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## STRATEGY AND PLAN OF ACTION TO DECREASE THE BURDEN OF SEPSIS THROUGH AN INTEGRATED APPROACH 2025–2029

### Introduction

1. Sepsis is a complex syndrome that has wide-ranging clinical, social and economic impacts, yet actionable information exists to reduce its burden and improve clinical outcomes. Defined as dysfunction triggered by a dysregulated host response to infection, sepsis is not limited to bacterial causes but can stem from infections of any origin, whether viral, fungal, or bacterial. This strategy and plan of action seeks to strengthen the public health response to sepsis through an integrated approach that includes social awareness, community engagement, health care system improvements, and strengthened evidence-based decision-making. It aims to address the entire spectrum of sepsis, from prevention to early recognition, diagnosis, effective treatment, and rehabilitation.
2. The strategy and plan of action provides strategic and technical guidance to Member States of the Pan American Health Organization (PAHO) on strengthening health systems to address sepsis through a wide range of interventions. These begin with prevention, including immunizations, infection prevention and control (IPC), and water, sanitation, and hygiene (WASH) initiatives, and continue with access to quality health care services, timely diagnosis, and effective clinical management of sepsis. This document also focuses on addressing inequities in health care and the needs of specific populations such as neonates, children, and women. The approach is multifaceted, relying on enhanced surveillance systems, ongoing research to inform practice, and widespread awareness campaigns to educate both health care professionals and the public about sepsis prevention and management. This holistic approach is designed to reduce the incidence and impact of sepsis, improving outcomes for patients across all demographics. The strategy and plan of action is to be implemented over a five-year time frame (2025–2029).

### Background

3. Despite advances in medical science, sepsis remains a challenging condition to diagnose and manage effectively. Sepsis contributes to millions of deaths every year, making it a major public health concern. Population-level epidemiologic data for sepsis is scarce for low- and middle-income countries. Several analyses underline the urgent need to implement global strategies to measure sepsis morbidity and mortality, particularly in low- and middle-income countries. For the Region of the Americas, the Global Sepsis Report estimates an incidence of 124 cases per 100 000 population and mortality of 30.1 per 100 000 population (1). The time-sensitive nature of sepsis, where delays in recognition and treatment can significantly worsen clinical outcomes, underscores the need for heightened awareness and rapid, coordinated care. The interplay of factors such as antimicrobial resistance, the emergence of new pathogens, and healthcare-associated infections further complicates the scenario, calling for robust, integrated strategies to tackle this menace (2).

4. This strategy and plan of action aligns with existing global and regional efforts to achieve a comprehensive and synergistic approach to health and well-being. It supports progress toward the Sustainable Development Goals (SDGs), notably target 3.8 on quality of care; targets 3.1 and 3.2 on reducing maternal, neonatal, and child mortality, as well as other infectious diseases; and target 3.3 on HIV, tuberculosis, and malaria. It will contribute to the achievement of the objectives set out in the PAHO Strategic Plan 2020–2025 (3) and the Sustainable Health Agenda for the Americas 2018–2030 (4). Other relevant mandates from global and regional bodies include World Health Assembly resolutions on Improving the Prevention, Diagnosis, and Clinical Management of Sepsis (Resolution WHA70.7) (2), the Global Strategy on Infection Prevention and Control (Decision WHA76[11]) (5), and the Global Action Plan on Antimicrobial Resistance (Resolution WHA68.7) (6), as well as the PAHO Plan of Action on Antimicrobial Resistance (Resolution CD54.R15) (7). Also included are Water, Sanitation and Hygiene in Health Care Facilities (Resolution WHA72.7) (8), Global Action on Patient Safety (Resolution WHA72.6) (9), Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018–2030 (Resolution CD56.R8) (10), and Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025 (Resolution CD57.R13) (11).

### **Situation Analysis**

5. Understanding the regional burden of sepsis is a major challenge because a comprehensive analysis would require the availability of high-quality incidence and mortality data. Most of the reviews published to date include studies from high-income countries; studies from middle- and lower-income countries are scarce, and such data, when available, tends to be incomplete and of variable quality. This can be partially attributed to the reliance of many studies on administrative data, which is frequently challenging to access in low- and middle-income countries. Furthermore, sepsis is subject to underreporting. Infections leading to sepsis are not typically classified as such, except for neonatal and maternal sepsis, the only types to be reported as specific syndromes. While sepsis is commonly associated with bacterial infections, it can also result from fungal or other types of infection, adding to the complexity of diagnosis and treatment. There is high heterogeneity among studies on the burden attributable to sepsis (12). Nevertheless, the limited data available from the Americas suggests that the Region deserves special attention due to its high incidence of sepsis compared to other World Health Organization (WHO) regions (1, 13–14).

6. Health disparities and inequities are significant contributors to the unequal burden of sepsis across gender, ethnicity, socioeconomic status, and environmental conditions, including the transcultural perspective of some populations, such as rural or Indigenous Peoples. The Global Burden of Disease Study found that in 2017 the estimated global incidence of sepsis was higher in women than in men (717 vs. 643 cases per 100 000 population, respectively), while sepsis-related mortality was higher in men than in women (164 vs. 134 per 100 000) (13). Compared to sepsis cases in men, cases in women were associated with fewer intensive care unit (ICU) admissions; lower utilization of resources, such as medications used to manage heart failure, mechanical ventilation, or dialysis; and delayed use of antibiotics and vasopressors (15, 16). While large regional and economic disparities were found, it is estimated that 85.0% of sepsis cases and 84.8% of related deaths worldwide occurred in countries with low, medium-to-low, or medium sociodemographic indexes (13). Highlighting the urgency of addressing racial disparities affecting sepsis care, several studies in the United States of America found that both African American and Hispanic populations had higher rates

of complications leading to sepsis, higher in-hospital mortality from sepsis, and higher all-cause readmission due to sepsis compared to non-Hispanic white patient populations (17, 18).

7. Sepsis poses a significant challenge to maternal and neonatal health, greatly affecting morbidity and mortality rates. Severe neonatal infections, including sepsis, meningitis, and pneumonia, are a major cause of neonatal mortality (24%) and cause short- and long-term complications such as preterm birth and neonatal encephalopathy (10, 19). Lower birthweight and gestational age are associated with an increased incidence of sepsis, with the highest incidence of early-onset neonatal sepsis in very low birthweight infants and preterm neonates (20). Data on neonatal sepsis incidence and mortality remains limited in most countries of Latin America and the Caribbean. Pregnant women are at higher risk of sepsis than the general population, and this risk must be recognized by health teams, especially at the first level of care, to prevent late diagnosis and treatment. Obstetric infections, including sepsis, are the third most common cause of maternal mortality at global level, representing 10.7% of deaths, almost all of which occur in low- and middle-income countries. Regional disparities in maternal infection exist (21, 22). According to the WHO Global Maternal Sepsis Study, in-hospital maternal infections were highest in upper-middle-income countries, while infection-related severe maternal outcomes and case fatality rates were highest in low-income countries (23). The WHO Multi-Country Survey on Abortion found that a high number of women across Latin America and the Caribbean experienced an abortion-related complication, including potentially life-threatening complications such as systemic infection (24). Maternal sepsis poses a substantial burden even in high-income countries, as illustrated by the percentage (23%) of sepsis-related deaths among all maternal deaths in the United States during the period 2013–2016 (25, 26).

8. Preventing infection is the most effective way to prevent sepsis and reduce the burden of the disease. Therefore, sepsis prevention strategies must encompass a range of infection prevention measures, including vaccination, WASH initiatives, provision of adequate housing and nutrition, implementation of effective infection control programs, and appropriate use of antimicrobials (27). These approaches should be accompanied by sepsis education and awareness programs targeted to both health care professionals and communities. Addressing maternal and neonatal sepsis requires robust infection prevention measures along with timely recognition of symptoms, prompt initiation of treatment, and comprehensive postpartum care. Hand hygiene is one of the first effective measures to prevent maternal sepsis-related deaths, but it cannot be guaranteed without access to water and sanitation. In Latin America and the Caribbean, one of every four basic health services does not have adequate water and sanitation infrastructure, and half of the health services do not have water and soap (28, 29).

9. Early diagnosis of sepsis and prompt initiation of treatment is critical for health outcomes. The availability of sensitized and well-trained health personnel and of laboratory diagnostics is key to early recognition and timely therapy. Research underscores the critical nature of this timing. For instance, in the United States of America the average in-hospital mortality rate for sepsis patients overall is high, approximately 12.5%, with a slightly lower rate for those whose sepsis was diagnosed at the time of hospital admission (11.4%). But the rate more than doubles, to 25.6%, for patients whose sepsis was not diagnosed at the time of admission. Moreover, sepsis cases that were not recognized at admission spend on average almost twice as long in the hospital, in the ICU, and on mechanical

ventilation compared to sepsis cases recognized at admission. Late-diagnosed cases also have lower discharge rates to home (34.9%) than patients diagnosed at admission (55.7%). A significant proportion of patients who survive hospitalization (28.0%) require specialized care, rehabilitation, and long-term care after institutional discharge, with the costs that this implies (30, 31).

10. The economic burden associated with the recognition and management of sepsis is an important ongoing challenge for health care systems around the world, and especially in Latin American countries, where health care resources and economic conditions vary widely. The different treatment guidelines adopted by countries, the local prices, the method used to calculate hospital cost estimates, the type of sepsis, and the population analyzed are variables that directly affect the reported costs (31, 32).

### **Proposal**

11. This plan requires a coordinated, multifaceted approach, emphasizing multidisciplinary collaboration, equitable access to health care services and medicines, and improved evidence-based decision-making, while embracing innovations in the field of sepsis management and addressing new challenges.

12. Within the framework of universal health coverage, the strategy and plan of action encompasses 3 key dimensions: enhancing the health system and intersectoral coordination, tailoring actions to each country's context, and informing public health decisions with evidence-based best practices. Several interconnected elements of the plan address equity in tackling sepsis. Educating and training health care workers is a foundational step, ensuring that professionals across diverse health care settings are equipped with the latest knowledge and skills to identify and manage sepsis effectively. This must be coupled with increased access to health services, especially in underserved areas, to facilitate timely diagnosis and treatment. Equitable distribution and availability of essential antimicrobials is crucial, as these medicines are cornerstone treatments for sepsis, particularly in populations at risk and those in vulnerable situations. Beyond immediate clinical intervention, the strategy also emphasizes the importance of rehabilitation services, as recovery from sepsis often requires long-term care and support. Additionally, the strategy recognizes the need for a robust evidence base, especially for high-risk groups. This calls for enhanced surveillance and operational research that make it possible to better understand regional nuances and develop targeted interventions (33).

13. Urgent action is required to reduce the burden of sepsis in the Region. Implementation of the plan of action will help strengthen the national health authorities by *a)* strengthening quality of care, the health care workforce, and the health system infrastructure; *b)* addressing inequities in health, including those leading to disparities in sepsis outcomes; and *c)* improving timely and quality access to diagnostics and antimicrobials. The strategy and plan of action proposes the following three strategic lines of action with the aim of reducing infections likely to result in sepsis and improving the clinical management of sepsis cases.

***Strategic Line of Action 1: Establish a solid foundation for national high-impact interventions to tackle sepsis by enhancing awareness and strengthening research and surveillance***

14. National efforts to tackle sepsis should drive a coordinated multidisciplinary response of the health services, grounded in increasing community awareness and response, well-trained health care workers, knowledge of the local burden of sepsis, and evidence-based interventions. Such an approach aligns with the Organization’s commitment to improving health outcomes and reducing mortality and also addresses the specific needs and challenges of sepsis management in diverse health care settings across the Region, ultimately leading to a more resilient and responsive health care system in the Region (26).

15. By educating both health workers and the general population, the strategy aims to foster early detection and prompt intervention, which are key to reducing sepsis morbidity and mortality. The emphasis should be on high-risk groups like newborns, pregnant and postpartum women, older adults, and immunocompromised individuals. Moreover, generating robust evidence through epidemiological surveillance, mandatory reporting, and utilization of laboratory and data platforms, coupled with high-quality basic, clinical, and public health research, will enhance the understanding of sepsis, leading to more effective treatments and prevention methods. Improved epidemiological analyses, taking into account geographic, sociodemographic, and genetic factors, climate change impact, and other population differences, will be key to reaching people in situations of vulnerability. Research can also help demonstrate the cost-effectiveness and impact of sepsis prevention and management interventions, which is crucial to ensure that governments continue to invest in them.

<b>Objective 1.1:</b> Increase public knowledge and awareness about sepsis and its prevention, with a focus on high-risk groups		
<b>Indicator</b>	<b>Baseline (2024)<sup>1</sup></b>	<b>Target (2029)</b>
<b>1.1.1</b> Number of countries and territories that conduct awareness campaigns on sepsis aimed at community health workers, key civil society organizations, and/or patient advocacy groups	TBD	15
<b>1.1.2</b> Number of countries and territories that carry out training activities for health care workers on sepsis prevention, early detection, and clinical management	TBD	20
<b>Objective 1.2:</b> Strengthen the knowledge and evidence base on sepsis through epidemiological surveillance, laboratory and data platforms, and research		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>1.2.1</b> Number of countries and territories that monitor sepsis morbidity and mortality using vital statistics, producing national, publicly available information <sup>a</sup>	TBD	10

<sup>1</sup> Baselines listed as TBD will be defined and finalized in the final document that will be presented to the 61st Directing Council to be held 30 September – 4 October 2024. Targets may also be adjusted accordingly.

<b>Objective 1.2:</b> Strengthen the knowledge and evidence base on sepsis through epidemiological surveillance, laboratory and data platforms, and research		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>1.2.2</b> Number of countries and territories that provide information on bloodstream infections caused by pathogens acquired in the community and in health care settings, and their resistance patterns	9	15
<b>Objective 1.3:</b> Demonstrate the cost-effectiveness and impact of interventions aimed at decreasing sepsis morbidity and mortality to sustain investment in prevention and management programs		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>1.3.1</b> Number of countries and territories that have developed a national sepsis strategy or have embedded actions aimed at reducing the burden of sepsis in their current relevant national plans	TBD	10
<b>1.3.2</b> Number of countries and territories supporting research projects in collaboration with local institutions on the cost-effectiveness and impact of sepsis prevention or management interventions	TBD	5

<sup>a</sup> World Health Organization. The WHO application of ICD-10 to deaths during pregnancy, childbirth and puerperium: ICD MM. Geneva: WHO; 2012. Available at: <https://www.who.int/publications/i/item/9789241548458>.

***Strategic Line of Action 2: Reduce the incidence of infections by expanding vaccination coverage, improving community sanitation, housing, and nutrition, enhancing hygiene practices in health care facilities, and implementing effective infection prevention and control programs***

16. This strategic line of action focuses on preventing infections, which are a key factor in the onset of sepsis. It calls for improving vaccination coverage to build immunity against infectious diseases, thus directly lowering the risk of sepsis. This should be paired with enhanced community sanitation, housing, and nutrition, as these are critical determinants of public health and play a significant role in preventing infections at their source. The strategy emphasizes access to safe water and maintenance of stringent hygiene practices in health care facilities, a crucial step in mitigating the risk of hospital-acquired infections, which are a common pathway to sepsis. Additionally, it calls for the implementation of effective and operational infection prevention and control programs throughout the continuum of care. IPC programs are essential for establishing systematic practices across health care settings to prevent the spread of infectious agents. Through these multifaceted efforts, the action plan aims to create a robust framework for infection control, leading to a significant decrease in sepsis cases.

<b>Objective 2.1:</b> Reduce the incidence of infections through effective immunization		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>2.1.1</b> Number of countries and territories that have introduced one or more vaccines targeting <i>Neisseria meningitidis</i> , <i>Streptococcus pneumoniae</i> , and/or <i>Haemophilus influenzae</i> among high-risk populations	4	8

<b>Objective 2.2:</b> Reduce the incidence of infections through the establishment of operational infection prevention and control programs and improved hygiene in health facilities		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>2.2.1</b> Proportion of countries and territories meeting all WHO minimum requirements for infection prevention and control (IPC) programs at the national level	TBD	75%
<b>2.2.2</b> Number of countries and territories that have adopted plans to improve water, sanitation, and hygiene (WASH) in health care facilities based on comprehensive situation analysis	TBD	15

***Strategic Line of Action 3: Improve equitable access to timely diagnosis and treatment of sepsis, examining quality and safety at all care levels, including in intensive care units, and broadening access to antimicrobials in all relevant groups***

17. This strategic line of action aims to improve equitable access to prompt and accurate diagnosis and treatment of sepsis by improving quality and safety at all levels of care, including ICUs. It includes and expands access to critical antimicrobial agents and comprehensive quality control to optimize supply chain management at all levels of care. Continued education and training of health care workers in infection prevention and in the recognition, treatment, and rehabilitation of sepsis cases is essential to ensure that patients have prompt access to accurate diagnosis and effective treatment, leading to improved survival.

18. Access to new diagnostic and information technologies, such as telemedicine, can improve the early identification and referral of patients suspected of having sepsis. This includes the implementation of appropriate antimicrobial treatment according to local antimicrobial stewardship principles and the efficient management of other necessary resources. Finally, strengthening referral centers with adequate capacity to expedite patient referral should be a high priority, particularly in the context of the widespread shortage of hospital beds in low- and middle-income countries.

<b>Objective 3.1:</b> Achieve universal access to timely and quality diagnosis and treatment of sepsis		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>3.1.1</b> Development by the Pan American Sanitary Bureau of a generic clinical protocol for the rapid recognition and management of sepsis, building on international recommendations for the diagnosis and treatment of sepsis and adapted to the regional context, including its wide range of health infrastructures and capacities	0	1
<b>3.1.2</b> Number of countries and territories that have implemented specific tools and allocated resources to improve timely and accurate clinical management of sepsis, including but not limited to the Sepsis Code and Pediatric Early Warning System (PEWS)	0	10

<b>Objective 3.1:</b> Achieve universal access to timely and quality diagnosis and treatment of sepsis		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>3.1.3</b> Number of countries and territories that have strengthened the continuum of care related to sepsis at all care levels <sup>a</sup>	TBD	25
<b>3.1.4</b> Number of countries that have adopted the Access, Watch, Reserve (AWaRe) classification system for antibiotics in their National Essential Medicines List	10	20
<b>Objective 3.2:</b> Ensure access to critical care and life support services to improve health outcomes from sepsis		
<b>Indicator</b>	<b>Baseline (2024)</b>	<b>Target (2029)</b>
<b>3.2.1</b> Number of countries and territories that have carried out clinical audits of sepsis cases to determine the level of compliance with national quality of care standards	TBD	15
<b>3.2.2</b> Number of countries and territories that have reduced the neonatal mortality rate related to sepsis by at least 10% in all population groups (disaggregated by age, place of residence, and ethnicity) <sup>b</sup>	TBD	TBD
<b>3.2.3</b> Number of countries and territories that have reduced the maternal mortality ratio related to sepsis by at least 30% (disaggregated by age, place of residence, and ethnicity) <sup>c</sup>	TBD	10

<sup>a</sup> Pan American Health Organization. Strategy and plan of action to improve quality of care in health service delivery 2020–2025 [Document CD57/12]. Washington, D.C.: PAHO; 2019. Available at: <https://iris.paho.org/handle/10665.2/51621>.

<sup>b</sup> Pan American Health Organization. Plan of action for women's, children's and adolescents' Health 2018–2030 [Document CD56/8]. Washington, D.C.: PAHO; 2018 (Goal 2, Indicator 3).

<sup>c</sup> Idem (Goal 1, Indicator 2).

## Monitoring and Evaluation

19. Monitoring and evaluation of this strategy and plan of action will be aligned with the Organization's results-based management framework. A midterm review will be presented to the Governing Bodies of PAHO in 2027, providing an opportunity to assess interim progress and make necessary adjustments. This will be followed by a final report in 2030, offering an evaluation of overall performance and indicators over the implementation period. This structured approach to monitoring and evaluation is critical for ensuring that the strategy remains aligned with its objectives and responsive to the evolving landscape of sepsis management and prevention.

## Financial Implications

20. It is expected that Member States will prioritize the allocation of resources toward the implementation of this strategy and plan of action, as appropriate. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this strategy and plan of action to support Member States (see Annex B).



## Action by the Executive Committee

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

Annexes

## References

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CE174/13

Annex A  
Original: English

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## Proposed Resolution

### STRATEGY AND PLAN OF ACTION TO DECREASE THE BURDEN OF SEPSIS THROUGH AN INTEGRATED APPROACH 2025–2029

**The 174th Session of the Executive Committee,**

(PP) Having reviewed the proposed *Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029* (Document CE174/13),

#### **Resolves:**

(OP) To recommend that the 61st Directing Council adopt a resolution in the following terms:

### STRATEGY AND PLAN OF ACTION TO DECREASE THE BURDEN OF SEPSIS THROUGH AN INTEGRATED APPROACH 2025–2029

**The 61st Directing Council,**

(PP1) Having reviewed the proposed *Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029* (Document CD61/\_\_\_);

(PP2) Acknowledging the significant impact of sepsis on public health in the Region of the Americas, which results in substantial morbidity, mortality, and socioeconomic burden, and which requires a coordinated, multidisciplinary approach to effectively address its prevention, early detection, and clinical management;

(PP3) Reaffirming the commitment to promoting universal health coverage and strengthening health systems to improve the response to sepsis at all levels of care;

(PP4) Emphasizing the critical role of research and innovation in advancing our understanding of sepsis pathophysiology, diagnostics, and therapeutics;

(PP5) Bearing in mind the goals and targets of the 2030 Agenda for Sustainable Development and the Sustainable Health Agenda for the Americas 2018–2030, which call for reducing the impact of infectious diseases and promoting rational use of safe, effective, and affordable medicines,

**Resolves:**

(OP)1. To approve and implement the *Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029* (Document CD61/\_\_\_).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) elevate sepsis to a high-priority public health issue and integrate comprehensive strategies for its prevention, early detection, and clinical management into national health policies and plans;
- b) implement national strategies guided by the objectives outlined in this strategy and plan of action, and establish effective monitoring systems utilizing the recommended indicators;
- c) ensure the allocation of adequate resources for comprehensive sepsis prevention and clinical management programs with special attention to high-risk populations, encompassing quality care, training, research, and public awareness campaigns;
- d) encourage national collaboration among the health, education, civil society, academic, and finance sectors for a unified approach to sepsis management, while also fostering international cooperation with various countries and organizations to exchange best practices, resources, and innovations in sepsis prevention and treatment;
- e) call for increased investment in research and development for innovative diagnostics, treatments, and preventive strategies for sepsis, including novel antimicrobial agents, immunotherapies, and vaccines.

(OP)3. To request the Director to:

- a) provide technical cooperation to Member States with a view to facilitating knowledge exchange to strengthen capacities that will contribute to the implementation of the strategy and plan of action;
- b) foster collaboration among Member States to enhance the execution of this plan of action, adapting it to various subregional and national contexts and priorities;
- c) bolster partnerships with civil society organizations and patient advocacy groups to raise awareness, mobilize communities, and include patient perspectives in policy development and program implementation related to sepsis;
- d) report periodically to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of the plan of action through a midterm review in 2027 and a final report in 2030.

## Analytical Form: Programmatic and Financial Implications

<p><b>1. Agenda item:</b> 4.2 Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029</p>
<p><b>2. Responsible unit:</b> Special Program on Antimicrobial Resistance, Department of Communicable Diseases Prevention, Control, and Elimination</p>
<p><b>3. Preparing officers:</b> Dr. Sylvain Aldighieri and Dr. Pilar Ramon-Pardo</p>
<p><b>4. List of collaborating centers and national institutions linked to this Agenda item:</b></p> <p>a) WHO Collaborating Centers:</p> <ul style="list-style-type: none"> <li>- ARG-43 Administración Nacional de Laboratorios e Institutos de Salud “Dr. Carlos Malbrán” (ANLIS), Buenos Aires, Argentina</li> <li>- COR-11 Instituto Costarricense de Investigación y Enseñanza en Nutrición y Salud (INCIENSA), Tres Ríos, Costa Rica</li> <li>- USA-458 Centers for Disease Control and Prevention (CDC), Atlanta, USA</li> <li>- USA-379 University of Colorado School of Public Health, Aurora, USA</li> <li>- ARG-40 Centro Rosarino de Estudios Perinatales, Rosario, Argentina</li> </ul> <p>b) Linked national institutions:</p> <ul style="list-style-type: none"> <li>- Oswaldo Cruz Foundation (Fiocruz), Brazil</li> <li>- Public Health Canada, Canadian Institutes of Health Research, Sepsis Canada</li> <li>- Latin American Institute of Sepsis, Brazil</li> </ul>
<p><b>5. Link between Agenda item and the <a href="#">Sustainable Health Agenda for the Americas 2018–2030</a>:</b></p> <p>Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.</p> <p>Goal 2: Strengthen stewardship and governance of the national health authority, while promoting social participation.</p> <p>Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.</p> <p>Goal 6: Strengthen information systems for health to support the development of evidence-based policies and decision-making.</p>
<p><b>6. Link between Agenda item and the <a href="#">Strategic Plan of the Pan American Health Organization 2020–2025</a>:</b></p> <p>Outcome 1: Access to comprehensive and quality health services</p> <p>Outcome 2: Health throughout life course</p> <p>Outcome 8: Access to health technologies</p> <p>Outcome 9: Strengthened stewardship and governance</p> <p>Outcome 12: Risk factors for communicable diseases</p>
<p><b>7. Time frame for implementation and evaluation:</b> This strategy covers the period 2025–2029 (5 years)</p>

**8. Financial implications:**

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

Area	Estimated cost (US\$)
Human resources	4 832 500
Training and education	625 000
Consultants/service contracts	875 000
Travel and meetings	375 000
Publications/Communications	250 000
Supplies and other expenses	250 000
<b>Total</b>	<b>7 207 500</b>

- b) **Estimated cost for the 2024–2025 biennium (including staff and activities):**

Since the implementation will start in 2025, a total of US\$ 1 451 500 will be required to cover the first year of implementation.

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

It is estimated that US\$ 200 000 will be covered by allocating flexible funds. The remaining amount will be covered through resource mobilization efforts.