels. PASB will work to strengthen the organizational model for IMS to allow the Bureau to operate on a sustained basis during long-term public health emergencies. Efforts will also be made to strengthen PAHO's response capacity at all functional levels, including surge capacity response mechanisms such as its regional health response team and the Global Outbreak Alert and Response Network, as well as emergency management and response systems, to allow for the implementation of WHO's critical functions in humanitarian emergencies. PASB will also ensure that relevant policies, processes, and mechanisms are in place to guarantee that essential operations support and logistics will be established, and emergency supplies distributed to points of service, within 72 hours of grading for all graded risks and events.
- Provide timely, effective, and efficient technical and operations support to countries to ensure that emergency-affected populations have access to an essential package of life-saving health services. This includes, but is not limited to, establishment of comprehensive IMS and coordination of health emergency partners on the ground within 72 hours of grading for all graded risks and events. It also entails developing and implementing strategic response and joint operations plans, and providing operational support and critical specialized health logistics services as required (including fleet, accommodation, facilities, security, information and communications technology, and effective supply chain management). Technical assistance will be provided to develop strategic guidelines and standard operating procedures, based on evolving public health needs, for all graded and protracted emergencies.
- Support countries to increase the resilience of health systems in fragile, vulnerable, and conflict-affected settings and reduce the risks to affected populations from health emergencies. PASB will work with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in these settings by improving access to quality and sustainable health services based on expanding primary health care services. The Bureau will also contribute to the development of humanitarian response plans for countries in protracted humanitarian emergencies and strengthen the delivery of life-saving and life-sustaining emergency operations, while continuing to provide equity approaches and gender-responsive and disability-inclusive programming.

Outcome 26: Cross-cutting themes: equity, ethnicity, gender, and human rights

Outcome	**Proposed budget**
Strengthened country leadership and capacity to advance health equity and gender and ethnic equality in health, within a human rights framework	$7,800,000

Outputs (OPT)	
26.1. Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work	**OPT Indicator 26.1.a.** Number of outcomes in which PASB has incorporated actions and/or adopted approaches that advance equity, gender and ethnic equality, and human rights
	OPT Indicator 26.1.b. Mechanisms in place to facilitate and/or monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB
26.2. Countries and territories enabled to implement policies, plans, and strategies to advance health equity	**OPT Indicator 26.2.a.** Number of countries and territories implementing policies, plans, and strategies to advance health equity
26.3. Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health	**OPT Indicator 26.3.a.** Number of countries and territories implementing policies, plans, and programs to advance gender equality in health
26.4. Countries and territories enabled to implement policies, plans, and programs to advance ethnic equality in health	**OPT Indicator 26.4.a.** Number of countries and territories implementing policies, plans, and programs to advance ethnic equality in health
26.5. Countries and territories enabled to establish and implement health-related policies, plans, and/or laws to advance the right to health and other health-related rights	**OPT Indicator 26.5.a.** Number of countries and territories using human rights norms and standards in the formulation and implementation of health-related policies, plans, programs, and legislation
26.6. Countries and territories enabled to establish formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights	**OPT Indicator 26.6.a.** Number of countries and territories implementing formal accountability mechanisms for health equity, gender and ethnic equality in health, and human rights

Key technical cooperation interventions

- Work with countries and territories to integrate equity, gender, ethnicity, and human rights considerations in their health programs, applying lessons learned since the start of the COVID-19 pandemic.
- Strengthen health sector leadership to incorporate health equity into priority setting at the highest level of health sector decision making. Provide technical support to implement evidence-based monitoring and evaluation that is equity-focused, gender-sensitive, and culturally sensitive, and based on respect for human rights. Conduct assessments of the legal, policy, and program barriers that reinforce gender and cultural barriers to health.

- Advocate at policy and programmatic level for *a)* normative and policy frameworks that promote health equity and equality, with human rights placed at the forefront; *b)* institutionalization of inclusive and transparent governance structures with strong and effective social participation of all relevant groups at all levels; *c)* creation of enabling environments for broad intersectoral collaboration; *d)* adequate and sustainable human and financial resource allocation for health equity; and *e)* enhanced collection of data disaggregated by sex, age, income, race/ethnicity, and other variables that allow for analysis of subgroups, especially vulnerable groups.
- Strengthen the institutional capacity of the Organization to drive improvements in the lives and well-being of those left behind with the aim of closing gaps created by gender and ethnic inequalities, human rights violations, and health inequities.
- Expand partnership collaborations, particularly with civil society and with other UN agencies, to build solutions to advance equitable, gender-sensitive, and culturally sensitive approaches to health within a human rights framework.

Outcome 27: Leadership and governance

Outcome	**Proposed budget**
Strengthened PASB leadership, governance, and advocacy for health	$81,400,000
Outputs (OPT)	
27.1. Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020–2025 and drive health impact at the country level, in accordance with the SHAA2030	**OPT Indicator 27.1.a.** Number of countries and territories with a current Country Cooperation Strategy
	OPT Indicator 27.1.b. Number of countries and territories in which PASB contributed directly to new or revised policies, strategies, and/or regulations addressing public health issues
27.2. The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation	**OPT Indicator 27.2.a.** Proportion of corporate risks for which mitigation plans are approved
	OPT Indicator 27.2.b. Proportion of assignments in the internal audit work plan completed
	OPT Indicator 27.2.c. Amount of time taken to address fraud and corruption as well as staff misconduct issues
	OPT Indicator 27.2.d. Proportion of personnel who believe that PAHO has organizational integrity and maintains a strong ethical culture
	OPT Indicator 27.2.e. Expenditure on evaluation as a share of PAHO's total expenditure

27.3. Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships	**OPT Indicator 27.3.a.** Proportion of outcomes rated as "high priority" (tier 1) that are more than 90% funded at the end of the biennium
	OPT Indicator 27.3.b. Number of technical outcomes with at least 50% of their non-flexibly funded budget ceilings covered by voluntary contributions
27.4. Consolidation of the PAHO results-based management framework, with emphasis on the accountability system for corporate planning, performance monitoring and assessment (PMA), and responding to country priorities	**OPT Indicator 27.4.a.** Proportion of countries and territories where output and outcome indicators are evaluated jointly with the national health authorities
	OPT Indicator 27.4.b. Percentage of PMA recommendations actioned during the biennium
27.5. PAHO's corporate culture and personnel engagement strengthened through improved information strategies, effective internal communications, and a respectful workplace	**OPT Indicator 27.5.a.** PAHO's overall score on the personnel engagement survey

Key Interventions

- Reinforce strategic engagement and collaboration with Member States and partners to maintain health on the political agenda, recover from the pandemic, and make progress in health at country, subregional, and regional levels. To this end, PASB will strengthen country presence, multisectoral engagement, innovative approaches, health diplomacy, subregional approaches, cooperation among countries for health development, and South-South and triangular cooperation .
- Strengthen PAHO's governance by supporting effective intergovernmental negotiations between Member States, expanding the exchange of strategic information, and reviewing the Organization's operating model within the post-COVID-19 context. Efforts will also focus on diversifying the funding model of the Organization to be fit for purpose, building on the successful strategies employed during the pandemic.
- Increase the effectiveness and impact of PAHO's mission and visibility by strengthening its communication capacity; toward this end, both internal and external communications should be monitored and evaluated. In addition, undertake proactive public communications to build a regional agenda around strengthening health systems and preparedness in the Americas, drawing on the lessons learned from the COVID-19 pandemic.
- Promote and enforce ethical behavior and a culture of compliance, transparency, and accountability at all levels of the Organization while further consolidating a results-based management approach. PASB will define an accountability framework to bring together the three lines of defense in an overall conceptual framework, describing how the elements interact. Intensify efforts to implement the zero-tolerance policy against any form of sexual harassment, exploitation, or abuse of the Organization's employees and the populations it serves.
- Address priority risks through a risk-based prioritization approach and continue efforts to promote a culture of effective risk management along with more regular reviews and documentation of operational risks at country level. Continue monitoring and ensuring effectiveness of the fast-track risk assessment of voluntary contributions for emergencies.
- Implement the PAHO Evaluation Policy by promoting an enabling environment for its governance and implementation, building capacity and strengthening PAHO's evaluation network, implementing corporate evaluations, and promoting effective use of evaluations.

Outcome 28: Management and administration

Outcome	Proposed budget
Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources	$98,500,000

Outputs (OPT)	
28.1. Sound financial practices and oversight managed through an efficient and effective internal control framework	**OPT Indicator 28.1.a.** Unmodified audit opinion issued each financial year
28.2. Effective and efficient management and development of human resources to attract, recruit, and retain talent for successful program delivery	**OPT Indicator 28.2.a.** Percentage of vacant positions that are filled during the biennium, per the established timeline
28.3. Effective, innovative, and secure digital platforms and services aligned with the needs of users, corporate functions, technical programs, and health emergencies operations	**OPT Indicator 28.3.a.** Percentage of PASB entities storing 100% of their documents and data on secure cloud-based corporate platforms
28.4. Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care	**OPT Indicator 28.4.a.** Percentage of requested vaccines and supplies delivered to Member States within the planned time frame

Key Interventions

- Conduct comprehensive reviews and enhancement of management procedures and tools, including those used during emergencies, guided by lessons learned from the COVID-19 pandemic. Reinforce the Organization's capacity to deploy specialized personnel for emergency response.
- Promote increased efficiency, transparency, and agility in management and administrative processes and functions to respond promptly and effectively to Member States' needs. Work toward greater utilization of the PASB Management Information System (PMIS), increased automation of administration processes, and expanded use of the PAHO Shared Services Center to optimize delivery of administrative functions at the country office level.
- Systematically implement the PAHO People Strategy 2.0 to attract, retain, and motivate the best talent, while maintaining a welcoming and respectful work environment with increased gender equity. Strengthen strategic workforce planning to ensure human resources alignment with the goals set out in the SP20–25.
- Continue to implement and promote hybrid modalities of work to facilitate delivery of technical cooperation and operations, based on lessons from the pandemic and experiences from previous biennia. Promote teleworking throughout the Organization to achieve administrative efficiencies, promote well-being and work-life balance, facilitate business continuity, and sustain the recruitment and retention of a highly qualified workforce.
- Promote full utilization of cloud-based, mobile-enabled corporate systems, including systematic upgrading of required infrastructure and equipment and user-friendly, readily accessible user training to enhance efficiency and innovation.
- Implement the Master Capital Investment Plan to improve the safety, security, and efficiency of PASB facilities.

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