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**REPORT OF THE END-OF-BIENNIUM ASSESSMENT
OF THE PAHO PROGRAM BUDGET 2022–2023/
SECOND INTERIM REPORT ON THE IMPLEMENTATION
OF THE PAHO STRATEGIC PLAN 2020–2025**

* This version contains minor editorial adjustments in Figure 2.

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Foreword by the Director

The 2022–2023 biennium commenced with the Region of the Americas and the world still facing the greatest public health crisis in a century: the COVID-19 pandemic. As the months passed, countries continued to slowly transition out of the pandemic as transmission began to wane. It was at this juncture in February 2023 that I took the helm as Director of the Pan American Health Organization (PAHO).

Leading the way to *protect, recover, and build stronger* through the Program Budget 2022–2023, PAHO shifted its focus from an emergency response mode to one of post-pandemic technical cooperation. In the process, the Organization succeeded in adapting to the new context and responding to the lessons learned from the pandemic and to country priorities for recovery in the post-COVID period.

This report provides an opportunity for us to take stock of what we have been able to achieve together, as well as of the barriers and bottlenecks that are hampering progress toward reaching our targets. Most countries and the Region overall are not on track to achieve the targets in the PAHO Strategic Plan 2020–2025 and the health-related Sustainable Development Goals. The findings of this report should be a wake-up call to action for all who aspire to create a Region with healthier people and a Region able to accelerate progress on sustainable development.

There is still much to celebrate and much cause for optimism. Through the five strategic pillars that I have set forth elsewhere, PAHO has worked to introduce changes to its technical cooperation to advance toward universal health in the Americas.¹ With the launch of PAHO Forward last year, we enhanced our business processes to make them more efficient and fit for purpose. New initiatives such as the Alliance for Primary Health Care in the Americas, along with steady progress in implementing proven approaches and interventions, are poised to make a difference in our Region.

I join our Member States in celebrating their many landmark achievements, outlined in this report, which were delivered with the support of the Pan American Sanitary Bureau (PASB) and partners. In 2022–2023, PASB implemented over US\$ 1 billion, the highest level of funds ever executed, to deliver country-focused and results-oriented technical cooperation.

I would like to express my sincere gratitude to Member States, to our many partners and contributors, and to PASB personnel for their steadfast commitment to improving health and well-being in our Region. You have collectively made it possible to achieve so much despite the challenges. As our dear friend and former Director, the late Dr. Carissa F. Etienne, said: “For 120 years, the Americas have relied on cooperation because we have understood that our health, our security and our prosperity are interdependent.”² As Director, I am committed to leading PASB in its efforts to continuously answer that call for collective action in health.

¹ The five strategic pillars are available at: <https://www.paho.org/en/dr-jarbas-barbosas-vision>.

² Dr. Etienne’s remarks are available at:

<https://www.paho.org/en/news/2-12-2022-carissa-f-etienne-pahos-120th-anniversary-solidarity-can-help-build-healthier-and>

We are just over two-thirds of the way through our Strategic Plan 2020–2025. While we are already looking ahead to the next Strategic Plan, we must not forget that every day presents a new opportunity for positive change. Moving forward, I urge Member States to take on board the lessons learned in this report and to translate them into meaningful actions.

I. Executive Summary

Overview

1. The 2022–2023 biennium started out with the Region of the Americas and the world still facing the greatest public health crisis in a century: the COVID-19 pandemic. As the months passed, countries continued to slowly transition out of the pandemic as transmission began to wane. Leading the way to *protect, recover, and build stronger* through the Program Budget 2022–2023 (PB22–23), the Pan American Health Organization (PAHO) shifted its focus from an emergency response mode to one of post-pandemic technical cooperation. This report documents PAHO's implementation of the Strategic Plan of the Pan American Health Organization 2020–2025 (*Official Document 359*) and the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document 363* and amendments approved in Document CSP30/6).

2. This end-of-biennium report demonstrates PAHO's accountability for results and resources at all levels. It documents progress achieved during the biennium as well as challenges encountered, lessons learned, and recommendations for the way forward. As PAHO moves toward the final biennium of the Strategic Plan 2020–2025 (SP20–25), this report should serve as a useful guide for the course corrections necessary to meet the commitments of the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030) and the Sustainable Development Goals (SDG) for 2030.

Key Findings

3. The Region of the Americas is not on track to achieve the impact targets established in the PAHO SP20–25, nor is it on course to attain most targets in the SHAA2030 and the health-related SDGs. At the end of the 2022–2023 biennium, only one impact target of the Strategic Plan had been met, while six of the 28 impact indicators (21%) were reported as on track to meet their 2025 targets, provided that current momentum is maintained. Fifteen indicators (54%) were showing insufficient progress, and six (21%) could not be rated due to insufficient data or other measurement challenges. The situation was similar at outcome level: seven of the 28 Strategic Plan outcomes (25%) were assessed as having met expectations for the 2022–2023 biennium, while the other 21 (75%) were rated as having partially met expectations. At the output level, 30 of the 102 Program Budget outputs (29%) were assessed as having met expectations, while 57 (56%) were rated as partially meeting expectations and 15 (15%) did not meet expectations.

4. Among the impact indicators that will likely not be met by 2025 are the maternal mortality ratio, suicide mortality rate, incidence rate of congenital syphilis, mortality rate due to chronic viral hepatitis, and tuberculosis (TB) incidence rate. Others may also fall short. Achieving these targets requires sustained implementation of strategic and effective public health interventions, using both proven and novel approaches, with an emphasis on reaching vulnerable populations through action at the community level. Further interruptions or delays in these interventions will severely compromise the attempts to meet the targets and will inflict high human and health costs. Furthermore, while progress can be made at the regional level, accelerated and coordinated actions at national and subnational levels are imperative to reduce disparities between and within countries.

5. The uneven progress toward results was due in part to the COVID-19 pandemic and its secondary effects, which led to the disruption of health services. Additionally, systemic barriers, many of them longstanding, prevented the necessary scaling up of interventions. Financial and human resources within Member States are frequently inadequate to support work of the scope and magnitude required to strengthen services. Other barriers include inconsistent levels of political commitment to addressing priority areas, limited institutional capacity, insufficient intersectoral action, and insufficient attention to addressing health inequities. Finally, weaknesses in information systems and lack of integrated data systems make it difficult to connect information on the determinants of health to their effects on health outcomes in a disaggregated manner.

6. Notwithstanding these obstacles, during the 2022–2023 biennium PAHO continued to solidify its position as the leading health authority in the Region of the Americas. This remains the case despite global uncertainties, complex and shifting political landscapes, and an increasingly unequal socioeconomic context. The pandemic has laid bare the Region’s health needs and vulnerabilities. At the same time, some political voices and affected communities are now calling attention to the critical need to prioritize issues such as climate change, violence, and growing inequalities in the Region. PAHO must continue to leverage its comparative advantage and seize strategic opportunities to extend and deepen its technical cooperation with Member States while also managing emerging risks and challenges.

7. The 28 outcomes in the PAHO SP20–25 have been grouped into seven clusters by thematic area. The most notable achievements and challenges in each of these outcome clusters follow.

8. **Health systems, services, and life course:** Lessons learned from the pandemic are guiding the transformation of health systems based on primary health care (PHC). The Alliance for Primary Health Care in the Americas has heightened advocacy for health systems based on PHC. Tangible advances were observed in 10 countries that developed evidence-based road maps to strengthen the essential public health functions. To improve timely and affordable access to quality medicines and technologies, the Pan American Sanitary Bureau (PASB or the Bureau) introduced new areas of technical cooperation to advance the manufacture of health technologies, increase regional capacity for research and development, and support the generation of ecosystems to enable greater access to supplies. These efforts helped position the Region to respond to lessons learned during the pandemic. In this regard, PAHO supported implementation of the World Health Organization (WHO) messenger RNA (mRNA) technology transfer program in Argentina and Brazil. During the immediate post-pandemic period, the PAHO Regional Revolving Funds facilitated procurement and access to vaccines, medicines, and other essential health supplies worth over US\$ 1.7 billion.³

9. **Determinants of health and cross-cutting themes:** Member States reaffirmed their commitment to achieving SDG 3 (ensure healthy lives and promote well-being for all at all ages) with health equity through approval 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). Recognizing climate change as an important threat to health, the Southern Common Market (MERCOSUR) launched a new strategy on this issue, while 12 countries established national adaptation plans. The knowledge dialogues methodology, a key

³ Unless otherwise indicated, all monetary figures are expressed in United States dollars.

approach in PASB's technical cooperation, was applied in at least 10 countries and was adopted by United Nations agencies and other partners, reflecting growing awareness of the need to integrate cultural diversity in international cooperation. PAHO was selected as the technical secretariat of the new governance structure of the Network on Intersectoral Work and Social Participation for Health Equity in the Americas, which was established in 2023 to promote intersectoral action and community participation in advancing health equity. PAHO also strengthened the Healthy Municipalities, Cities and Communities Movement of the Americas, which has grown to include over 3000 local governments in the Region.

10. **Noncommunicable diseases (NCD) and their risk factors, malnutrition, mental health, violence, and injuries:** PASB supported Member States in scaling up proven interventions under the umbrella of the Better Care for NCDs inter-programmatic initiative, launched by the Director in September 2023 to cover the period 2023–2030. The HEARTS technical package was expanded to 13 more countries, bringing to 33 the number of countries that are implementing best practices in the prevention and control of cardiovascular diseases. The Region continued to lead and inspire global efforts to improve diets and protect public health through regulatory pathways and policies such as front-of-package warning labels, marketing restrictions, bans on high-calorie food products with low nutritional value and sugar-sweetened beverages in schools, and taxation. Following recommendations of the PAHO High-Level Commission on Mental Health and COVID-19, PASB trained over 140 000 health workers from 25 countries on integrating mental health into PHC.

11. **Prevention, control, and elimination of communicable diseases:** The Disease Elimination Initiative was relaunched and scaled up during 2022–2023, with an emphasis on integrating approaches and moving beyond a disease-focused approach to ensure that health systems can address root causes of the diseases. One landmark achievement was the elimination of both malaria and mother-to-child transmission of HIV and syphilis in Belize. Another was reduction of the regional dengue case fatality rate to the SP20–25 target level of 0.05% through innovative vector control strategies amid a global dengue outbreak emergency. The Bolivarian Republic of Venezuela was reverified as being measles-free while Brazil was classified as pending verification, significant developments that augur well for the Region to regain its measles-free designation. As of 31 December 2023, the Region achieved over 70% coverage of the COVID-19 vaccine, with a total of 2.19 billion COVID-19 vaccine doses administered in the Americas. This was made possible by Member States working through the Revolving Fund for Access to Vaccines, which continues efforts to ensure equitable access to vaccines throughout the Region.

12. **Information systems for health, evidence, and research:** The Region made progress toward the digital transformation of the health sector, and countries improved their information systems for health (IS4H), as shown in a comprehensive assessment of IS4H maturity. PASB continued to strengthen and expand its platforms to enhance evidence and data-driven decisions in public health. These data systems include the Core Indicators portal, Health in the Americas portal, SDG 3 portal, Immunization Data and Statistics portal, Evidence-Informed Policy Network of the Americas, Virtual Health Library, and others. PASB also provided technical cooperation to progressively implement data science, research, and social innovation to better respond to health challenges.

13. **Health emergencies:** PASB played a vital role in helping countries bring their COVID-19 outbreaks under control and assimilate the lessons learned from the pandemic, including strengthened preparedness. During the biennium, the Bureau monitored and/or managed responses to 126 emergencies, including seven protracted emergencies (COVID-19 among them) and 34 new emergencies. PAHO expanded its genomic surveillance network, in line with the regional strategy, and consolidated integrated surveillance for influenza, COVID-19, and other respiratory viruses. In 2022 and 2023, all 35 States Parties complied with the mandatory annual report to WHO under the International Health Regulations. With technical support from PASB, at least seven Caribbean countries were able to integrate “smart” standards into some of their health facilities, with Barbados assessing 10 facilities and Belize retrofitting eight.

14. **Leadership, governance, and enabling functions:** Following a seamless leadership transition in February 2023, the new Director launched the PAHO Forward initiative, based on lessons learned from both the COVID-19 pandemic and the severe financial crisis that PAHO experienced at same time. The initiative set forth a vision based on modernizing, innovating, and streamlining the Organization’s policies, processes, and systems to strengthen PASB’s internal management controls and decision-making. Under the PAHO Forward initiative, PASB fostered a culture of efficiency, transparency, and accountability for results and resources to enhance the Bureau’s effectiveness across all levels. Greater emphasis was placed on evaluations as a critical tool for determining the effectiveness of PASB’s work, identifying gaps to be addressed, improving institutional learning, and finding ways to reorient programs and strategies for better outcomes, both technically and managerially. In this regard, it was decided that the evaluation reports will be shared with Member States.

15. The role of inter-programmatic approaches in PASB was fundamental, enabling the Bureau to seize opportunities in the delivery of its technical cooperation as well as to realize long-term cost savings through more efficient and scaled-up health interventions. Emerging best practices from the two inter-programmatic initiatives, the Disease Elimination Initiative and Better Care for NCDs, have been incorporated into work plans for the 2024–2025 biennium.

16. Implementation of the PAHO Program Budget increased considerably over that of the prior biennium. The total budget for the 2022–2023 biennium, as approved by Member States, was originally \$688 million. However, Member States subsequently approved amendments to the Program Budget, through the adoption of Resolution CSP30.R1, increasing the total budget to \$881.5 million, comprising \$679.5 million for base programs and \$202 million for special programs. At the closure of the biennium, \$841.4 million or 95.4% of the total approved budget was implemented. PASB allocated \$415.0 million or 48% of its available funds to the country and subregional levels, a larger share than the 45% mandated by the PAHO Budget Policy. While overall financing of the Program Budget was strong, gaps remained in key programmatic priorities jointly identified with Member States.

Conclusions and Recommendations

17. The 2022–2023 biennium witnessed complex global, regional, and national realities shaped by changing political landscapes, shifting geopolitical dynamics, and increasing interconnectedness. Many advances have benefited large cross-sections of the Region’s populations, but there are increasing inequalities and inequities in access to health, food, water, safe shelter, and other basic

requisites for life and well-being. In order to gain significant improvements in population health, all levels of PAHO, together with partners, must work hand-in-hand to deliver on commitments to reduce impacts of the socioeconomic determinants of health, addressing issues such as poverty reduction and improved education that are the remit of sectors other than health.

18. The report presents 34 recommendations, grouped under eight thematic headings, which are summarized below. The following recommendations stand out as pivotal for accelerating both post-pandemic recovery and further progress in our Region. They are based on some key lessons learned, challenges encountered, and Member State insights over the period under review, namely:

- a) Advocate more forcefully for health at the highest political levels.
- b) Strengthen engagement with other sectors beyond health to extend the reach of PASB's technical cooperation and generate synergies in tackling complex health challenges.
- c) Continue to leverage PAHO's position as the leading voice for health in the Region, capitalizing on the increased visibility and authority that the Organization has earned through its response to COVID-19.
- d) Advocate for increased, sustainable, and strategic investments in health systems based on primary health care, using strong and persuasive economic and health evidence. Engage more visibly in high-level dialogues with health and finance ministries, international financial institutions, and donors, particularly at country level.
- e) Align strategies and programs for integrated primary health care and digital health and scale up innovative models of care to achieve improved health outcomes.
- f) Continue solidifying the concept and practice of inter-programmatic work within PASB. Test and incorporate best practices into planning tools to better respond to Member States in a more unified and integrated manner.
- g) Deepen understanding of the differences between and within countries, especially regarding their levels of economic, technological, and health development. Be prepared to adapt and be flexible in the delivery of technical cooperation in different contexts, while also seizing opportunities to strengthen solidarity and share mutually beneficial experiences throughout the Region.
- h) Build a stronger PASB that demonstrates greater efficiency, transparency, and accountability for results and resources and is better able to support Member States with innovations in public health.
- i) Implement other actions that reflect lessons learned from the pandemic, including those raised in the evaluation of PAHO's response to COVID-19, as well as lessons from other evaluations.
- j) Continue to build on the good practices and innovations highlighted in the 2022–2023 biennium.

II. Introduction

19. Resolution CD57.R2 (2019) requested the Director of PASB to report on the implementation of the SP20–25, including its program budgets, through biennial performance assessments to the Governing Bodies of PAHO. This document presents the end-of-biennium assessment of the PB22–23 and the second interim report on the implementation of the SP20–25. The end-of-biennium assessment is one of the principal means of demonstrating accountability and transparency for the Organization.

20. Through the PB22–23, the Organization worked cooperatively with Member States to *protect, recover, and build stronger* health systems as they emerged from the COVID-19 pandemic. This assessment offers a critical opportunity to collectively take stock of the progress achieved, health gains made, and gaps remaining in the Region of the Americas, and of the challenges, lessons learned, and risks and opportunities going forward. This report details PAHO's work in support of achievements in countries and territories and assesses its success in implementing the PB22–23. The lessons learned and recommendations from this assessment will guide interventions during the 2024–2025 period, the last biennium for completing implementation of the SP20–25. They will also serve as a key input as the Organization develops its next Strategic Plan for 2026–2031.

21. This end-of-biennium assessment maintains the good practice of joint assessment between Member States and PASB for the achievement of results. The joint assessment of outcome and output indicators by national authorities and PASB was completed by 45 (88%) out of 51 countries and territories in the Region between December 2023 and July 2024. The high level of participation in completing the assessment reflects the broad commitment of Member States to work collaboratively toward the results in the SP20–25 and PB22–23.

22. Following this introduction, Section III provides an update on the status of results, with insights into opportunities to address root causes of the problems identified. Section IV covers the financing and implementation of the PB22–23, and Section V explains how PASB worked to manage risks during the biennium. Section VI covers areas where the Bureau is working to demonstrate accountability for results and resources, and Section VII examines lessons learned and makes recommendations, followed by concluding remarks. The Annex presents key achievements and challenges encountered in each of seven thematic outcome clusters,⁴ as well as impact on the ground showing what can be achieved through innovative actions with support from PASB and other partners. For the first time, this report, along with complementary information, is also available on a PAHO Results Report portal,⁵ providing greater visual impact and ease of navigation.

⁴ In light of the interconnection between outcomes, and to provide a more comprehensive view, the 28 outcomes of the PAHO SP20–25 have been grouped into clusters by thematic area. The clusters allow for a more integrated approach to the management and implementation of the SP20–25 outcomes, covering all planning and performance monitoring, assessment, and reporting processes. This approach was first introduced in the Report of the End-of-biennium Assessment of the PAHO Program Budget 2020–2021 / First Interim Report on the Implementation of the PAHO Strategic Plan 2020–2025 (Document CSP30/7, Add. I [2022]). Following the organizational restructuring in 2023, the composition of some clusters changed, and the number of clusters was reduced from eight to seven.

⁵ The portal can be accessed at: <https://pbdigital.paho.org/>.

III. Progress toward the Strategic Plan 2020–2025 and Program Budget 2022–2023 Results

23. The SP20–25 established a set of 28 impact indicators with 35 targets.⁶ It also set out 28 outcomes, which are measured through 105 outcome indicators.⁷ To contribute to the achievement of the outcomes, the PB22–23 established 102 outputs, which were measured and monitored through 146 output indicators.⁸ Impact, outcome, and output results are all defined in the PAHO SP20–25 results chain as requiring the joint intervention of PASB and Member States, together with partners. Toward this end, the Bureau delivered products and services defined in operational plans corresponding to the 2022–2023 biennium. Through the collective implementation of these plans across all entities, PASB contributed to the achievement of the higher-level results (outputs, outcomes, impacts), as detailed in the sections below.

Status of Impact Indicators

24. Since the last assessment in 2022 for the 2020–2021 biennium, 13 of the 28 impact indicators include data covering the pandemic period. This data clearly demonstrates some of the secondary impacts of the pandemic, which included a disruption in health care services. For other indicators, reduced capacity to provide updated data negatively affected the capacity to provide health metrics. These include six indicators linked to mortality estimates (impact indicators 7, 9–11, and 13–14) due to delays in the WHO global mortality estimates.

25. As shown in Figure 1 and Table 1, just one impact indicator has already reached the 2025 target: impact indicator 23, on dengue case fatality rates, a measure of the effectiveness of vector control strategies. Another six indicators (21%) are likely to reach their targets if current efforts are steadfastly maintained (1–4, 15, and 22).⁹ However, 15 of the indicators (54%) are showing insufficient or no progress toward the 2025 targets, while six indicators (21%) cannot be rated due to unavailability of data or other measurement challenges. Now that the post-pandemic health situation is returning to a more normal state, it is evident that there is a very short time frame in which countries could take the necessary corrective actions to make progress toward the targets by 2025.

26. Additional information is available in the PAHO Results Report portal,¹⁰ including detailed analysis for each indicator, showing the trend over the last two decades and the estimated projections until the end of the SP20–25 period. In addition, the portal offers recommendations for updating measurement methodologies as well as for programmatic actions that can be applied in the effort to accelerate progress toward the targets, aligned with best practices in results-based management.

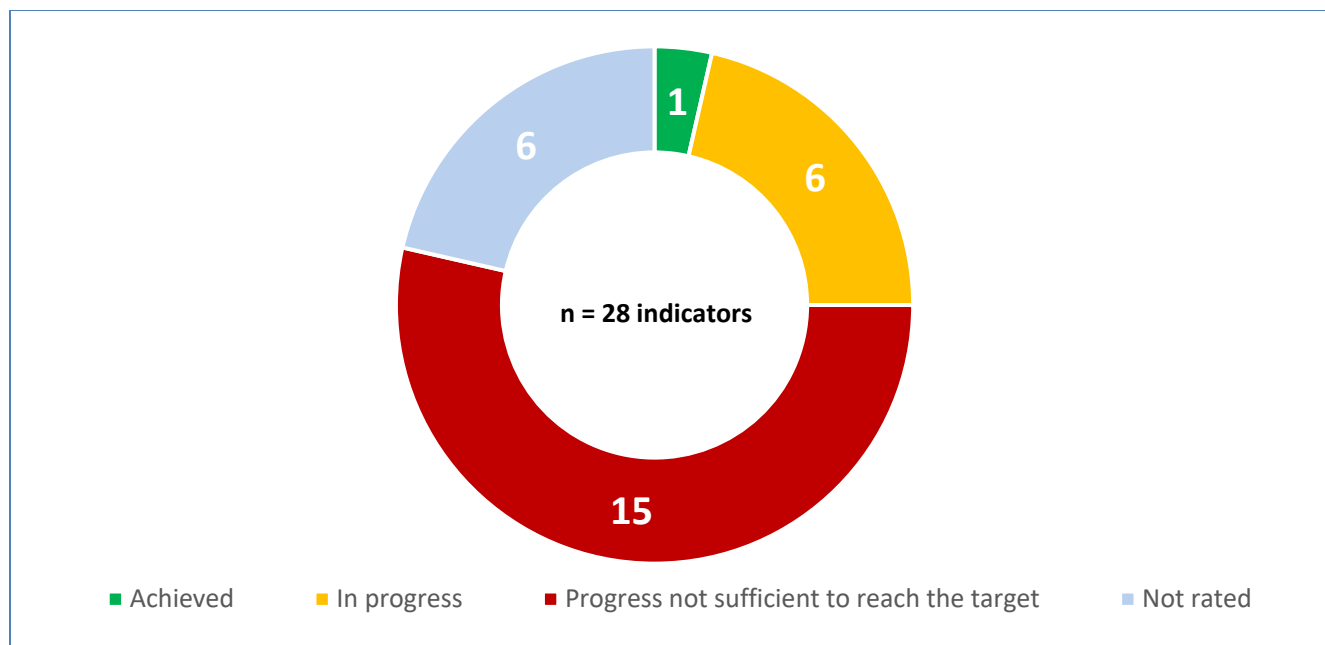
⁶ Impacts are sustainable changes in the health of populations, such as improved health and well-being and reduced morbidity, mortality, and equity gaps.

⁷ Outcomes are collective or individual changes in factors that affect population health, such as increased service coverage or access to services, increased capacity of health systems, and reduced health-related risks.














⁸ Outputs outline the specific results to be delivered in the biennium, such as policies, strategies, plans, laws, programs, services, norms, standards, and guidelines.
















⁹ Impact indicator 24 (Elimination of neglected infectious diseases) has disaggregated targets by disease but has one overall indicator rating, as shown in Table 1.

¹⁰ <https://pbdigital.paho.org/>.

Figure 1. Status of Impact Indicator Targets as of December 2023: Summary**Table 1. Status of Impact Indicator Targets as of December 2023, by Indicator**

Rating	Impact indicator	Baseline (year)	Target 2025	Status (year)
●	1. Reduction of within-country health inequalities	N/A (2019)	17 countries	15 countries (2022)
●	2. Health-adjusted life expectancy (HALE)	65.8 years (2019)	66.4 years	65.8 years (2019)
●	3. Neonatal mortality rate	8.1 deaths per 1000 live births* (2017)	6.9 deaths per 1000 live births	7.3 deaths per 1000 live births (2021)
●	4. Under-5 mortality rate	14.4 deaths per 1000 live births* (2017)	11.8 deaths per 1000 live births	12.9 deaths per 1000 live births (2021)
●	5. Proportion of children under 5 who are developmentally on track in health, learning, and psychosocial well-being	84.5% (surveys in 15 countries, 2010–2016)	90%	Not rated (see details in the PAHO Results Report Portal)
●	6. Maternal mortality ratio (MMR)	58.0 deaths per 100 000 live births* (2015)	35.0 deaths per 100 000 live births	65.8 deaths per 100 000 live births (2020)
●	7. Rate of mortality amenable to health care	93.2 deaths per 100 000 population* (2018)	77.6 deaths per 100 000 population*	92.2 deaths per 100 000 population (2019)

Rating	Impact indicator	Baseline (year)	Target 2025	Status (year)
	8. Proportion of adults 65+ who are care-dependent	8.0% (2010)	6.5%	Not rated (see details in the PAHO Results Report Portal)
	9. Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases*	14.6% (2016)	11.7%	14.0% (2019)
	10. Mortality rate due to cervical cancer (2019)	7.0 deaths per 100 000 female population* (2015)	4.6 deaths per 100 000 female population	6.7 deaths per 100 000 female population (2019)
	11. Mortality rate due to homicide among youths 15–24 years of age	34.0 deaths per 100 000 youths 15–24 years of age (2015)	32.0 deaths per 100 000 youths 15–24 years of age	34.3 deaths per 100 000 youths 15–24 years of age (2019)
	12. Proportion of ever-partnered women and girls 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months	7.0% (2018)	7.0% No increase	Not rated (see details in the PAHO Results Report Portal)
	13. Number of deaths due to road traffic injuries	154 000 deaths; 14.82 deaths per 100 000 population* (2016)	123 000 deaths; 10.85 deaths per 100 000 population	145 090 deaths; 14.10 deaths per 100 000 population (2021)
	14. Mortality rate due to suicide	8.2 deaths per 100 000 population (2014)	7.4 deaths per 100 000 population*	8.9 deaths per 100 000 population (2019)
	15. Incidence rate of measles	15.74 cases per 1 million population* (2018)	0 cases per 1 million population	0.07 cases per 1 million population (2023)
	16. Incidence rate of HIV infections	0.19 cases per 1000 population (2017)	0.09 cases per 1000 population	0.15 cases per 1000 population (2022)
	17. Rate of mother-to-child transmission of HIV	19.95% of births to women living with HIV* (2017)	2% of births to women living with HIV	18.07% of births to women living with HIV (2022)
	18. Incidence rate of congenital syphilis (including stillbirths)	2.15 cases per 1000 live births* (2017)	0.5 cases per 1000 live births	2.69 cases per 1000 live births (2019)
	19. Mortality rate due to chronic viral hepatitis	9.73 deaths per 100 000 population* (2017)	5.35 deaths per 100 000 population	9.99 deaths per 100 000 population (2019)
	20. Incidence rate of tuberculosis	27.4 cases per 100 000 population* (2015)	13.8 cases per 100 000 population	31.4 cases per 100 000 population (2022)
	21. Incidence rate of malaria	0.83 cases per 1000 population* (2015)	0.19 cases per 1000 population	0.78 cases per 1000 population (2022)

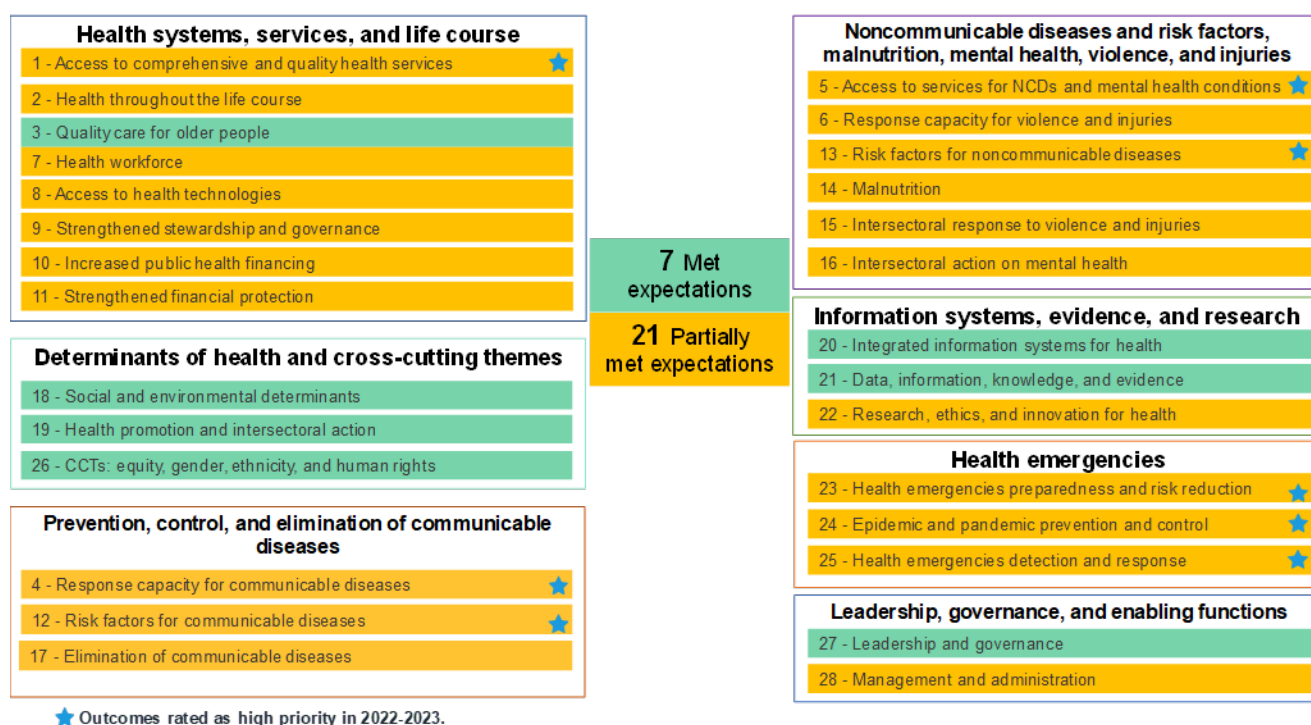
Rating	Impact indicator	Baseline (year)	Target 2025	Status (year)
	22. Number of endemic countries in 2015 that maintain or achieve elimination of malaria	3 of 21 countries (2018)	6 of 21 countries	4 of 21 countries (2023)
	23. Case fatality rate due to dengue	0.056% (2012–2018)	0.050%	0.050% (2023)
	24. Elimination of neglected infectious diseases in countries and territories			
	a. Trachoma	1 of 5 countries (2019)	3 of 5 countries	1 achieved, 2 in progress (2023)
	b. Chagas disease	17 of 21 countries (2019)	21 of 21 countries	17 achieved, 4 with insufficient progress (2023)
	c. Dog-mediated human rabies	32 of 35 countries (2019)	35 of 35 countries	31 achieved, 4 in progress (2023)
	d. Leprosy	17 of 23 countries (2019)	23 of 23 countries	17 achieved, 6 with insufficient progress (2023)
	e. Human taeniasis/cysticercosis	0 of 16 countries (2019)	3 of 16 countries	0 achieved, 3 with insufficient progress (2023)
	f. Lymphatic filariasis	3 of 7 countries (2019)	5 of 7 countries	3 achieved, 2 in progress (2023)
	g. Onchocerciasis	4 of 6 countries (2019)	6 of 6 countries	4 achieved, 2 with insufficient progress (2023)
	h. Schistosomiasis	3 of 10 countries (2019)	5 of 10 countries	0 achieved, 5 with insufficient progress (2023)
	25. Number of bloodstream infections per 1000 patients per year caused by carbapenem-resistant organisms	1.185 infections per 1000 patients (2015)	1.067 infections per 1000 patients	Not rated (see details in the PAHO Results Report Portal)
	26. Mortality rate attributed to household and ambient air pollution	36.27 deaths per 100 000 population* (2019)	34.45 deaths per 100 000 population*	Not rated (see details in the PAHO Results Report Portal)
	27. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene	4.96 deaths per 100 000 population* (2019)	3.97 deaths per 100 000 population*	11 of 33 countries have not met the target (2019)
	28. Mortality rate due to disasters per 100 000 population	TBD	At least a 10% reduction from the baseline	Not rated (see details in the PAHO Results Report Portal)

* Following the last assessment in 2022, updated information became available to PASB that required a change in the baseline or target.

Status of Outcomes and Outputs

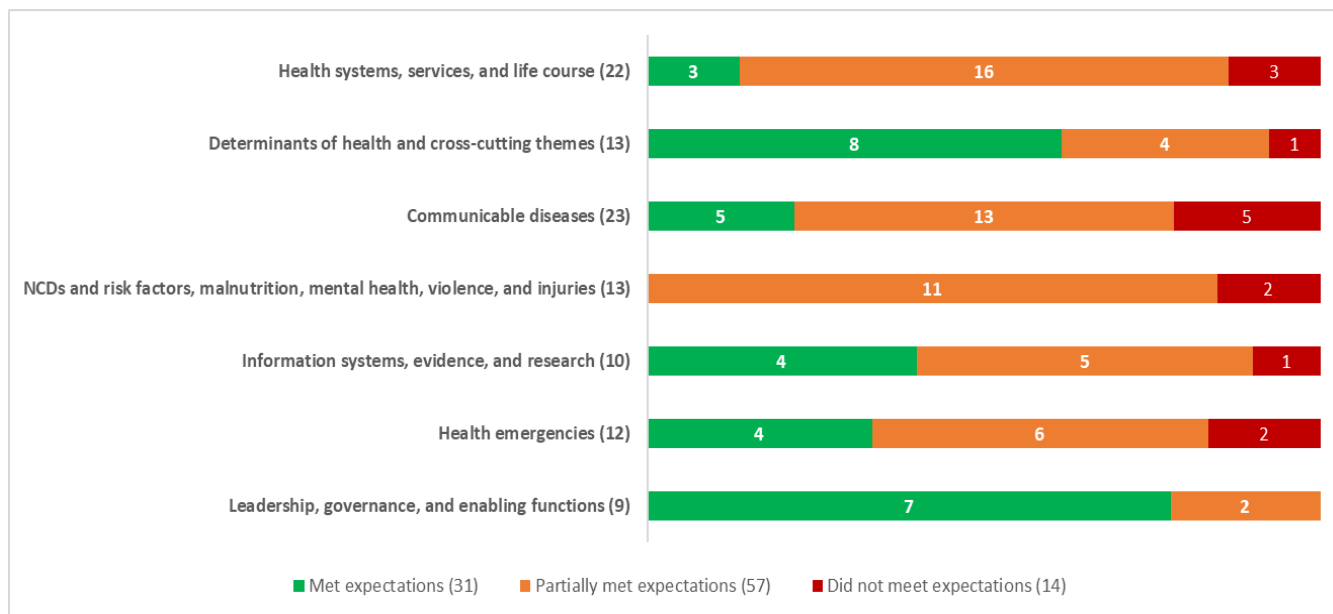
27. The assessment of outcomes and outputs, including their corresponding indicators, is based on the joint assessment with Member States. As shown in Figure 2, seven of the 28 outcomes (25%) were assessed as having met expectations for the 2022–2023 biennium. The other 21 outcomes (75%) were rated as having partially met expectations. At the output level, as shown in Figure 3, 31 of the 102 outputs (30%) were assessed as having met expectations for the 2022–2023 biennium. Fifty-seven outputs (56%) were rated as partially meeting expectations, and 14 outputs (14%) did not meet expectations.¹¹

Figure 2. Status of SP20–25 Outcomes



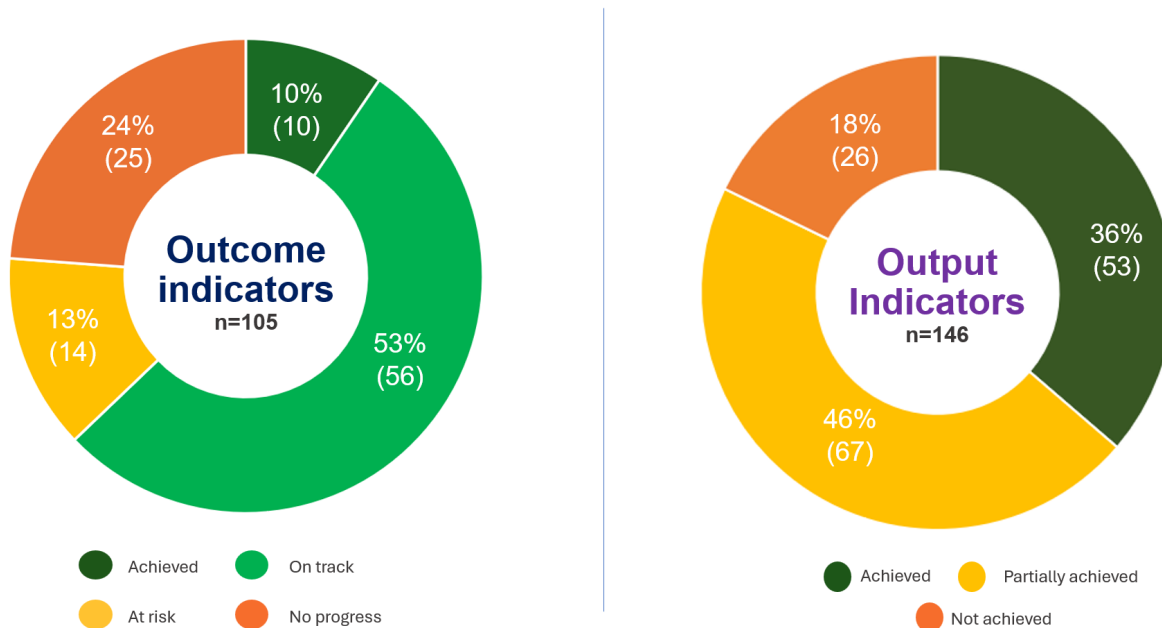
¹¹ Output indicator assessments have been reported for the past several biennia. However, for the first time in this 2022–2023 assessment, the output results are assessed in the same fashion as the outcomes, providing an additional layer of information on performance.

Figure 3. Status of PB22–23 Outputs



28. By the end of 2023, the Region had made significant progress toward the achievement of the outcome and output indicators, as the results of the joint assessment reveal. As shown in Figure 4, 66 of 105 outcome indicators (63%) were either achieved (10%) or on track (53%). Fourteen (13%) were rated as at risk, with 25 (24%) indicating no progress at all. Figure 4 also shows that 53 of 146 output indicators (36%) were achieved, while 67 (46%) were assessed as partially achieved and 26 (18%) exhibited no progress. Detailed assessments for all indicators are available on the PAHO Results Report portal.

Figure 4. Status of Outcome and Output Indicators



Analysis

29. As health systems in countries returned to normal service delivery and resumed monitoring routine administrative health statistics and information, it became possible to construct a clearer picture of the health situation in the Region in the post-pandemic period.¹² While significant progress has been made across all levels of the results chain, the assessment reveals insufficient progress at its higher levels. The overall trajectory of several impact indicators indicates that progress toward the SP20–25 impact targets is at risk, with only two years remaining in the SP20–25 period to turn the tide. If current trends hold, 54% of impact targets and about 24% of outcome targets are unlikely to be met by the end of 2025.

30. The following five impact indicators show a worrisome trend, moving away from rather than toward the target. In addition to spelling challenges for the SP20–25 targets, they raise concerns about reaching the related SDG and SHAA2030 targets to which they are linked.

- a) **Maternal mortality** (indicator 6): The 2025 target for MMR is 35 deaths per 100 000 live births (informed by the SHAA2030 target of 30), but the regional rate in 2020 was 65.8 deaths per 100 000 live births, higher than the 2015 baseline of 58.0. For the Region to achieve the target by 2025, it is necessary to reduce MMR annually at an average rate of 5%. However, from 2015 (baseline year) to 2020 (the last year with available information), MMR increased annually at an average rate of 2.5%. The largest excess of maternal deaths occurred in 2020 due to the COVID-19 pandemic and its impact on health services, which included interruption in antenatal care and reduced access to qualified childbirth care, among other challenges. Nonetheless, insufficient prioritization of maternal health in the health agendas of some Member States and a lack of criteria for focusing actions on population groups in greater conditions of vulnerability had already led to a worsening trend before 2020. The Director of PASB has created 12 Strategic Advisory Groups to guide strategic and technical direction, one of which focuses specifically on reducing maternal mortality.
- b) **Suicide** (indicator 14): Average mortality due to suicide among countries of the Region has increased from 8.2 deaths per 100 000 population in 2014 to 8.9 deaths per 100 000 population in 2019, with notable differences between Member States. The regional target of 7.4 deaths per 100 000 population will not be achieved without significant action to address the political, economic, and social drivers that shape national capacities for suicide prevention.
- c) **Congenital syphilis** (indicator 18): The 2022 status of 2.69 cases of congenital syphilis per 1000 live births, compared to the 2017 baseline of 2.15 cases per 1000 live births, indicates that the situation has worsened. The available data reveals a consistent increase in congenital syphilis rates between the years 2000 and 2020. Without the implementation of overdue strategic and effective public health interventions, using both proven and novel approaches, congenital syphilis incidence rates are projected to continue to increase through the year 2025.
- d) **Chronic viral hepatitis** (indicator 19): The situation has likewise worsened for the age-adjusted mortality rate due to chronic viral hepatitis, which rose from 9.73 deaths per 100 000 population in 2017 to 9.99 deaths per 100 000 population in 2019. Projections indicate an average annual

¹² On 5 May 2023, WHO declared the end of the COVID-19 pandemic as a public health emergency of international concern. As a result, the period after this date is considered “post-pandemic.”

increase in mortality of 1.1% between 2017 and 2025. To reach the 2025 target of 5.35 deaths per 100 000 population, an annual reduction of 5.4% is needed. Promoting adequate access to diagnosis and treatment remains a major challenge that threatens the achievement of disease elimination targets for 2030. Although political commitment to addressing chronic viral hepatitis has increased in the Region, there needs to be stronger implementation of policies and initiatives addressing the disease, along with better use of treatments that have proven effective. In recent years the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund) has successfully reduced prices for antivirals that can cure more than 95% of chronic hepatitis C infections.

- e) **Tuberculosis** (indicator 20): The Region is still experiencing the impact of more than two years of tuberculosis program disruptions caused by the COVID-19 pandemic. WHO estimates that the TB incidence rate increased to pre-pandemic levels in 2022, at 31.4 cases per 100 000 population, compared to 27.4 cases per 100 000 population in 2015. Countries are making significant efforts to increase case diagnosis and reverse the escalating incidence rate. In 2022, notification levels for TB cases reached pre-pandemic levels. PASB is working with Member States to accelerate the adoption and expansion of proven technologies and strategies for combating the spread of TB while also taking steps to ensure sustainability of the response by adhering to the WHO Multisectoral Accountability Framework for TB.

31. There are also other indicators of serious concern, including those related to NCDs, youth homicide, road traffic injuries, HIV, and more. Some of these are moving in the right direction, but progress is not sufficient to meet the 2025 targets. Moreover, even as the regional trends are lagging, substantial disparities persist within and between countries, particularly in the eight key countries targeted by PASB for differentiated support. These gaps and disparities call for accelerated and coordinated actions at national, subnational, and regional levels, with innovative approaches focused on strategic priorities that are essential to progress toward the targets.

32. Progress has been made in achieving other impact-level results, benefiting health and well-being in the Region. The assessment of impact indicator 1, reduction of within-country health inequalities, shows that Member States are making progress toward the aspirations of the SP20–25. There has been a notable increase in the number of countries that have reduced inequality gaps, from four countries as reported in the 2020–2021 assessment to 15 countries as reported in the present assessment. Additionally, notwithstanding the need for additional data that takes into account the pandemic's effects, the neonatal mortality rate (indicator 3) and the under-5 mortality rate (indicator 4) continue their encouraging downward trend. The Region is also making headway toward controlling the transmission of measles (indicator 15), thanks to strengthened surveillance and routine immunization as reported below, and toward the elimination of malaria (indicator 22).

33. At the outcome level, the assessment rated seven outcomes as having met expectations and 21 outcomes as having partially met expectations. This is starkly different from the picture at the end of the 2020–2021 biennium, when 17 outcomes met expectations and 11 outcomes partially met expectations. Additionally, all eight outcomes collectively rated as high priority by Member States for the 2022–2023 biennium partially met expectations: Outcome 1 (Access to comprehensive and quality health services), Outcome 4 (Response capacity for communicable diseases), Outcome 5 (Access to services for NCDs and mental health conditions), Outcome 12 (Risk factors for

communicable diseases), Outcome 13 (Risk factors for NCDs), Outcome 23 (Health emergencies preparedness and risk reduction), Outcome 24 (Epidemic and pandemic prevention and control), and Outcome 25 (Health emergencies detection and response).

34. The outcomes assessed as partially meeting expectations saw mixed progress due to limited resources, the impact of COVID-19, and systemic barriers that prevent the necessary scaling up of interventions. Despite promising inter-programmatic initiatives and innovative interventions yielding some results, the achievement of targets by Member States with the support of PASB and partners has proved difficult in the post-COVID context. Difficulty in reaching impact and outcome targets stems from an array of factors that go beyond the capacity of PASB to resolve. Outcome 5, for example, involves an expansive and complex set of tasks, with ambitious indicators that require a longer period for changes to materialize. In the case of Outcome 23, shortfalls in funding and persistent deficiencies in International Health Regulations core capacities at national level prevent the full achievement of targets for emergency preparedness.

35. Specific issues that hinder progress in each outcome cluster vary, but some are common across clusters. They include inconsistent levels of political commitment to addressing priority areas, limited institutional capacity, insufficient intersectoral action, and insufficient attention to addressing health inequities. Also important are weaknesses in information systems and lack of integrated data systems to connect information on the determinants of health to their effects on health outcomes in a disaggregated manner. Finally, financial and human resources within Member States are frequently inadequate to support work of the scope and magnitude required to strengthen services. The Annex provides further details on the achievements, challenges, and impact on the ground by outcome cluster.

36. At the output level, which represents the two-year commitment for the program budget cycle, the performance is uneven across outcome clusters. Collaboration between PASB and Member States has led to numerous advances in policies, strategies, plans, and tools. The challenge lies in translating these into collective and individual changes in the factors that affect overall population health and well-being, such as increased national capacity, increased service coverage or access to services, and reduction of health-related risks.

37. In this context, strengthening health systems based on PHC and bolstering country capacity to act on the social determinants of health is critical. Adoption of proven, high-impact interventions can generate better results and increased momentum. Examples include interventions under Every Woman Every Child, which have proved successful in supporting the decrease in neonatal and under-5 mortality rates, and those under the HEARTS initiative, which have improved the capacity of health services to tackle cardiovascular disease. Reprioritizing the health agenda is also essential. The focus should be on preventing avoidable deaths while at the same time promoting good health and well-being, particularly among groups in conditions of vulnerability, to prevent morbidity, disability, and mortality.

38. Where expectations were met, success factors included the adoption of intersectoral interventions and inter-programmatic approaches. This included integration of the social determinants of health, linking them to the Disease Elimination Initiative and to Better Care for NCDs. Recognizing the linkages between health and the economy, countries deployed additional resources to increase and improve public investment in health systems based on PHC. With support from PASB, lessons learned

from the pandemic were incorporated into health system reforms and influenced the development of other initiatives, such as those to expand the production capacity for health technologies.

39. This assessment has also shown the importance of defining indicators based on criteria labeled “SMART” (specific, measurable, achievable, relevant, time-bound) and “CREAM” (clear, relevant, economic, adequate, monitorable); setting targets that are realistic; and investing in information systems that can produce timely, accurate, high-quality, disaggregated data. For example, six impact indicators could not be rated due to insufficient data: indicator 5 on early childhood development, indicator 8 on care dependence among older adults, indicator 12 on physical and/or sexual violence, indicator 25 on bloodstream infections linked to antimicrobial resistance, indicator 26 on household and ambient air pollution, and indicator 28 on deaths due to disasters. In addition to being commitments set out in the SP20–25, four of the six indicators are linked to SDGs and reporting for the WHO GPW 13, and four are linked to SHAA2030 targets. This underscores the importance of developing viable options going forward.

40. PASB will pursue alternative methods for measuring these six areas for the remainder of the 2020–2025 period, where possible, in collaboration with stakeholders. For example, it is proposed to adopt the Early Child Development Index 2030 formulated by the United Nations Children’s Fund (UNICEF) as an alternative for measuring early childhood development (indicator 5). Alternatives are being developed for the measurement of care dependence among older adults in collaboration with the Inter-American Development Bank (indicator 8). If these options do not prove viable and the indicators continue to be unmeasurable, PASB will discontinue them and inform PAHO Governing Bodies accordingly in the final report on the Strategic Plan in 2026. PASB further proposes to use other existing, related indicators where available, including those currently found at the outcome level, to provide strategic information for decision-making and assessment purposes.

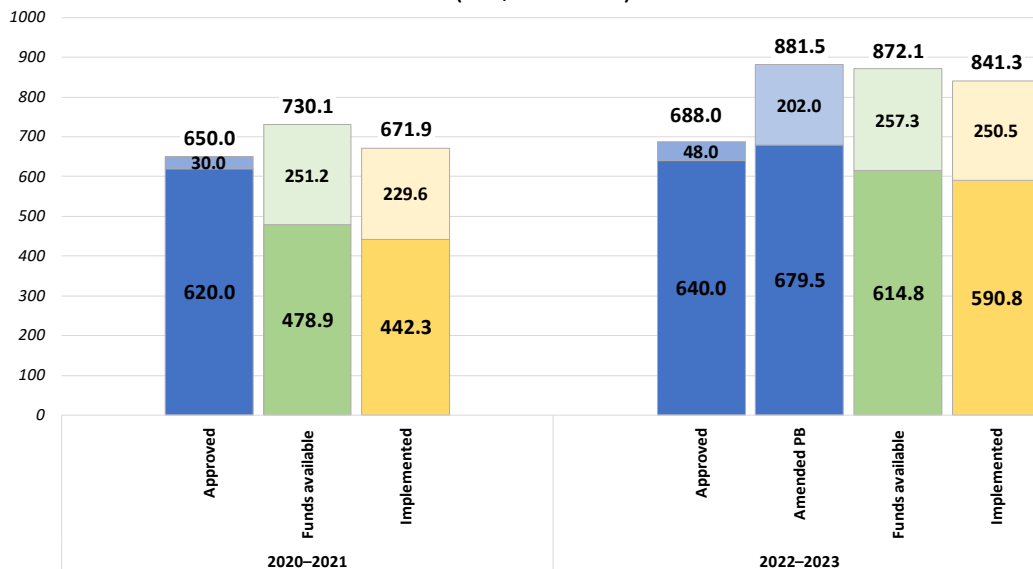
IV. Financing and Implementation of the PAHO Program Budget 2022–2023

41. In September 2021, Member States approved the Program Budget of the Pan American Health Organization 2022–2023 in the amount of \$688 million, comprising \$640 million for base programs and \$48 million for special programs and emergencies. Member States subsequently approved an amendment to this Program Budget in 2022 through the adoption of Resolution CSP30.R1, increasing the total budget to \$881.5 million, with \$679.5 million for base programs and \$202 million for special programs. These changes were made necessary by increased technical cooperation related to the COVID-19 pandemic response, reflected in the special programs and emergencies segment of the budget, and by changes in the WHO allocation to the Region of the Americas.

42. During the 75th World Health Assembly in May 2022, Member States approved the proposed revision to the WHO Programme budget 2022–2023 (Resolution WHA74.3), with an overall increase of WHO's budget of \$604.4 million. This increase included a revision of the WHO allocation to the Regional Office for the Americas (AMRO) in the amount of \$39.5 million (from \$252.6 million to \$292.1 million). This is 16% more than the initial approved budget for the 2022–2023 biennium.

43. Of the total approved Program Budget, as illustrated in Figure 5, funds available for implementation amounted to \$872.1 million, including \$614.8 million for base programs (representing 96.2% of the approved base budget) and \$257.3 million for special programs, which was above the \$202 million approved. At the close of the biennium, \$841.3 million (\$590.8 million for base programs and \$250.5 million for special programs), or 95.4% of the total approved budget, had been fully implemented. This level of implementation is substantially higher than that observed during the prior biennium, with base programs showing a 34% higher implementation (\$590.8 million compared to \$442.3 in the PAHO Program Budget 2020–2021).

**Figure 5. PAHO Program Budgets 2020–2021 and 2022–2023:
Overview of Budget and Implementation
(US\$ millions)**

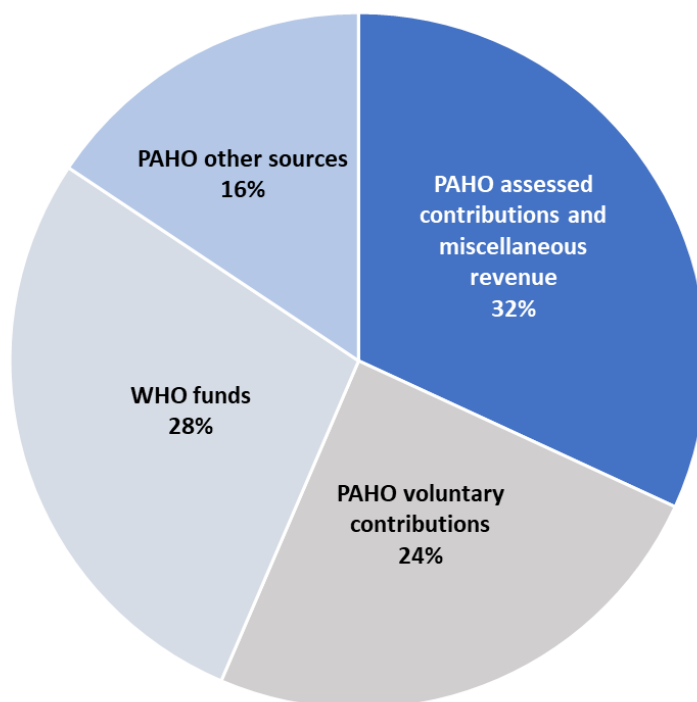


Bottom colors: Base programs
Light upper colors: Special programs and emergencies

Financing of the Program Budget 2022–2023

44. During 2022–2023, PAHO secured a total of \$937.2 million, which represented a 6% (\$55.7 million) overfinancing of the approved total budget as amended.¹³ Base programs received 96.2% funding (\$653.6 million of \$679.5 million approved). Special programs received \$283.6 million, representing 40.4% more than the amount that had been projected as a placeholder. Of this amount, 91% (\$257 million) was assigned to Outbreak and Crisis Response (OCR) to address the COVID-19 pandemic and other health emergencies. The additional funds received for OCR resulted in the overfinancing of the total Program Budget, as noted above. Due to the different timing of resources mobilized, however, not all funds become available for implementation, producing a gap between the total financing and the funds reported as available for implementation. Figure 6 shows the funding sources for base programs.

Figure 6. PAHO Program Budget 2022–2023: Funding Sources for Base Programs

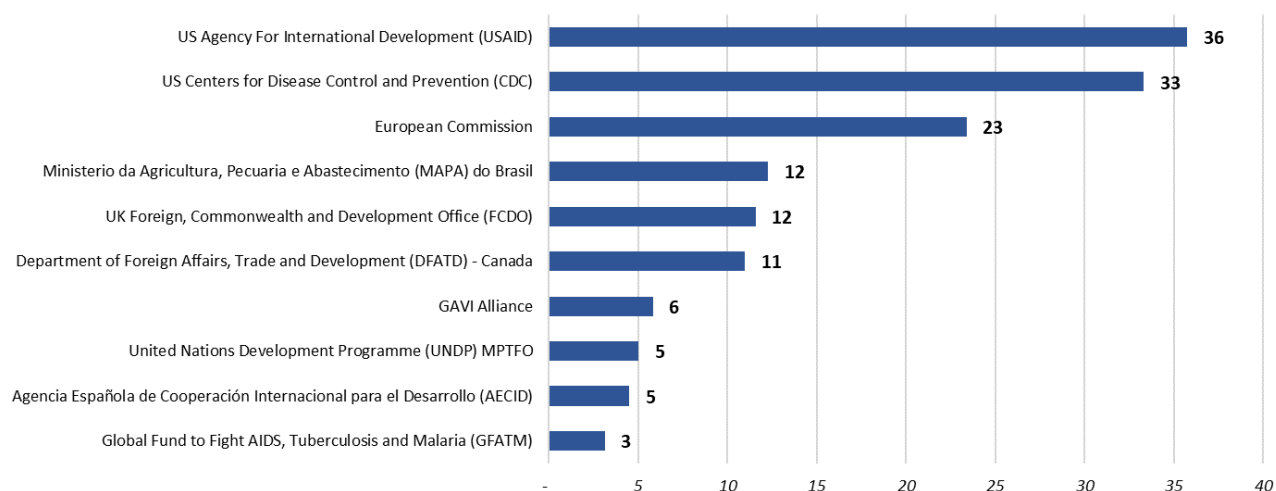


45. **Assessed contributions and budgeted miscellaneous revenue** constituted 32% of total funds expected to finance the base programs of the PB22–23. Since PAHO’s assessed contributions are considered financial commitments from Member States, they are counted as available funds in full at the start of the biennium. This highlights the importance of receiving timely quota payments from Member States so that the Organization can respond effectively to their priorities in the approved Program Budget and its corresponding operational plans.

¹³ Financing represents the funds secured from all sources (\$937.2 million), including assessed contributions, while “funds available” (\$872.1 million) represents the portion of the financed amount distributed to implementing entities within PASB.

46. **PAHO voluntary contributions** amounted to 24% of all funding sources for base programs. Resource mobilization efforts yielded \$160.5 million in voluntary contributions during 2022–2023, though some of these funds correspond to multi-year agreements that extend beyond the specific biennium. As shown in Figure 7, 86% of all voluntary contributions available for implementation in 2022–2023 originated from 10 donors. While PASB highly values the trust of its partners and their commitment to support the Program Budget, the Organization does recognize the critical need for greater flexibility of funds and improved alignment with priorities set out in its mandates.

Figure 7. Top 10 Donors to PAHO Program Budget 2022–2023
(US\$ millions)

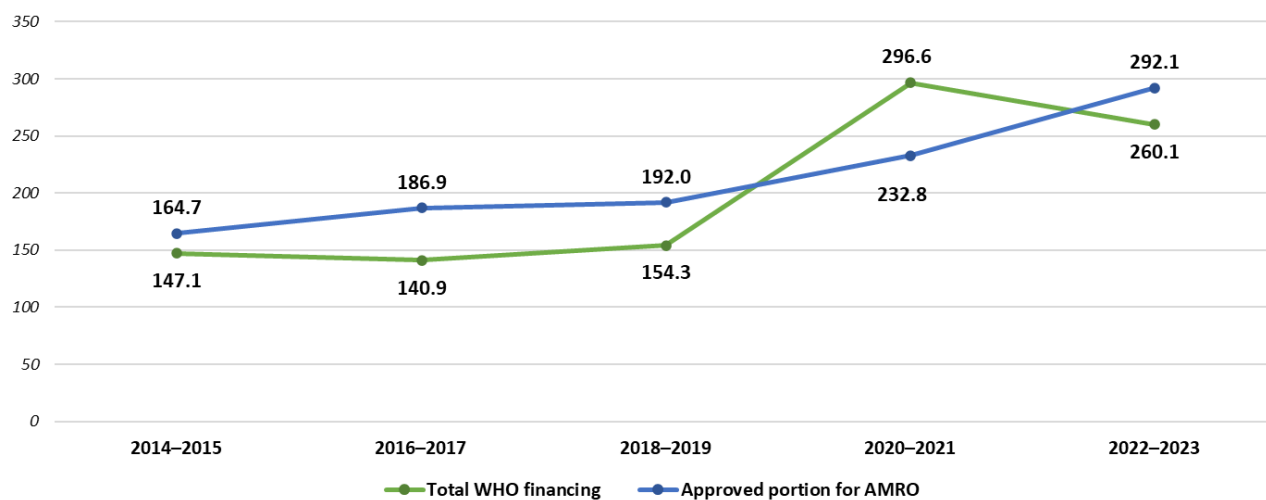


47. As of 31 December 2023, the AMRO base program budget was financed in the amount of \$182.4 million (62% of the approved base program budget), of which \$123.2 million came from WHO flexible funds and \$59.2 million from voluntary contributions. This amount is 7% (\$12 million) higher than in the 2020–2021 biennium and represents 28% of the funding for PAHO base programs in 2022–2023.

48. When AMRO special programs are considered (\$77.7 million), total financing of the AMRO portion of the WHO PB22–23 amounted to \$260.1 million.¹⁴ This is 12% less than in the 2020–2021 biennium because of a reduction in voluntary contributions for the COVID-19 pandemic that was not completely compensated by the increase in base programs. Despite this overall reduction, financing of the AMRO portion of the WHO PB22–23 continues to show an increasing trend over prior biennia, as shown in Figure 8.

¹⁴ Of the \$260.1 million distributed to AMRO as of 31 December 2023, approximately \$3.8 million was left undistributed to cost centers because the funds were in the process of being carried forward to 2024–2025 or had expired as of that date.

Figure 8. WHO-Approved Budget Levels and Financing for AMRO
(US\$ millions)



Note: “The approved portion for AMRO” refers to fiscal space from the WHO Programme budget that has been assigned to the Region of the Americas. It may or may not be fully funded.

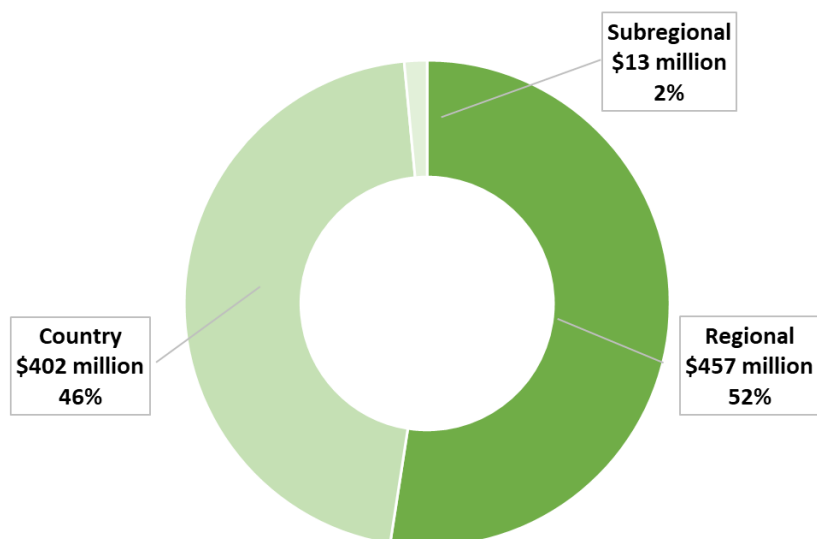
49. Finally, PAHO’s **other sources** of funding for the PB22–23 include funds from cost-recovery mechanisms as well as surpluses and sales of services in a given budgetary period. These funds amounted to \$102.2 million, or 16% of total available funds for base programs in 2022–2023. They comprised \$37.7 million generated from the 1.75% levy for administrative costs on transactions of the Revolving Fund for Access to Vaccines (37% of the total); \$25 million from the Special Fund for Program Support Costs (24%); \$22 million from the Master Capital Investment Fund to fund the Headquarters renovation project (21%); \$8.8 million from the Program on Essential Medicines and Supplies (PROMESS) (9%); and \$8.7 million from other special funds (9%).

Implementation of the Program Budget 2022–2023

50. Figure 9 presents the distribution of funds available for implementation in all segments across PASB. In 2022–2023, PASB allocated \$415.0 million (48%) of its available funds to the country and subregional levels.

51. In light of PASB’s strong commitment to prioritize its work at the country level, and in accordance with the PAHO Budget Policy, it is essential to note that the distribution of funds to the country level was above the mandated 45%. Furthermore, technical and enabling functions coordinated by the regional level also benefit the country and subregional levels.

**Figure 9. PAHO Program Budget 2022–2023:
Funds Available by Functional Level**



Base Programs

52. At the end of the 2022–2023 biennium, the available funding for base programs was \$614.9 million, of which 96% was implemented. In light of the interconnection between outcomes, and to provide a more comprehensive view, the 28 outcomes of the SP20–25 have been grouped into seven clusters by thematic area. Table 2 shows the funding for each outcome cluster as a percentage of its approved budget.

**Table 2. PAHO Program Budget 2022–2023:
Funds Available as Percentage of Approved Budget, by Outcome Cluster**

Outcome cluster	December 2021	December 2023
Communicable diseases	73%	94%
Determinants of health and cross-cutting themes	87%	83%
Health emergencies	110%	76%
Health systems, services, and life course	63%	77%
Information systems, evidence, and research	69%	100%
NCDs and risk factors, malnutrition, mental health, violence, and injuries	61%	78%
Leadership, governance, and enabling functions	86%	110%



53. The funding of the outcome clusters in relation to the approved Program Budget varies greatly. The overall financing of the clusters improved over the prior biennium, except for the health emergencies cluster, whose funding percentage decreased due to an increased budget space (following revision of the WHO PB22–23) that was not commensurately funded. The leadership, governance, and enabling functions cluster was overfunded due to investments earmarked for renovations of PAHO’s Headquarters building.

54. A deeper analysis reveals that absolute and relative levels of financing varied greatly across the 28 outcomes of the Strategic Plan, as shown in Figure 10. Of the 28 outcomes, seven were overfunded with respect to their approved budget. Three of these outcomes were defined as high priority by Member States. Thirteen of the 28 outcomes received above 80% financing with respect to their approved budget, which is considered a threshold for solid financing.

Figure 10. Level of Financing and Priority by Outcome 2022–2023



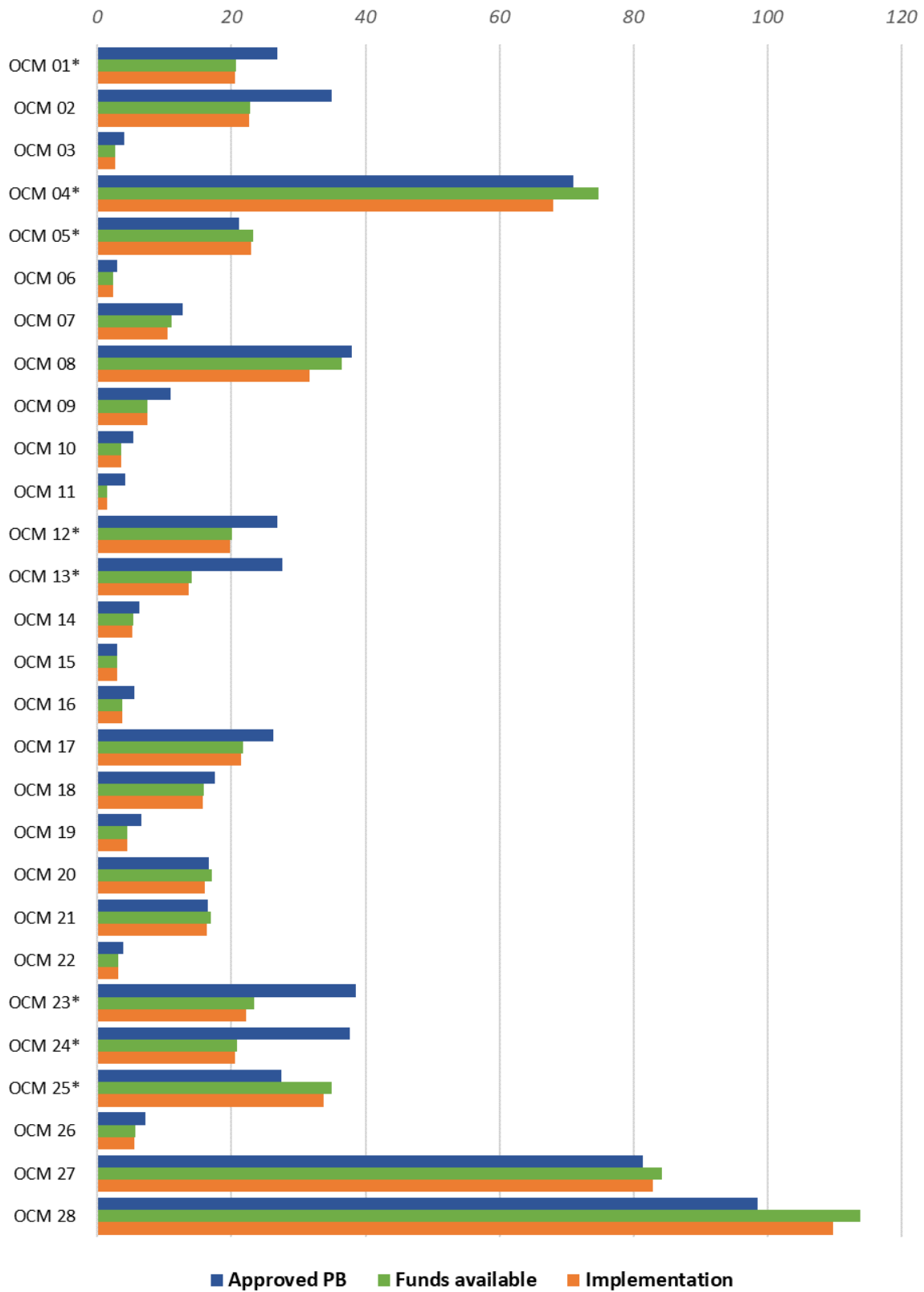
55. The outcomes with the lowest percentage of financing were Outcome 11 (Strengthened financial protection), Outcome 13 (Risk factors for NCDs), and Outcome 24 (Epidemic and pandemic prevention and control). Reasons for underfinancing include the highly earmarked nature of some voluntary contributions as well as the limited interest of donors in certain priority areas. Nevertheless, due to the integrated nature of the outcomes in the Strategic Plan, funding in one outcome can help compensate for the lack of funding in another, thereby contributing to PAHO’s priorities in an integrated manner. In addition, some outcomes benefit programmatically from funding through the OCR component, thereby helping to overcome the underfunding of base programs.

56. The Bureau strives to reduce funding gaps in high-priority outcomes, using more flexible funds when needed. It should be noted that the cross-cutting themes and PAHO’s leadership, governance, and enabling functions rely primarily on flexible funds.

57. Outcome 1 (Access to comprehensive and quality health services), Outcome 4 (Response capacity for communicable diseases), and Outcome 5 (Access to services for NCDs and mental health conditions) fall in the top tier of prioritization and are three of the technical outcomes that received the highest amount of flexible funding. Still, given the reliance on flexible funding for many other outcomes, and with insufficient voluntary contributions for some other outcomes, the Organization has not been able to completely close the financial gaps for all high-priority (Tier 1) outcomes. The gaps for Outcome 12 (Risk factors for communicable diseases), Outcome 13 (Risk factors for NCDs), Outcome 23 (Health emergencies preparedness and risk reduction), and Outcome 24 (Epidemic and pandemic prevention and control) were 25%, 49%, 39%, and 45% of their approved budgets, respectively.

58. It is important to note that when implementation is measured against funds available, as shown in Figure 11, 27 of the 28 outcomes exceeded 90% implementation and one outcome was at 87%. This shows the positive relationship between availability of funds and delivery of technical cooperation.

**Figure 11. PAHO Program Budget 2022–2023:
Approved, Available, and Implemented Funds, by Outcome
(US\$ millions)**

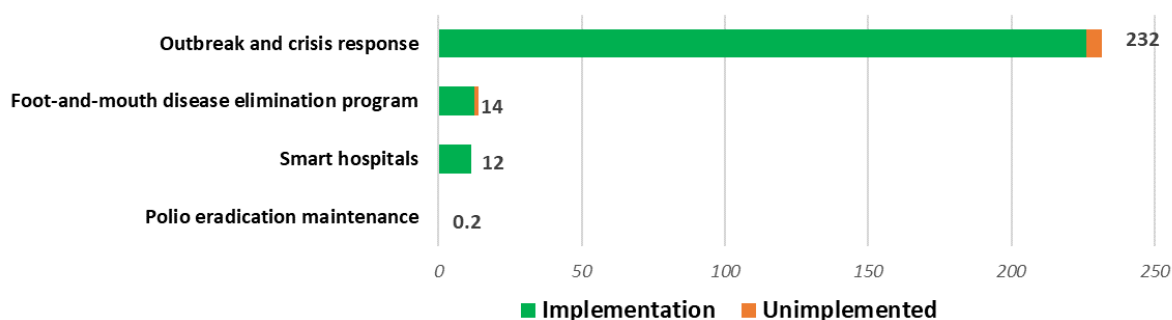


* High priority

Special Programs

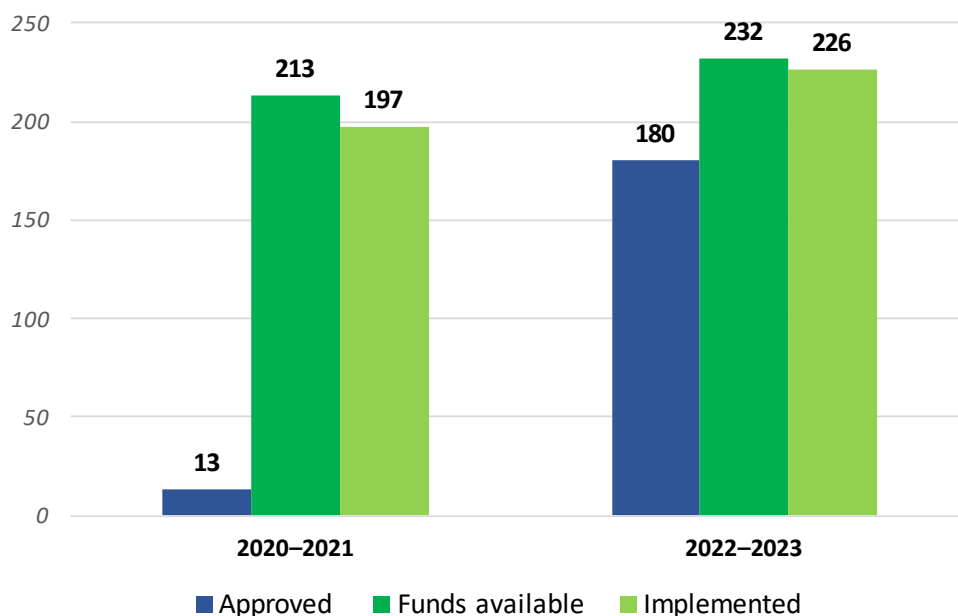
59. As defined in the approved PB22–23, the special programs component is considered a placeholder, given the uncertainty regarding needs and funding of this component at the time when the Program Budget was developed. Because of the COVID-19 pandemic, PASB received much more funding for special programs than the approved placeholder amount for the biennium (\$202 million). The available funding for special programs amounted to \$257.3 million in 2022–2023, of which \$231.6 million (90%) was concentrated in OCR. The Smart Hospitals Initiative was assigned \$12 million (4%), while the remaining \$14 million (5%) funded foot-and-mouth disease eradication. The amount received for polio eradication maintenance was \$156 000 (Figure 12).

**Figure 12. Special Programs:
Funds Available and Implementation
(US\$ millions)**



60. Figure 13 illustrates the available funding and implementation of the OCR component for 2020–2021 and 2022–2023. In 2022–2023, OCR had an estimated placeholder of \$180 million. However, because of the COVID-19 pandemic, PAHO received a total of \$231.6 million for this component, representing 9% more than what was received in 2020–2021, due to the influx of voluntary contributions from Canada, the United States, and other donors. Regardless of the increase in financing, 98% of available funds were implemented. In addition to the continued pandemic response, PAHO supported efforts to maintain an effective emergency response to more than 40 public health emergencies in the Americas, including hurricanes, prolonged droughts in Brazil and Suriname, and heavy rainfall that resulted in floods and landslides across Brazil, Colombia, Ecuador, Guatemala, Paraguay, and Peru. PAHO also responded to outbreaks of waterborne, vector-borne, and vaccine-preventable diseases across the Region. These acute events unfolded within the context of multiple complex emergencies and persistent mass migration, compounded by a general escalation in armed violence and insecurity throughout the hemisphere. During this period, PAHO scaled up its emergency support for Cuba and the Bolivarian Republic of Venezuela while working closely with Haiti and key partners in response to that country's humanitarian situation.

**Figure 13. Outbreak and Crisis Response:
Approved, Available, and Implemented Funds
(US\$ millions)**



National Voluntary Contributions

61. Although they are not part of the Program Budget, government-sponsored initiatives, known as **national voluntary contributions (NVC)**, are an important funding modality that complements the financing of PASB technical cooperation at country level. Like Program Budget funds, NVCs are managed in accordance with PAHO Financial Regulations and Financial Rules, and they are regularly audited and reported on financial statements. The programmatic achievements to which NVCs contribute are reported as part of the Organization’s overall results.

62. Table 3 lists the governments that utilized this modality of technical cooperation and financing in 2020–2021 and 2022–2023. Compared to the previous biennium, two additional governments, Belize and Jamaica, implemented funds through PAHO during 2022–2023. It is important to note that NVCs do not follow Program Budget timelines, and therefore the amounts financed during 2022–2023 are frequently not intended to be fully implemented in that same period.

**Table 3. National Voluntary Contributions Provided to PAHO
and Implemented during 2020–2021 and 2022–2023
(US\$)**

Government	Implemented 2020–2021	Implemented 2022–2023
Argentina	3 404 330	2 625 493
Belize	-	159 469
Brazil	87 959 929	132 210 088
British Virgin Islands	161 726	-
Colombia	199 413	723 811
Costa Rica	886 687	974 784
Dominican Republic	14 575 160	1 498 231
Ecuador	27 626	1 110 662
Guyana	101 458	-
Haiti	6 250 590	1 460 127
Honduras	754 042	751 276
Jamaica	-	245 952
Mexico	1 633 607	849 057
Nicaragua	883 199	3 126 910
Panama	533 948	1 739 880
Paraguay	70 611	-
Uruguay	4 173	-
Venezuela (Bolivarian Republic of)	10 576 782	1 391 451
Total NVCs	128 023 281	148 867 191

V. Risk Analysis

63. The 2022–2023 biennium was a transitional period marked by several events, including the end of the pandemic, the start of the term of the 11th Director of PASB, and the launch of the PAHO Forward initiative. In that context, management of risks was critical for the work of PASB to support Member States in delivering health outcomes. Risk management helped ensure that PASB could continue its work to strengthen the Organization’s country focus, support country efforts to overcome persistent inequities, build health systems able to achieve universal health and respond to emerging threats, and recover from the COVID-19 pandemic, all while strengthening the Bureau’s efficiency, transparency, and accountability. Table 4 summarizes the major risks considered during the 2022–2023 biennium.

64. In some respects, the biennium was characterized by the return to a “new normal” following the COVID-19 pandemic. Traditionally predominant risks regained importance, including inflation, cost-of-living crises, supply chain shortages, capital outflows from emerging markets, widespread social unrest, geopolitical confrontation and an increasing tendency to focus domestically, low growth and investment, a decline in human development, and the growing pressure of climate change impacts that increase natural disasters. The new normal was also characterized by a situation of “polycrisis,” with multiple, simultaneous risks that may affect the performance and delivery of technical cooperation and that therefore require constant monitoring.

65. Against this backdrop, several operational risks emerged during the biennium. Among them were risks linked to cybersecurity, data breaches, compliance and internal controls, the expansion of infodemia and misinformation on public health topics, and limited ability to support operational and process changes across PAHO. Risks linked to personnel included challenges to attract and retain staff, difficulty in positioning the right personnel in the right place at the right time in order to respond to increasing demands, as well as limited staff opportunities to grow and progress, which may result in reduced engagement, productivity, and effectiveness.

Table 4. Risk Areas of Focus Managed during 2022–2023

Risk area of focus	Details
Dependence upon and need to ensure Member States’ funding of their financial commitments	<ol style="list-style-type: none"> 1. Failure of some Member States to comply with financial commitments (assessed contributions) 2. Insufficient resources or declines in investment to implement and achieve the PAHO Strategic Plan, including funds obtained through voluntary contribution mechanisms 3. Governance collapse or crisis that may delay compliance with financial obligations or derail programmatic development
Ability to support Member States’ needs through mobilization of resources, leveraging of partners and donors, and timely response	<ol style="list-style-type: none"> 1. Failure to respond rapidly to Member States’ needs in emergencies (outbreaks and natural disasters) 2. Lack of diversity of partners and donors 3. Failure to develop and implement resource mobilization plans

Risk area of focus	Details
Ability to attract and retain talent with skills and competencies suited to new work modalities	<ol style="list-style-type: none"> 1. Time or resource constraints that make it difficult to continuously maintain and update required skills and competencies of existing staff 2. Inability to attract and retain staff with competencies and skills required to support programmatic commitments
Competing national priorities that reduce attention to health priorities	<ol style="list-style-type: none"> 1. Increasing scale of the COVID-19 emergency and new humanitarian crises that may affect health outcomes 2. Information systems with limited disaggregated data and scarce data on the social determinants of health
System/technology infrastructure readiness to support digital transformation	<ol style="list-style-type: none"> 1. Insufficient resources for development of applications to ensure workplace modernization and business continuity 2. Increase in cyberattacks that can affect the normal functioning of PAHO operations 3. Increase in demand for technology and lack of compliance with information technology governance
Social events and/or natural disasters that may impact PAHO staff security and operations	<ol style="list-style-type: none"> 1. Failure to implement safety protocols to ensure health, well-being, and/or security of personnel 2. Lack of updated business continuity plans in PAHO duty stations 3. Lack of updated emergency plans in place
Reputation of PASB	<ol style="list-style-type: none"> 1. Potential for fraud, conflict of interest, or misconduct 2. Misinformation that may affect PAHO's reputation and/or certain public health programs 3. Lack of due diligence in engagements with external partners

66. To manage risks, a range of mitigation actions were integrated into the regular program of work at the entity level and regularly monitored by the Enterprise Risk Management and Compliance Standing Committee and by Executive Management. They included the development and review of policies and procedures, regular confirmation of compliance with specific processes, monitoring of implementation of donor agreements, training to build internal capacity, regular and ad hoc consultations with Member States, maintaining communications with internal and external stakeholders regarding PASB progress and challenges, monitoring of implementation of PASB response during health emergencies, exercising duty of care, and conducting risk assessments and audits.

67. Risks were also closely monitored and reviewed as part of the established internal processes, such as the six-monthly performance monitoring and assessment (PMA) review and the regular review by Executive Management of recommendations from the auditors, among other mechanisms. In addition, the Director's Strategic Dialogue was established to maintain an open forum with a more proactive approach to discuss daily decision-making at operational and strategic levels. This dialogue represents an opportunity for managers to be informed about risks and timely mitigation actions, rather than considering risk management to be a separate administrative process. PASB also worked to mobilize resources and implement projects through effective collaboration with partners in line with standards for accountability and transparency.

68. Over time, PAHO has consolidated enhancements in the identification, prioritization, and response to risks across the Organization, with improved visualization of risks through the corporate risk register, regular updating of Executive Management, and management of projects funded by voluntary contributions and projects related to emergencies. In 2023, as part of PAHO Forward, PASB conducted a maturity assessment of its risk management program and a risk evaluation exercise. The purpose was to define risk appetite and to better understand how to strengthen PASB's managerial capacity to move from a risk-averse or risk-blind position to one of greater risk-taking, but with accountability. Based on this new approach, after studying the number and volume of administrative operations performed in country offices, it was decided that the delegation of authority to PAHO/WHO Representatives should be increased. This increase in delegated authority created efficiencies that shifted control activities closer to operations and improved the responsiveness of technical cooperation.

VI. Improving Efficiency, Transparency, and Accountability for Results and Resources

69. During the biennium, and within the context of the PAHO Forward initiative described above, PASB renewed and scaled up efforts to demonstrate efficiency, transparency, and accountability for results and resources. In addition to the present report, there were three other mechanisms for the monitoring, assessment, and reporting of the PB22–23:

- a) Internal monthly financial reviews by PASB Executive Management (EXM) and provision of monthly monitoring reports to entity managers;
- b) Internal PASB performance monitoring and assessment reviews at the end of each semester (six months);
- c) Quarterly updating of the PAHO Program Budget Portal with information on Program Budget financing and implementation, disaggregated by country.

70. Regular deep dives and post-action reviews reinforced the PMA exercise as a pillar of PAHO's approach to results-based management (RBM), leading to more participative and concrete discussions and actions to accelerate implementation of the Program Budget. Regular budget monitoring facilitated the strong implementation that was observed during 2022–2023.

71. In addition, PAHO made significant strides in strengthening the evaluation function as a linchpin of efforts to increase effectiveness and make the Organization more efficient, transparent, and accountable. The PAHO Evaluation Policy, published in 2021, was updated in 2024 to reflect changes that took place during the first two years of its application. The updated policy incorporates the Director's decision to make all evaluations publicly available as part of the PAHO Forward initiative. It also provides an improved definition of responsibilities and roles in responding to evaluation recommendations, developing action plans, and reporting on implementation. The completion of the evaluation of PAHO's response to COVID-19 was a key milestone in the implementation of this policy.

72. The Evaluation of the Pan American Health Organization Technical Cooperation in Noncommunicable Disease Prevention and Control in the Americas was published in 2023. The findings will serve as a valuable resource for shaping future initiatives on NCDs, ensuring that technical cooperation efforts remain well aligned with the evolving needs of the Region.

73. The Evaluation of the Pan American Health Organization Results-based Management Framework Implementation was conducted and completed in 2023, and the report was published in April 2024.¹⁵ It examined the implementation of the RBM framework, evaluating the extent to which it fulfills its intended purpose within PAHO's operations and adds value to the Organization. The findings and recommendations will inform the development of the next PAHO Strategic Plan, contribute to an update of PAHO's RBM framework, and strengthen the Organization's accountability for results.

¹⁵ Available at: <https://iris.paho.org/handle/10665.2/59260>.

74. Additionally, in 2023 the Organization launched the Evaluation of the Integration of Gender Equality in PAHO's Technical Cooperation in Health in the Americas. Slated for publication in 2024, the evaluation will critically examine PASB's role in promoting gender equality in health.

75. PAHO is committed to nurturing a culture of results-based management in which joint strategic planning with Member States and continuous monitoring, evaluation, learning, and knowledge-sharing play a central role in improving technical cooperation. In 2023, PASB developed an online portal, which began with the introduction of the digital Program Budget 2024–2025, including the outcome narrative, country overviews, and budget, as well as a space dedicated to evaluation-related resources (launched in 2024). The portal aims to increase transparency, provide information, and strengthen accountability to Member States.

VII. Lessons Learned, Recommendations, and Conclusions

76. The 2022–2023 biennium represented a period of transition from the COVID-19 pandemic to a phase in which PASB focused intensively on supporting Member States in their efforts to protect, recover, and build stronger. This Program Budget was informed by the critical lessons that were learned during 2020–2021. Two years later, it is an opportune moment to reflect on the lessons learned from the 2022–2023 biennium and offer recommendations for the way forward, which are grouped here under thematic headings.

77. These recommendations include innovative practices and measures that should be promoted to enhance programmatic implementation, maximize efficiency, and ensure successful achievement of results. As PAHO continues to implement the current SP20–25, the preparatory work for developing the Strategic Plan 2026–2031 is already underway. Therefore, these recommendations intended for action by Member States, PASB, and partners will also inform the development of the new Strategic Plan.

Align strategies for integrated primary health care and digital health innovations at local level to improve health outcomes

78. A stronger emphasis on integrated primary health care that addresses multi-morbidities and health conditions can result in improved population health through the application of more efficient, effective, and responsive approaches. Different entry points exist within the PHC agenda that can support health systems transformation based on PHC as a political priority and facilitate more coherent and accelerated actions at country level. Addressing gaps at local level can enhance the appropriateness and relevance of technical cooperation interventions, thereby increasing the potential for scalability. A more focused territorial population-based approach that is linked to integrated care modalities can significantly improve access to services and health outcomes.

79. Digital transformation of health systems has generated significant changes to the models of care in countries. Digital information has become a cornerstone of health services, facilitating efficient and effective functioning of health systems. In this regard, PAHO must ensure that its technical cooperation continues to build cutting-edge capacity, including in areas such as artificial intelligence and cybersecurity, so that any potential disruptions can be avoided or managed to ensure uninterrupted functionality.

80. Effective interventions exist to promote access to quality health services in priority areas such as communicable diseases, NCDs, and mental health conditions. These now require scaling up, along with actions to address bottlenecks. Adoption of proven, high-impact interventions can generate increased political commitment to tackle priority areas. Many conditions are highly preventable and treatable and require implementation plans that are focused on meeting targets. It is crucial to tackle the determinants of health by identifying the right actions and mechanisms and adopting differentiated strategies with a whole-of-government approach, including social protection, for reaching different vulnerable groups. This can have a cascading effect, because multiple indicators are influenced by the same determinants.

81. For areas that are lagging, successful, cost-effective models must be shared widely with the Region. For example, deaths due to road traffic accidents could be reduced by 50% by 2030 by accelerating implementation of the recommendations of the Global Plan for the Decade of Action for Road Safety 2021–2030.

Recommendations

- a) Scale up the implementation of strategies for integrated primary health care and digital health innovations at local level, using the platforms that exist to catalyze change.
- b) Promote the integration of digital health solutions and data-driven decision-making, fostering a culture of innovation and continuous learning.

Learn from the pandemic to build stronger and more resilient health systems

82. The 2022–2023 biennium marked an important transition from the acute phase of the COVID-19 pandemic to the recovery phase. The evaluation of PAHO's response to the pandemic during 2020–2022 provided invaluable lessons and recommendations that can be applied more broadly to improve the Bureau's capacity to support Member States in responding to major public health events. PASB will continue to build upon lessons learned from the pandemic response and application of the International Health Regulations (IHR) Monitoring and Evaluation Framework, with a special focus on advocacy with Member States to scale up and strengthen their early detection and rapid response capacities. Countries must have in place pandemic preparedness plans that have been tested, and simulations must be conducted to identify gaps.

83. During the pandemic, the Region made tremendous strides toward establishing genomic surveillance and laboratory capacities, with the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CSP30/12) as a solid foundation. The integration of SARS-CoV-2 surveillance within the already established sentinel surveillance for influenza and other respiratory viruses was shown to be efficient in monitoring epidemic trends and providing early detection of newly emerging pathogens.

84. Shortages and inequities in access to essential health technologies during the pandemic hampered the response capacity of health systems and limited or jeopardized the delivery of essential health services. The lack of equitable vaccine access underscores the need for the Region to achieve strategic autonomy and self-reliance through increased regional innovation and production capacities. Agreements signed to develop mRNA vaccine manufacturing ecosystems represent a groundbreaking step forward.

85. The devastating impact of the COVID-19 pandemic on national economies and job security gave rise to a compelling lesson, namely that placing significant reliance on contributory mechanisms for health coverage has inherent limitations, given the susceptibility of such contributions to economic downturns and fluctuations. A paradigm shift is needed in conceptualizing financial protection within a broader socioeconomic and institutional context.

Recommendations

- a) Continue to provide technical cooperation through an inter-programmatic approach to coordinate efforts at country level to strengthen IHR core capacities and ensure operational readiness to respond to health emergency risks.
- b) Develop national pandemic and outbreak response plans with identified resources, roles, and responsibilities.
- c) Strengthen early detection and rapid response with new laboratory tools such as genomic surveillance.
- d) Ensure long-term sustainability of agreements to develop mRNA vaccine manufacturing ecosystems.
- e) Include actions in immunization plans to avoid interruptions of services due to staff shortages, with strengthened cold chains and storage and distribution capacities.
- f) Collaborate with Member States to integrate COVID-19 activities into existing health programs as part of the maintenance of the IHR core capacities (e.g., surveillance, risk communications, clinical management, and vaccination, among others).
- g) Adopt a more comprehensive approach to financial protection for health, with policies that are integrated into a broader framework of social protection, to mitigate vulnerabilities to future shocks.

Advocate for health at a high political level and increase the visibility of PAHO's work

86. Recovery and building better in the post-pandemic era cannot be based on a choice to prioritize the economy over health; rather, it must rest on the premise that health is a foundational pillar of equitable and sustainable development. Ongoing strategic engagement with Member States, building on their remarkable work during the pandemic, is imperative.

87. While political commitments, ministerial mandates, proclamations, policies, and new investments are essential to catalyze improvements in health services, closer engagement of national authorities in health financing is also necessary to identify the most cost-effective, cost-beneficial, or cost-saving options for programs and interventions. The essential public health functions framework offers the most comprehensive approach to the design and adoption of policies that can improve access to quality health services. The use of legislative and regulatory modalities to support the protection and promotion of the right to health is also a proven, cost-effective tool.

88. Thanks to engagement at the global and regional political levels, topics such as environmental health and the health impacts of climate change, mental health and suicide prevention, human resources for health, and health equity, among others, have become part of the political agenda in many countries. This emphasizes the need for a Health in All Policies approach, which integrates health considerations into policy frameworks, aligning efforts to address key determinants and promote holistic health outcomes.

89. The presence of health on the political agenda does not mean that changes will necessarily occur. For example, in the case of NCD risk factors related to diet, food, and nutrition, a deep understanding of economic, political, and commercial determinants of health and a knowledge of the economics of the manufacturing and trade sectors is needed to address root causes. Additionally, while many countries have developed clinical guidelines and tools to improve health system responses to violence, there is a need to maintain this momentum in the context of recent sociopolitical trends, especially around sexual and reproductive rights.

90. The COVID-19 pandemic unmasked the Region's health needs and vulnerabilities. At the same time, some political voices and affected communities are now calling attention to the critical need to prioritize the health needs of the Region, with attention increasingly being paid to climate change, violence, and growing inequalities. There is also rising demand for enhanced information systems as a strategic investment in building stronger and more resilient health systems, as well as for stronger country capacities in science and research and development.

Recommendations

- a) Support countries in realizing the right to health with a broad range of legislative, regulatory, and administrative measures.
- b) Utilize comprehensive advocacy strategies to promote environmental health across diverse platforms within the Organization.
- c) Continue to advocate and secure stronger and more binding political commitments to strengthen services for NCDs and their risk factors and for mental health.
- d) Renew efforts to strengthen access to quality health services to respond to sexual violence and sustain the gains.
- e) Continue to leverage PAHO's comparative advantage as the leading voice for health in the Americas and to seize opportunities, while managing the risks and challenges.

Reach across sectors to tackle complex health challenges

91. Strategic collaboration across government sectors, as well as with key stakeholders such as the private sector, local governments, faith-based institutions, and civil society, allows PASB to expand the reach and depth of its technical cooperation. It also offers the opportunity for synergistic initiatives that can result in more impactful health outcomes. For example, on suicide, where progress is lagging at the regional level, the experience of Guyana has shown the importance of collaboration with the agricultural sector, given that ingestion of pesticides is the most common means of attempting suicide in Guyana and some other parts of the Region. In Argentina, PASB successfully engaged with agencies drawn from the health, transportation, and climate/environment sectors for an integrated "healthy, safe, sustainable" approach to transport, with a positive impact on multiple health outcomes.

92. However, it can be difficult to engage with other ministries that are responsible for areas beyond health that have an impact on health. Greater capacity for the practical aspects of engaging other sectors is needed, both within PASB and in countries. In this context the application of Health in All Policies across all sectors would be helpful.

Recommendations

- a) Map key stakeholders and institutions in each country to improve understanding of the governance structures and develop better engagement strategies.
- b) Leverage existing resources and networks, including the Network on Intersectoral Work and Social Participation for Health Equity in the Americas (TIPSESA Network), to promote intersectoral action and community participation in advancing health equity.

Strengthen partnerships to achieve greater impact

93. A strategic approach to investing in health services must include an emphasis on long-term sustainability and impactful outcomes, with persistent advocacy for increased and sustainable health funding. This requires directing investments toward high-impact areas and developing financial models that will promote efficiency and accountability throughout the health care system. The Alliance for Primary Health Care in the Americas is a strategic partnership forum in which PAHO can influence national planning for the expansion of PHC and advocate for accelerating the Disease Elimination and Better Care for NCDs initiatives. Coordination with international financial institutions (IFI) on the PHC agenda broadens the scope of these efforts and positions PAHO as the lead technical agency on health in the Region, improving the Organization's capacity to instigate change at national level.

94. Strategic alliances with partners (e.g., the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNICEF) that operate in the same markets as the PAHO Regional Revolving Funds are key to leveraging economies of scale and securing a supply of accessible and affordable health technologies. PAHO's participation in the United Nations (UN) Inter-Agency Working Group on Food Systems is an opportunity to engage UN Resident Coordinators and put health and nutrition at the center of transformation to sustainable food systems for healthy diets and a healthy planet. Subregional integration mechanisms offer another political space to elevate and position policies and strategies within broader sector reforms.

95. The Cooperation among Countries for Health Development (CCHD) initiative has stimulated changes and prompted learning and exchanges in ways that complement more traditional mechanisms for the delivery of technical cooperation. This was evident in the CCHD childhood cancer project in South America, which helped accelerate activities that complemented the CureAll Americas initiative; it was reflected as well as in the Mental Health and Psychosocial Support in Emergencies initiative in Costa Rica, Honduras, Guatemala, and Panama. Both CCHD-funded projects bolstered greater country ownership and country-led collective actions.

Recommendations

- a) Establish partnerships with regional, subregional, and global actors, including international financial institutions and other agencies, as a complement to PAHO's technical cooperation.
- b) Replicate CCHD approaches across programs to enhance collaboration and achieve greater impact.

Adapt strategies to each context to better respond to needs and increase ownership

96. Adapting strategies to specific contexts, whether at the subregional, national, or subnational level, is a key success factor, especially when the adoption of standards is under consideration. Strengthening the involvement of affected communities in the design of interventions is crucial for the success of those interventions. For example, community involvement was essential in the response to mpox and in the implementation and demand generation for PrEP (pre-exposure prophylaxis to prevent HIV). It ensured that interventions were tailored to the specific needs and realities of the affected communities, leading to more effective and sustainable outcomes. Adapting to the needs of affected populations also requires conducting barrier assessments, such as gender and intersectionality analysis, along with the implementation of cross-cultural approaches such as knowledge dialogues and safe birth tools that are culturally appropriate.

97. Similarly, regional surveillance and laboratory strategies must be adapted to meet the needs of each country. The gradual decentralization of laboratory processes, accompanied by careful concurrent monitoring, facilitates adequate responses during outbreaks and emergencies, even in remote areas.

Recommendations

- a) Continue to adapt strategies and interventions to subregional and national contexts to improve uptake and increase ownership.
- b) Develop capacities to better understand the legal, policy, and program barriers that reinforce gender and cultural differences that have an impact on health equity.

Employ inter-programmatic approaches to respond to Member States in a more integrated manner

98. A key component of PAHO Forward, the implementation of inter-programmatic initiatives, can be used to leverage both human and financial resources to deliver better technical cooperation. Collaborative approaches not only contribute to a more cohesive and streamlined execution of shared goals but also encourage innovation—thinking “outside the box”—that can lead to more effective outcomes. Working inter-programmatically can also lead to synergies that improve business processes, reduce staff workload, and improve work-life balance.

99. Such approaches have proven essential in developing targeted interventions for strengthening primary care, addressing inequities and social determinants, and strengthening the resilience of health systems, as well as for making PASB more efficient, transparent, and accountable. There were numerous examples of this during the biennium:

- a) The concept of “learning pathways” was used to organize and improve academic offerings in the Region through the PAHO Virtual Campus. Improved governance helped guide policy priorities in continuing health education and technological updates to maintain the Virtual Campus at the forefront in offering educational products to health personnel in the Region.
- b) PASB built capacity on strategies to increase access to assistive products and medical devices for the HEARTS initiative, as well as access to oxygen, among other areas.
- c) The Disease Elimination Initiative worked to increase timely diagnosis for a range of infectious diseases through more integrated and modernized laboratory services.

- d) PASB was able to address both ethical and regulatory oversight aspects of clinical trials.
- e) Joint stocktaking of planning and PMA processes between different functions and all three levels (regional, subregional, and country) allowed PASB to introduce innovations.
- f) Close collaboration between different functions allowed PAHO to take measures to improve core country presence, including in collaboration with WHO.
- g) Cross-divisional teams implemented the new Member States billing system and draft statement of accounts for the Revolving Fund for Access to Vaccines, Regional Revolving Fund for Strategic Public Health Supplies, and Reimbursable Procurement Fund.

Recommendations

- a) Solidify the concept and practice of inter-programmatic work within PASB, identifying opportunities and scaling up existing projects.

Build a stronger PAHO that is better able to support Member States, with greater efficiency, accountability, and transparency

100. Strengthening the capacity of PASB to respond to health emergencies was one of the critical areas identified for improvement in the evaluation of PAHO's response to COVID-19. PASB lacks sustainable funding for personnel and activities to meet PAHO's IHR mandate for public health surveillance and analysis, emergency operations, and Strategic Reserve maintenance. Inadequate staffing, high staff turnover, and loss of institutional knowledge jeopardize the Organization's ability to detect and respond to public health emergencies in a timely and effective manner.

101. Modernization of PAHO's information systems is key to overcoming data management challenges, ensuring the consolidation of real-time health data, maintaining quality and security of data, and employing advanced analytics for decision-making. A unified health care information management approach requires standardizing protocols, boosting data literacy, and encouraging evidence-based decisions. To provide Member States with the latest and most relevant tools to support digital transformation, PASB itself must have the necessary capabilities. PASB needs a public health intelligence and surveillance system that is fit for the demands and opportunities of the 21st century. In that regard, there is a need to continuously enhance platforms and strengthen analytical capacity to use data strategically in order to deliver reliable data, knowledge, and evidence to entities within the Organization and Member States. This would allow PASB to host a powerful ecosystem of data and analytics, providing a better foundation for decision-making and early action that could save lives and help avert public health crises.

102. During the 2022–2023 biennium, in response to the pandemic and other emergencies, PAHO took steps to strengthen logistics and diversify suppliers. This effort made use of various strategies such as increasing the number of strategic reserves in the Region, bolstering logistical capacity in countries, and generating coordination within networks. These approaches proved key for timely response actions. The PAHO Regional Strategic Reserve in Panama decreased its response times, generating opportunities to respond to emergencies more effectively.

103. Active participation by Member States in the Organization's governance is paramount to maintain a healthy and robust PAHO. Building on PAHO's rich experience in joint planning and assessment with national authorities, collaborative planning has proved essential for the successful implementation of Biennial Work Plans, Country Cooperation Strategies, Program Budgets, and the Strategic Plan. Prioritization of activities and regular monitoring help ensure alignment among these planning instruments. This approach fosters shared understanding and effective coordination, ultimately enhancing the impact of health initiatives. PASB has also learned to share its experience with WHO more effectively so that other regions are able to benefit from PAHO's experience (i.e. joint assessment, prioritization), even as the Organization continues to learn from innovations and improvements at global level.

104. Finally, PAHO Forward is making a difference in the Organization's ability to deliver technical cooperation efficiently and to demonstrate greater transparency and accountability. The full lessons of the first year of implementation are under review, but it is expected that these advances can be built upon in the future.

Recommendations

- a) Continue to implement the recommendations from the evaluation of PAHO's response to COVID-19, including those related to the revision of PAHO's funding model, to ensure that the Organization can respond to future pandemics.
- b) Identify potential funding mechanisms that enable the Organization to innovate and develop more impactful products.
- c) Continue to support Member States' participation in PAHO and WHO Governing Bodies through in-depth preparation and capacity-building.
- d) Intensify efforts through external relations to position PAHO's priorities in international fora, gain and maintain organizational visibility, and identify new collaboration opportunities.
- e) Build on the progress and lessons from the implementation of PAHO Forward to continue improving performance and modernizing policies and practices, including the systematic development and application of key performance indicators.
- f) Update and refine PAHO's RBM framework, including a robust accountability mechanism and systems based on lessons learned and recommendations from external evaluations.

Conclusions

105. This report documents the extensive work of the Pan American Health Organization in the 2022–2023 biennium, as the Region of the Americas and the world emerged from the COVID-19 pandemic emergency and transitioned to a recovery and rebuilding phase. PASB strove to be agile in evaluating the lessons learned from the pandemic and incorporating them into the PB22–23. These efforts led to important transformations in how the Organization supports countries: for example, the introduction of a new technical focus on the regional production of medicines and other health technologies such as vaccines to improve supply chains within the Region and ensure future access in the event of another pandemic.

106. PASB also retrofitted its managerial and administrative practices under the PAHO Forward initiative to facilitate innovation and enhance the Bureau's fitness for purpose within an organizational culture emphasizing efficiency, transparency, and accountability. This included scaling up the production and use of digital tools for training health staff on a wide variety of topics (including telehealth and teletriage) in support of technical cooperation with Member States, which were still struggling with reduced staff complements during this post-COVID period.

107. Member States continue to determine which solutions may be best for redressing the devastating impacts of the COVID-19 pandemic on their people, health services, and economies. PASB still faces the formidable challenge of persuading national authorities, including ministers of finance and economy, that investments in health will provide the best foundation for enabling a sustainable and equitable economic recovery and making headway toward national, regional, and global commitments in health. New, integrated ways of working and programming are needed, especially at the first level of care, to improve the quality, affordability, and efficient utilization of health services within the context of people-centered care, while ensuring equitable access for all. Additionally, the worsening health outcomes resulting from emerging threats such as antimicrobial resistance and climate change require robust multisectoral engagement with partners beyond the health sector to achieve meaningful population health impacts. This calls for continued application of the Health in All Policies and One Health approaches.

108. The budget and programmatic implementation of PB22–23 was robust and enabled Member States to make advances to protect, recover, and build stronger health systems as they emerged from the COVID-19 pandemic. Regrettably, however, the situation regarding the impact-level results targeted in the SP20–25 is less than optimal. As a detailed assessment has shown, only one impact indicator has been met, while the prospect of achieving the 2025 targets is at risk, in some cases severely so, for 15 of the 28 impact indicators.

109. In this regard, while looking ahead to the new Strategic Plan 2026–2031, it is imperative that urgent discussions be held regarding what can be realistically achieved in the remainder of the present Strategic Plan period. PASB stands ready to support countries to achieve these results, considering the lessons learned from this assessment and what is feasible, among other considerations.

VIII. Action by the Directing Council

110. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

Annex

Annex

Delivering on Results: Progress by Outcome Cluster

1. This section covers the most notable achievements, challenges, and impact on the ground from the implementation of the 28 outcomes (OCM). They are grouped into seven clusters by thematic area: *a)* health systems, services, and life course; *b)* determinants of health and cross-cutting themes; *c)* prevention, control, and elimination of communicable diseases; *d)* noncommunicable diseases and their risk factors, malnutrition, mental health, violence, and injuries; *e)* information systems for health, evidence, and research; *f)* health emergencies; and *g)* leadership, governance, and enabling functions.

Health Systems, Services, and Life Course

OCM 1
Access to
comprehensive and
quality health services

OCM 2
Health throughout the
life course

OCM 3
Quality care for older
people

OCM 7
Health workforce

OCM 8
Access to health
technologies

OCM 9
Strengthened
stewardship and
governance

OCM 10
Increased public
financing for health

OCM 11
Strengthened financial
protection

Achievements

2. **Improving health systems based on primary health care.** The launch of the Alliance for Primary Health Care in the Americas (A4PHC) in 2023, spearheaded by PAHO in collaboration with the Inter-American Development Bank and the World Bank, represents a significant milestone. The A4PHC alliance aims to improve health systems based on the PHC approach by promoting innovation, effective investment, and best practices. This alliance builds on what was already achieved with the establishment of the Economic and Health Dialogue of the Americas on the occasion of the IX Summit of the Americas in 2022 and in the context of efforts to facilitate a coordinated and strategic recovery from the COVID-19 pandemic. The approval of the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10) in 2022 was another significant advance, leading to efforts in 2023 to implement and operationalize the integrated care approach outlined in the policy within the operational framework for primary care.

3. **Furthering access to comprehensive and quality health services.** Integrated health service delivery networks (IHSDN) were strengthened through capacity-building support for WHO field surveys in Paraguay, Peru, and Suriname, contributing to informed decision-making processes. Additionally, the IHSDN course was updated and delivered in the Plurinational State of Bolivia, Costa Rica, Ecuador, Guatemala, and Haiti. Technical cooperation initiatives were implemented to manage wait lists and waiting times in Brazil, Colombia, Honduras, and Peru, as well as to administer contracts for referral and counter-referral systems, as seen in Guatemala and Honduras. Other achievements include the expansion of hospital and critical care capacities, with an increase in the number of intensive care unit beds throughout the Region.

4. **Strengthening essential public health functions and capacities.** A significant step toward recovery from the pandemic was the evaluation and strengthening of essential public health functions, identifying capacity gaps such as weaknesses in leadership and governance structures. This effort involved key stakeholders in 14 countries and led to the development of road maps in 10 countries. These advances contributed to the creation of strategic planning instruments, such as national health plans, national development plans, and investment programs. Adaptation of these instruments to the health systems transformation in the Plurinational State of Bolivia and Colombia, as well as within the Central American Integration System (SICA), further strengthened leadership and governance capacities.
5. **Tackling barriers to access.** Implementation of the access barrier analysis methodology in Colombia, Dominican Republic, Ecuador, Guyana, Honduras, and Peru resulted in a regional report with policy options to reduce barriers to access. This focus on access barriers also drove the development of a new information dashboard that provides regional information on PHC for universal health coverage. This information system was launched in December 2023 in celebration of Universal Health Coverage Day. In the Plurinational State of Bolivia, Chile, and Colombia, technical support centered on analyzing access challenges facing populations living in conditions of vulnerability, with a view to advancing the transformation of health systems based on PHC. In addition, a comprehensive analysis of access to sexual and reproductive health services was presented to the 60th Directing Council in 2023. It showed that despite lingering inequalities among countries, most countries had improved coverage of these service, with a focus on primary health care.
6. **Building capacity to address health and migration issues.** Inter-programmatic work and partnerships with regional universities and the Economic Commission for Latin America and the Caribbean (ECLAC) led to the creation of the PAHO Information Platform on Health and Migration. PAHO acted jointly with the International Organization for Migration and the United Nations Trust Fund for Human Security on enhancing responses to health and migration issues in El Salvador, Guatemala, Honduras, and Mexico. PAHO shared tools to enable these countries to apply a human security approach to these issues and made available two new courses on health, migration, and human security on the PAHO Virtual Campus for Public Health.
7. **Strengthening knowledge and skills to improve neonatal health and reduce neonatal mortality.** Special training initiatives were undertaken to strengthen essential care of newborns in prioritized countries, including the Plurinational State of Bolivia, Ecuador, Guatemala, Haiti, and Peru. Interventions utilized an intercultural perspective, involving traditional midwives and community workers, as exemplified by the training exercise conducted in Ecuador. PAHO's Perinatal Information System (SIP Plus in its web version) provides timely and reliable information to support better-informed decisions about neonatal care. Its use was mandated at the national level for both the public and private sectors in Uruguay, while Suriname piloted its implementation in seven hospitals and primary health care units.
8. **Enhancing the focus on maternal health to reach zero maternal deaths.** Professionals from the Plurinational State of Bolivia, Colombia, Cuba, Dominican Republic, Honduras, and Peru were trained in the management of major obstetric emergencies. A virtual course on surveillance and response to maternal and perinatal deaths was developed for health care professionals in this field. To improve the capacities of traditional birth attendants and other community workers, PASB produced and validated a series of community-based perinatal technologies that have helped to

identify risks. Implementation of the immediate post-obstetric event contraception strategy was strengthened in the Plurinational State of Bolivia, Dominican Republic, Honduras, Paraguay, and Peru.

9. **Empowering adolescents and young people on issues related to their health and well-being.** Belize, the Plurinational State of Bolivia, Chile, Colombia, Ecuador, Grenada, Guyana, Peru, and the Bolivarian Republic of Venezuela strengthened capacity among health care providers to offer quality and standards-driven services for adolescents. In Belize, trainers have now been assigned in all health regions with responsibility for training other health workers to improve the quality of adolescent care. Engagement with young people on the prevention and reduction of adolescent pregnancy improved through the Adolescent Voices and Youth as Agents of Change regional projects. PASB provided technical support for the expansion of Familias Fuertes, with 14 countries implementing interventions that reached more than 5000 families.

10. **Promoting healthier living for older adults.** Practical actions to promote healthy aging within the context of the Decade of Healthy Aging 2021–2030 were identified by 14 Caribbean Member States, together with PAHO, ECLAC, the United Nations Population Fund (UNFPA), the Inter-American Development Bank, and civil society organizations. A total of 125 communities in the Americas joined the WHO Global Network for Age-friendly Cities and Communities, which now has over 900 members in 14 countries of the Region. The Americas is the WHO region with the most cities and communities committed to building environments that favor healthy aging. The Integrated Care for Older People (ICOPE) approach advanced in Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Mexico, and Peru. A checklist was developed to assess the readiness of these countries to implement this approach, and Chile and Costa Rica developed a pilot for launching and expanding ICOPE efforts. Capacity-building on care for older people was delivered through a virtual course on the PAHO Virtual Campus.

11. **Updating national policies on human resources for health (HRH).** With technical cooperation from PASB, HRH policy dialogues were held in the Bahamas, Costa Rica, Jamaica, and Honduras as part of national health plans, while policy development advanced in the Bahamas, Saint Lucia, and Saint Vincent and the Grenadines. Paraguay developed its HRH implementation plan in 2022. Member States unanimously approved the Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6) at the 60th Directing Council in 2023.

12. **Strengthening human resources for health information systems.** Thirty-nine countries and territories advanced on their National Health Workforce Accounts (NHWA). The Plurinational State of Bolivia and Paraguay mapped and established key actors for the integration of their HRH information systems, and Chile progressed on the integration of its existing systems. In cooperation with the HRH Caribbean Commission, PAHO established a set of core indicators to monitor challenges and commitments on HRH, with data from 18 countries and territories, on the NHWA platform.

13. **Expanding the roles of nurses in PHC.** With key partners, PAHO led initiatives to expand the roles of nurses in PHC with a view to improving and strengthening interprofessional teams. The role of nurses was expanded in Brazil, Chile, Colombia, Costa Rica, and Mexico. PAHO strengthened its collaboration with national nursing associations, universities, and health ministries in all Central American countries and Cuba and provided in-person training on clinical simulation techniques to 20 nursing professors from Guyana and other Caribbean countries. Guyana developed a new national professional nursing curriculum, while Belize and Dominica completed the first phase of the initiative

to strengthen nursing education in the Caribbean. Additionally, a training course was developed to build competencies in nursing faculty for hybrid teaching, and 53 representatives of the Caribbean Community (CARICOM) Regional Nursing Body participated in capacity-building on the roles, education, and regulation of Caribbean nurses in the context of PHC.

14. **Celebrating 20 years of PAHO’s Virtual Campus for Public Health.** In 2023, PAHO marked 20 years of operation of the Virtual Campus for Public Health, highlighting its fundamental contribution to virtual health education. A new app allows users to access the platform from any device, anywhere, at any time. The Virtual Campus managed to increase the number of new users from 2022 to 2023 by over 700 000; this exceeded the increase in 2020, the year of massive virtualization, when over 500 000 new users were added. By December 2023, the cumulative number of users surpassed 2.5 million.

15. **Growing the Regional Revolving Funds (RRF) in support of PAHO’s technical cooperation.** During the 2022–2023 biennium, over \$1.7 billion worth of vaccines, medicines, and health supplies were procured through the RRF. The Revolving Fund for Access to Vaccines (the Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund), which are pillars of the technical cooperation provided by PASB, facilitated access to over 467 million vaccine doses, 284 million injection devices, and 1.6 million units of cold chain equipment and supplies. During this period, when global supply chains were still suffering negative impacts of the pandemic, PASB assisted countries in accessing medicines, diagnostic kits, vector control supplies, and laboratory equipment. As a result, the Bureau estimates that 130 million people benefited from their country’s participation in the Revolving Fund, while the work of the Strategic Fund impacted 37 million people. By the end of 2023, the Revolving Fund and Strategic Fund capitalization accounts had reached \$284 million and \$36 million respectively, with 37 countries and territories using at least one fund to access lifesaving supplies. In 2023, PAHO partnered with St. Jude Children’s Research Hospital to supply quality-assured medicines through the Global Platform for Access to Childhood Cancer Medicines. Additionally, PAHO incorporated new technologies to support the optimization of antiretroviral treatment and advanced HIV care.

16. **Increasing access to more affordable and available vaccines, medicines, and other health technologies.** PASB achieved significant cost savings by consolidating demand, leveraging economies of scale, implementing market-shaping strategies, and using more transparent procurement processes with innovative acquisition strategies. An internal analysis revealed that Member States saved at least 50% on the overall cost of vaccines by participating in the Revolving Fund. Additionally, through the Strategic Fund, PASB continued to improve access to strategic public health supplies for Member States. For example, PASB supported Member States in the migration to dolutegravir-based treatments for HIV, in accordance with WHO recommendations. Through partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the average price of these treatments made available through the Strategic Fund decreased by 40% between 2018 and 2023. The Strategic Fund also collaborated with various partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, United States Agency for International Development (USAID), Foundation for Innovative New Diagnostics, Drugs for Neglected Diseases initiative, Resolve to Save Lives, and St. Jude Children’s Research Hospital, to improve equitable access to health technologies.

17. **Leveraging essential tools for facilitating pandemic and emergency response.** In collaboration with the COVID-19 Vaccines Global Access (COVAX) facility, PASB facilitated access to approximately 44 million doses of COVID-19 vaccines while also coordinating donations through the Revolving Fund. Additionally, PASB procured and distributed over 2 million diagnostic tests, \$2.5 million in personal protective equipment (PPE), and \$7 million in medical equipment and pharmaceuticals through the Strategic Fund. In 2023, efforts were focused on transitioning toward a longer-term approach aimed at integrating COVID-19 vaccines into routine national immunization programs. In collaboration with WHO and other external partners, PAHO contributed to the design and planning of the COVID-19 Program for 2024–2025 of Gavi, the Vaccine Alliance, and engaged with UNICEF in a joint global tendering process for COVID-19 vaccines for 2024 and 2025. In addition, PAHO facilitated over 140 bilateral requests from 25 countries, as well as loans and donations between Member States.

18. **Improving access through stronger capacities in supply chain management and processes.** PASB helped strengthen national supply chain management capacities by developing quantification tools for laboratory equipment, hypertension care, and pediatric cancer care, and finalizing online modules for HIV (v2), cancer, malaria, and laboratory equipment. During the biennium, six countries received training in the use of HIV, tuberculosis, and malaria quantification tools, and personnel from 39 countries and territories were updated on vaccine demand planning and related topics. In addition, PAHO characterized the pharmaceutical supply chain management maturity level in four countries. To reduce vaccine wastage due to power disruptions in remote areas, PASB mapped the need for solar refrigerators and delivered equipment to 75 sites in the Caribbean. The Bureau launched the RRF Member State Portal, which has over 500 external users and aims to facilitate demand planning and allow access to timely information.

19. **Strengthening decision-making for improved health technology assessment (HTA).** The Health Technology Assessment Network of the Americas (RedETSA) grew to include 42 institutions from 21 countries, doubling in size since its establishment in 2011 with 20 institutions from 12 countries. Over 3000 HTA reports were disseminated through a regional database. With technical support from PAHO, Peru and Uruguay established agencies dedicated to HTA, while CARICOM health ministers agreed to advance HTA, rational use, and clinical practice guidelines. PASB supported capacity-building on health technology management in Belize, Haiti, Jamaica, and Suriname through the training of 150 professionals. PHC centers in Jamaica and Suriname were assessed to develop lists of priority medical devices, and PASB performed 400 quality assessments of devices that it had procured. In addition, PAHO enhanced its technical cooperation with countries to increase their capacity to access assistive technology through the training of 2275 health professionals from 29 countries, the mapping of regulatory frameworks in 20 countries, and the implementation of a capacity assessment tool in the Bahamas, Colombia, and Trinidad and Tobago.

20. **Expanding access to a broad range of health technologies and services.** With technical cooperation from PASB, Honduras expanded access to safe blood, and Guyana advanced legislation and established an agency to ensure safe transplants. Cooperation with Spain and with the PAHO/WHO Collaborating Center INCUCAI in Argentina was crucial for the advances made in the field of donation and transplant services. Eligibility criteria were developed for in vitro diagnostic products (IVD) procured by PAHO, and training sessions on the development of national lists of essential IVDs

were provided for 25 countries. Radiological services improved in Belize, Honduras, Nicaragua, and Suriname and more generally in the Caribbean, thanks to technical cooperation provided by PASB.

21. **Boosting innovation and access to medicines and health technologies through renewed approaches.** Through the implementation of the policy on Increasing Production Capacity for Essential Medicines and Health Technologies (Document CD59/8), PASB introduced new areas of technical cooperation to advance the manufacture of health technologies, increase regional capacity in research and development (R&D), and support the generation of ecosystems to enable access. The Bureau facilitated implementation of the WHO mRNA technology transfer program in Argentina and Brazil. With the support of Canada, PASB contributed to the development of a national mRNA vaccine production ecosystem in Argentina through a public-private collaboration agreement between ANLIS-Malbrán (the national R&D agency), the Ministry of Health, and Sinergium Biotech. The agreement integrates strategic components of the value chain and ensures access to vaccines in real time and at prices linked to production costs in emergency cases through the PAHO Revolving Fund. In Brazil, PASB supported Bio-Manguinhos/Fiocruz with the development of preclinical trials of a proprietary mRNA vaccine. Successful trials would lead to royalty-free licensing for regional manufacturers in developing countries, expanding access to this technology throughout the Americas. PASB assisted with the generation of strategic information, such as market studies, patent landscapes, and manufacturing policies, and enabled vaccine technology transfer. With assistance from PAHO, MERCOSUR established an intergovernmental commission to strengthen innovation and production capacity and, jointly with Fiocruz and the Butantan Institute (Brazil), delivered a course on vaccine development and production. Subregional hubs for PPE were consolidated in Colombia and El Salvador.

22. **Strengthening regulatory oversight of medical products.** In 2022, Member States approved a renewed Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CSP30/11). The policy is aligned with the new strategies agreed to by WHO Governing Bodies and with the new WHO Global Benchmarking Tool. In this context, PASB supported self-assessments by 15 countries and coordinated with Central American and Caribbean subregional regulatory system mechanisms to update strategies.

23. **Strengthening capacities for post-market surveillance.** In the post-pandemic period, 23 countries monitored and reported adverse events following immunization (AEFI) to the WHO international pharmacovigilance program. PASB monitored more than 35 000 eligible deliveries (births) for COVID-19 vaccine-related AEFIs in pregnant women. The regional network of national regulatory authorities for substandard and falsified products also extensively disseminated critical information for case management and investigation. Since the beginning of the pandemic, regulators have exchanged data on at least 17 unregistered (8), falsified (5), substandard (3), and stolen (1) vaccines.

24. **Strengthening national health legislation.** PASB supported the review of over 80 health legislation initiatives. Member States increasingly employed legislation and regulatory measures to promote health and safeguard the right to health when addressing issues such as climate change, disease prevention, NCD risk factors, mental health care, organ transplantation, and digital transformation. Enhanced coordination with parliaments and technical support for communication with administrative and judicial branches facilitated progress.

25. **Progressing toward the 6% target for public expenditure on health.** El Salvador and Nicaragua exceeded public health expenditure levels of 6% of gross domestic product (GDP) in 2021, joining Argentina, Aruba, Bermuda, Canada, Colombia, Cuba, Montserrat, and Uruguay in achieving this important milestone. Other countries such as the Plurinational State of Bolivia, Brazil, and Dominica also made progress toward this target, though they remain below the 6% benchmark. PASB continued its initiatives, inter-institutional platforms, and partnerships to encourage countries to prioritize health expenditures and maintain spending on a sustainable track toward resilient health systems based on PHC. The aim is not only to increase public funding with a PHC approach, but also to address segmentation in health financing, particularly in Chile, Colombia, and Mexico.

26. **Reducing out-of-pocket health expenditure and improving financial protection.** PASB produced concrete recommendations to improve health financing and address the current high burden of out-of-pocket expenditure in Barbados. As a result, Barbados is seeking to create a national health insurance scheme. In Guyana, PASB helped estimate the costs of a package of essential health services to be provided free at the point of access at the first level of care. With technical support from the Bureau, Belize made the decision to remove all fees charged by the country's public hospitals, ensuring universal access and freeing the Ministry of Health and Wellness to focus on delivering quality care to patients. Along the same lines, in 2022 Chile launched its Copago Cero (Zero Copayment) policy to ensure access to free health services provided by the national health insurance fund at the point of care for all users under the institutional care modality, regardless of whether they are part of the subsidized or contributory regime. With technical support from PASB, Mexico is expanding financial coverage of uninsured groups to provide access to free health services at the point of care, starting in 23 states and reaching an estimated 55 million people.

27. **Improving health spending and financial protection.** PASB made significant contributions through the analysis of health spending using the System of Health Accounts 2011 methodology in various countries, including Chile, Colombia, Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Mexico, Panama, Paraguay, and Uruguay. It also continued to report to the WHO Global Health Expenditure Database.

Challenges

28. **Effective integration of health care at the territorial level is a significant challenge in strengthening health systems.** Disparities in the implementation of policies and strategies across different countries and at the subnational level led to uneven health outcomes. Scaling up innovative health service delivery initiatives and integrating them into existing systems requires clear pathways, adequate resource allocation, and a culture of innovation. Strategic investments must focus on long-term sustainability and impactful outcomes.

29. **Enhanced coordination is needed with multilateral organizations and national authorities.** Though PAHO has always had good relationships with the international financial institutions, the far-reaching negative impacts of the COVID-19 pandemic on national economies and health revealed an even greater need for enhanced coordination with these agencies to ensure an effective response. Consequently, PAHO took action to promote deeper engagement with the international financial institutions with a view to ensuring that their policies and programs prioritize equity, efficiency, and sustainability. At country level, much more needs to be done to engage with ministries of finance and

economy. Absent meaningful rapport with these national authorities, PASB is less able to influence budgetary management practices, especially those that may be required to protect public health gains. The Economic and Health Dialogue of the Americas provides a promising opportunity to strengthen this connection.

30. **The COVID-19 pandemic exacerbated barriers to access on both the supply and demand sides.** The Region continues to grapple with economic disruptions that pose threats to increased public health funding in the post-COVID-19 context. As countries strive to stabilize their finances and prioritize sectors, prompt action is crucial to safeguard health funding, bolster financial security, and improve financial protection. Operational issues such as extended waiting lists for consultations, diagnostics, and surgical interventions, exacerbated by the pandemic, remain a pressing concern. This requires short-term actions to scale up service capacities and strengthen the health workforce while developing long-term strategies for enhancing health services. The COVID-19 pandemic exacerbated already existing shortages in HRH, and countries have not yet rebuilt their health workforce, despite the availability of options for virtual training on priority topics.

31. **Countries are lagging in applying a life-course perspective** to comprehensive and mutually complementary health services and interventions in families, schools, and communities. Maternal and neonatal mortality, adolescent pregnancy, and access to sexual and reproductive health services are not being adequately prioritized. Insufficient attention has been paid to regaining maternal health services, while shifting political opinions undermine recent advances in sexual and reproductive rights.

32. **Countries still overpay for some essential health technologies.** For example, the purchase of three high-priced vaccines—the pneumococcal conjugate, human papilloma virus, and rotavirus vaccines, which remain under patent monopoly—still absorbs up to 80% of national immunization budgets. There is limited inclusion of the Region's countries and stakeholders in global strategies related to innovation and access, since these usually focus on least-developed or low-income countries. Finally, limited visibility of demand from Member States participating in the PAHO Strategic Fund also makes it difficult to negotiate the best terms on price and timeliness of supply.

Impact on the Ground

[Chile: Using teletriage to improve health system efficiency and patient satisfaction](#)



PAHO Director visits a family health center (CESFAM) in Renca to observe the teletriage system in action.

Photo: PAHO/WHO Chile.

Chile emerged from the COVID-19 pandemic with an innovative model that is transforming its primary health care. Teletriage guides individuals to appropriate care, whether in person or remotely, by using telecommunications to assess, evaluate, and prioritize their health concerns. Because of the success of this model, Chile enacted a policy in 2022 promoting widespread implementation of teletriage. As of December 2023, teletriage had handled more than 3 million requests. To facilitate its widescale deployment, PAHO established agreements with the South Metropolitan Health Service and the Ministry of Health, strengthening PASB's capacity to support scale-up. PASB also launched an online course to familiarize health care professionals with the teletriage model, covering legal frameworks, technological tools, and best practices in telehealth. As of December 2023, over 4800 professionals in Chile had completed the training on usage of the system. As the teletriage system continues its expansion, it is poised to bring long-term benefits to citizens across Chile, underscoring the power of innovation and collaborative efforts in shaping the future of health care delivery.

[Honduras: Health volunteers and midwives support teleconsultation to enhance access and quality of prenatal care](#)



Volunteer mother-daughter team provides care to an expectant mother in Trinidad, Santa Barbara.

Photo: PAHO/WHO Honduras.

As part of an initiative to improve the health of women and adolescents living in vulnerable conditions, and with support from Canada, PAHO collaborated with Honduras on a pilot telemedicine project in three communities located in the municipality of Trinidad. Significant benefits of the project include improvements in direct contact with users, increased access to care, and better quality of care for pregnant women, leading to greater trust in health care personnel and satisfaction with care. The project increased vaccination coverage for pregnant women with COVID-19, influenza, and tetanus toxoid vaccines. Health workers were also trained in use of the Perinatal Information System (SIP Plus) and in essential neonatal obstetric care. Telemedicine has the potential to improve access to quality services and is a key success factor in reaching better health outcomes.

Guyana: Clinical nursing simulation training through South-South cooperation



Nursing instructors learn through simulation techniques and methodologies at the PAHO/WHO Collaborating Center in Brazil. **Photo:** PAHO/WHO Brazil and Guyana.

PAHO partnered with the Ministry of Health of Guyana and the Ribeirão Preto College of Nursing at the University of São Paulo (PAHO/WHO Collaborating Center for Nursing Research Development) to conduct clinical simulation training exercises in Brazil. Participants included 21 nursing instructors from Antigua and Barbuda, Bahamas, Barbados, Grenada, Guyana, and Turks and Caicos. This highly effective training was implemented in the context of a South-South cooperation initiative that is currently redesigning the national curriculum for the professional education of registered nurses in Guyana.

Determinants of Health and Cross-cutting Themes

OCM 18
Social and
environmental
determinants

OCM 19
Health promotion and
intersectoral action

OCM 26
Equity, gender,
ethnicity, and human
rights

Achievements

33. **Reaffirming Member States' commitment to achieving SDG 3 with health equity.** 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) was adopted by the 30th Pan American Sanitary Conference in 2022. To accelerate progress toward SDG targets, PAHO collaborated with other United Nations agencies to implement the SDG 3 Global Action Plan initiative, which advanced in the Plurinational State of Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Mexico, and Nicaragua. For example, Colombia partnered with PAHO, the World Food Program, UNICEF, and UNFPA to address maternal and neonatal mortality rates among Indigenous communities by improving health care accessibility and incorporating culturally sensitive approaches. In Costa Rica, a community-led, intersectoral approach empowered local communities to tackle issues such as gender-based violence and mental health through targeted workshops and awareness-raising campaigns.

34. **Addressing social determinants of health, equity, and vulnerability.** There was significant progress in integrating the social determinants of health into policies and programs, such as the integration of social determinants of health and equity in health reform processes in Chile, Colombia, and Mexico, with a focus on primary health care and public health. In Mexico, the WHO Innov8 approach, which aims to ensure no one is left behind, was integrated into programs of the Mexican Social Security Institute.

35. **Making high-level commitments regarding the health impacts of climate change.** MERCOSUR health ministers signed a new strategy on climate change and health, and 12 countries established national health adaptation plans. Argentina enhanced climate-sensitive disease surveillance with a focus on conditions such as heat-related illnesses and dengue. Sixteen Caribbean countries made progress on strengthening their health systems to be resilient to climate change, with support from the European Union. These countries took actions to reduce greenhouse gas emissions in their health systems, establish early warning systems for the most affected populations, and implement sustainable policies and interventions in health, environment, transport, and energy systems.

36. **Addressing environmental health issues.** PASB assessed 1800 health care facilities in eight countries (Argentina, Plurinational State of Bolivia, Guatemala, Honduras, Mexico, Panama, Paraguay, and Peru) for water, sanitation, and hygiene (WASH) services as well as clean electrification. WASH services were enhanced at four health care facilities in Honduras and seven in Peru. Direct investments and capacity-building efforts were made to improve management of wastes and hazardous chemicals. In an effort to eliminate open defecation, cost-effective sanitation technologies were deployed, benefiting 3.7 million people in rural communities in the Plurinational State of Bolivia, Colombia, Haiti, Honduras, and Peru. PAHO's approach included the development and implementation, with resource mobilization, of climate-resilient water and sanitation safety plans in

110 cities, impacting 72 million individuals. Additionally, PASB provided training and guidance on minimizing mercury exposure from fish consumption and mining, targeting pregnant women, people in conditions of vulnerability, and people affected by gold mining in the Plurinational State of Bolivia and Peru. Over 2 million people in El Salvador, Panama, and Nicaragua have transitioned from polluting fuels to cleaner energies in households. Chile enhanced health regulations to reduce morbidity, mortality, and costs associated with poor indoor air quality.

37. **Increasing capacities to prevent, detect, and monitor selected occupational diseases.** The Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic (SE-COMISCA) approved in 2022 the Strategy for the Prevention, Mitigation and Control of Chronic Kidney Disease of Non-traditional Origin in Central America and the Dominican Republic, 2022–2025 (Resolution 04-2022), developed in collaboration with PAHO and other partners. PASB subsequently provided technical support to improve working conditions to prevent this disease, strengthen health surveillance and early detection, and ensure comprehensive care for people affected. Additionally, Brazil approved a new list of work-related diseases that includes occupational hazards and Chile developed a comprehensive and interactive occupational health surveillance system. PASB also worked to raise the visibility of precarious work and informality among domestic workers, in collaboration with the Latin American and Caribbean Confederation of Domestic Workers (CONLECTRAHO), and of living conditions for temporary migrant workers, in collaboration with the Central American Integration System.

38. **Strengthening and expanding intersectoral work and civil society collaboration to address health equity.** In November 2023, the Network on Intersectoral Work and Social Participation for Health Equity in the Americas (TIPSESA Network) was established. During 2023, a call went out to identify and collect national, subnational, and local experiences of intersectoral action that have contributed directly or indirectly to health equity in the Region. Of the 224 proposals received, 39 were selected and presented at the Conference on Intersectorality for Health Equity in the Americas, held in November 2023 in Cuba. In addition, evidence was developed on the role of civil society organizations during the COVID-19 pandemic, characterizing their repertoires of action, the barriers and facilitators affecting their work, their relationship with PASB, their work with local governments and agencies in their countries, and the weaknesses identified in pandemic responses at the local level.

39. **Advancing health promotion in the Region.** The biennium saw strides toward implementing the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 (Document CD57/10). Paraguay launched a new national policy on health promotion, El Salvador approved a national policy on health promotion, and Costa Rica approved its institutional plan on health promotion for 2023–2027. COMISCA (Council of Ministers of Health of Central America and the Dominican Republic) approved the 2023–2025 Action Plan of the Health Promotion Strategy in the Context of the 2030 SDGs (Resolution 14-2022). Caribbean countries reaffirmed their commitment to health promotion and proposed further actions, three decades after the establishment of the Caribbean Charter for Health Promotion.

40. **Taking action at local level.** Mayors of local governments established a new governance structure to strengthen the Healthy Municipalities, Cities and Communities Movement of the Americas (HMCC), with PASB serving as the technical secretariat. The HMCC is a regional platform of over 3000 local governments, including cities, municipalities, cantons, communes, and communities. PASB plays a crucial role in supporting and coordinating the HMCC by providing technical guidance and expertise to local governments on health promotion and well-being, as well as advocating for a Health in All Policies approach. During the VI Meeting of HMCC, held in November 2023 in Chile, regional criteria were adopted to strengthen public policies, plans, and programs aimed at improving the health and well-being of the populations served by local governments. These criteria were developed collectively through a consultative process, under the leadership and technical coordination of PAHO, to achieve harmonization with national, subnational, and local planning frameworks.

41. **Promoting integration of equity, gender, ethnicity, and human rights.** Practical tools, resources, and approaches developed by PAHO have been pivotal in driving action plans and strategies in this area. The knowledge dialogues methodology has been applied in over 10 countries and adopted by partners such as the Food and Agriculture Organization of the United Nations (FAO), Fund for the Development of Indigenous Peoples of Latin America and the Caribbean, and United Nations Educational, Scientific and Cultural Organization (UNESCO). In Ecuador, advances were achieved through knowledge dialogues around ancestral-traditional medicine and work with traditional midwives. The gender and intersectionality analysis methodology was also developed and applied in four countries (the Plurinational State of Bolivia, Colombia, Ecuador, and Haiti) to identify groups that face access barriers to health services.

42. **Improving equitable access to and coverage of COVID-19 vaccination, and strengthening essential health services.** In Costa Rica, women leaders of Indigenous communities received capacity-building to enable them to conduct workshops on vaccination, biopsychosocial recovery from the COVID-19 pandemic, and health promotion. The women also participated in developing work plans focused on health, gender, and equity, adapted to the characteristics and needs of each community. Approaches adopted in Argentina, Honduras, and Nicaragua targeted the barriers to access to the COVID-19 vaccine. In Ecuador, PASB worked to strengthen knowledge and risk management around health emergencies and disasters, collaborating with civil society organizations to implement a comprehensive, community-based action plan in the Achuar and Shuar Indigenous communities. The project helped maintain essential health services and raise awareness in these remote communities about future public health emergencies.

43. **Building technical capacity for gender equity and human rights.** Over 25 000 people from 33 countries in the Region have benefited from open-access, self-learning virtual courses, made available through PAHO's Virtual Campus, that enhance understanding of how gender operates as a determinant of health. The courses also cover the theoretical and practical framework on international human rights law standards applicable to the right to health and related rights.

44. **Securing high-level commitment on Indigenous issues.** Together with the Organization of American States (OAS), PASB co-organized the First Inter-American Meeting on the Implementation of the American Declaration of the Rights of Indigenous Peoples, held in Guatemala. In addition, PASB collaborated with WHO on the resolution on Indigenous health put forward by Brazil and approved by the 76th World Health Assembly in May 2023.

Challenges

45. **There are limited formal mechanisms for technical cooperation with sectors beyond health, and with local governments and civil society,** on issues related to social determinants of health, health promotion, intersectoral action, and equity in health. For an understanding of these cooperation mechanisms, their practical application, and how they can be tailored to different contexts, it is important to strengthen the application of Health in All Policies. This involves engaging other sectors and levels of governments by establishing formal processes and networks. These efforts aim to build capacity within both the public and private sectors, reinforce existing mechanisms, and facilitate the exchange of lessons learned and best practices in Health in All Policies.

46. **Despite growing impacts of environment and climate on health, these topics are still not a priority for the health sector.** The health sector predominantly utilizes a biomedical approach that does not consider the longer time frame that is required to observe the positive impacts of environmental interventions on health. For example, it may take years for air quality improvements to be captured as health impacts. Moreover, other ministries are responsible for managing environmental drivers and are better funded to do so. To overcome these hurdles, it is important to work at higher political levels to mainstream environmental health priorities, including action on climate change.

47. **Topics related to equity, gender, human rights, and cultural diversity,** including those related to Lesbian, Gay, Bisexual, and Trans (LGBT) people, can generate animosity and ill will in some countries.¹⁶ In addition, changing political contexts can sometimes influence the mainstreaming of these concepts in national policies. Despite collaborating partners' positive interest in these topics, they are often viewed as an "add-on" to other programs, limiting the ability to realize the full potential of this type of programming.

¹⁶ PAHO uses the acronym LGBT according to Resolution CD52.R6 (2013), Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons. It is important to note that the acronym has changed over the years to include other sexual orientations and gender identities. For example, the United Nations uses LGBTQI+ for Lesbian, Gay, Bisexual, Transexual, Queer, Intersex, and (+). The symbol (+) intends to reach a broader range of sexual orientations and gender identities (asexual, pansexual, among others).

Impact on the Ground

[Costa Rica: Intersectoral network to create environments for healthy aging](#)



Senior citizens from Curridabat, San José, come together to discuss the future of their central park.

Photo: PAHO/WHO Costa Rica.

In the context of a rapidly aging population, Costa Rica is fast-tracking the development of public policies that promote healthy aging. With support from PASB, an increasing number of Costa Rican municipalities have signed up to participate in the Global Network for Age-friendly Cities and Communities. At the end of 2023, there were 29 municipalities participating in this network. Intersectoral actions were developed and planned at the community level, geared toward the social determinants of health that affect not only ill-health but also well-being.

[Colombia: Multisectoral approach to NCDs based on the management model of healthy cities, environments, and rural areas](#)

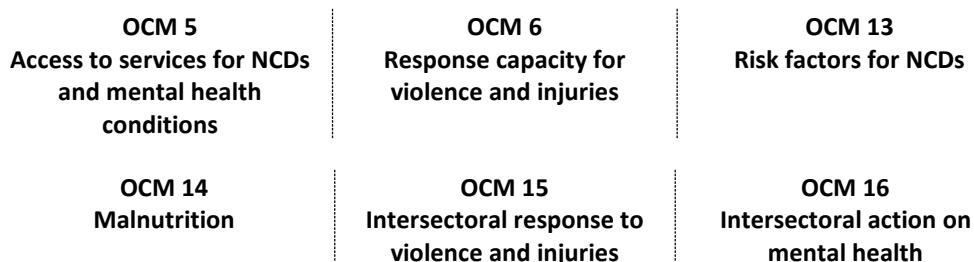


PAHO personnel conduct visits to pave the way for a tailored and responsive health plan for local communities.

Photo: PAHO/WHO Colombia.

Recognizing that economic and social inequalities heighten NCD risk factors for people in vulnerable conditions, Colombia implemented the healthy and sustainable cities, environments, and rural areas model. Utilizing an intersectoral approach, the project provided strategic orientations to local policymakers on how to approach the problem of NCDs by delivering training tailored to different sectors (e.g., health workers and the media). The project targeted two regions, Cauca and Huila, to better understand the living conditions that influenced access to services. Rapid assessments and needs diagnostics were conducted, allowing for the development of a coherent health plan in line with the realities of the communities.

Noncommunicable Diseases and Their Risk Factors, Malnutrition, Mental Health, Violence, and Injuries



Achievements

48. **Expanding the HEARTS technical package in the Region.** HEARTS promotes the adoption of global best practices in the prevention and control of cardiovascular diseases. It improves the performance of the health services through better control of high blood pressure and the promotion of secondary prevention, with an emphasis on primary health care. During the biennium, implementation of the HEARTS initiative expanded to include 13 new countries and territories (Anguilla, Antigua and Barbuda, Belize, Bermuda, Grenada, Guatemala, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, Turks and Caicos, Uruguay, and the Bolivarian Republic of Venezuela). This brought to 33 the total number of countries and territories in the Region implementing the initiative. PAHO continued to promote the HEARTS initiative by developing technical resources such as clinical tools for PHC teams and by advocating for systematic implementation, which is the core of the HEARTS quality improvement program. Argentina, Cuba, Dominican Republic, and Mexico also developed clinical care pathways for diabetes management, aligned with HEARTS.

49. **Scaling up cervical cancer screening and human papillomavirus (HPV) vaccination.** With technical support from PASB, Antigua and Barbuda, Belize, and Brazil introduced HPV testing, including training of primary care providers. In addition, all but three countries incorporated the HPV vaccine into their routine immunization schedules. Eleven countries and territories (Argentina, Anguilla, Barbados, the Plurinational State of Bolivia, Guatemala, Guyana, Jamaica, Mexico, Montserrat, Peru, and Turks and Caicos) successfully transitioned to a one-dose schedule, thus making important progress toward the achievable goal of cervical cancer elimination.

50. **Developing policies to increase treatment access and coverage for children and adolescents with cancer.** Through 31 CureAll Americas active projects (28 national and three regional), over 110 000 health professionals benefited from PAHO's virtual training courses on childhood cancer. Additionally, new technical documents and communication campaigns were developed to raise awareness of childhood cancer and of signs for early detection. The regional experiences and country impacts of CureAll Americas were presented in a special supplement to the Pan American Journal of Public Health, with 17 scientific publications, including an editorial from the Director of PASB. In addition, through the CCHD mechanism, political, social, clinical, and technological strategies for early identification of cancer during childhood and adolescence were developed in the Plurinational State of Bolivia, Colombia, Chile, Ecuador, Peru, and the Bolivarian Republic of Venezuela.

51. **Rolling out the inter-programmatic initiative Better Care for NCDs 2023–2030.** Launched by the Director in September 2023, the initiative is designed to harness the collective strengths of different areas within PASB. Its purpose is to scale up and accelerate the integration of comprehensive NCD services into primary health care as one of the actions required to promote recovery in the post-pandemic era.
52. **Enhancing data collection and analysis on NCD and risk factors through the STEPS survey.** PASB continued to provide technical expertise and support to countries for the implementation of the STEPS survey as a means of understanding NCDs and their risk factors, promoting health equity, and shaping effective interventions. As a result, 11 countries and territories improved their NCD data collection efforts, incorporating over 14 NCD and risk factor thematic areas to inform decision-making. Three of these 11 countries and territories (Aruba, Cayman Islands, and Cuba) completed data collection and are now in the data analysis and report-writing phase. Paraguay completed a data analysis workshop to organize and present the data collected from the surveys, while Antigua and Barbuda and Sint Maarten conducted fieldwork after the completion of their training. Five countries and territories (Barbados, Bermuda, Guatemala, Honduras, and Trinidad and Tobago) developed implementation plans and are preparing for fieldwork training.
53. **Increasing taxes on tobacco to reduce consumption.** In 2023, a partnership between PAHO and the Universidad Adolfo Ibáñez (a Bloomberg Initiative partner in Chile) successfully positioned tobacco taxes on the public policy agenda in Costa Rica and garnered political support from relevant government agencies able to influence the approval of tax policy changes. The support led to development of a tobacco tax bill in line with the WHO Framework Convention on Tobacco Control (FCTC), and the bill was submitted to the Legislative Assembly to be discussed in 2024. Argentina, the Plurinational State of Bolivia, Canada, and the Bolivarian Republic of Venezuela approved policies on tobacco control during the biennium.
54. **Implementing measures to ban novel and emerging nicotine and tobacco products.** The Bolivarian Republic of Venezuela approved a sales ban on these products, including e-cigarettes and heated tobacco products. The ban aligns with FCTC measures to protect the health of populations from novel tobacco products. As a result, 21 countries in the Americas currently have policies regulating electronic nicotine delivery systems, such as e-cigarettes. Eight countries (Argentina, Brazil, Mexico, Nicaragua, Panama, Suriname, Uruguay, and the Bolivarian Republic of Venezuela) prohibit the sale of these products altogether, and the other 13 have partially or totally adopted one or more regulatory measures, such as banning their use in public places or their advertisement and promotion. It is a significant step forward in preventing the uptake of these products, which are addictive, harmful, and aggressively marketed to youth.
55. **Leading and inspiring global efforts to improve diets and protect public health with regulatory policies.** Robust and consistent progress has been achieved on the regulation of ultra-processed and processed products with excessive nutrients and ingredients of public health concern. This has been done through the application of front-of-package warning labels, marketing restrictions, bans on availability in schools, and/or taxation. The Dominican Republic and Honduras have drafted healthy eating laws, Paraguay has adopted a healthy eating law, and Argentina and Colombia have begun implementing such laws. The US Food and Drug Administration has initiated a regulatory process for adoption of a front-of-package labeling system. Products with excessive nutrients and

ingredients of public health concern now feature black octagonal warning labels in Argentina and Colombia. In Argentina these products can no longer be advertised, sold, or distributed in schools. Colombia has increased the taxation of these products, which makes them less affordable. The Plurinational State of Bolivia, Ecuador, and Peru have formulated amendments to their existing legislation to meet PAHO best practices and have issued the draft amendments for public comment.

56. **Eliminating industrially produced trans-fatty acids (IP-TFA).** In line with PAHO's Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020–2025 (Document CD57/8), nine countries have adopted PAHO/WHO best practices for IP-TFA. By the end of the biennium, 84.9% of the Region's population was protected by best-practice policies for the elimination of these products. Colombia and Paraguay have also made progress in implementing interventions for sodium reduction, including warning labels for sodium, and Colombia has set sodium targets for processed foods. Panama approved an action plan for sodium reduction and IP-TFA elimination, and Suriname approved a strategic action plan for salt reduction.

57. **Cooperating among agencies to implement proven approaches to promote nutrition.** As part of the UN Inter-Agency Working Group on Food Systems for Latin America and the Caribbean, PAHO supported countries in the development of road maps to respond to all forms of malnutrition and promote healthy and sustainable diets, using a food and nutrition systems approach. Belize improved the design of its road map to place nutrition at the center of food systems transformation. Belize also improved the school food environment by eliminating sugary drinks, in partnership with PAHO and the OAS. Ecuador implemented a strategy to reduce the prevalence of chronic malnutrition by three percentage points and to prioritize the nutritional status of pregnant women and children between 2019 and 2023. Nine countries (Argentina, Brazil, Barbados, Chile, Mexico, Panama, Peru, Trinidad and Tobago, and Uruguay) are in various stages of completing road maps in line with the recommendations of the WHO Acceleration Plan to Stop Obesity. In the Caribbean, the number of hospitals accredited under the Baby-friendly Hospital Initiative has increased with the addition of new institutions in Jamaica (3), Trinidad and Tobago (2), Antigua and Barbuda (1), and Saint Kitts and Nevis (1), allowing these facilities to promote breastfeeding to ensure that infants receive this vital form of nutrition.

58. **Strengthening rehabilitation services.** Through the implementation of the WHO Systematic Assessment of Rehabilitation Situation (STARS) methodology, PASB worked with the Bahamas, Colombia, and Trinidad and Tobago to strengthen rehabilitation services. This effort helped expand access and contributes to the global Rehabilitation 2030 initiative.

59. **Enabling countries to strengthen emergency and critical care and better respond to road traffic injuries.** Belize, Costa Rica, Jamaica, and Paraguay completed assessments of the capacity of emergency and critical care systems to carry out essential functions in addressing road traffic injuries. Additionally, PAHO, in collaboration with the International Committee of the Red Cross and the International Federation for Emergency Medicine, developed the Basic Emergency Care course for first responders to road traffic accidents. The course has been institutionalized by local authorities in Costa Rica and Paraguay. An important milestone was Jamaica's approval of road traffic regulations in 2022, with implementation in 2023. These regulations aim to reduce the country's rate of road traffic deaths (18 deaths per 100 000 population per year in 2021), which is almost 30% higher than the regional average.

60. **Evaluating quality of care in response to sexual violence.** PASB worked with Member States to develop and test a rapid evaluation tool to assess the quality of care provided by the health system in response to sexual violence. Pilots were completed in Argentina, Colombia, and Honduras in 2023, offering comprehensive data on this topic for the first time. This tool has the potential to be used and adapted by ministries of health throughout the Region to improve care for survivors of sexual violence. Health services for women migrants and refugees from the Bolivarian Republic of Venezuela were strengthened in Argentina, Brazil, Colombia, and Peru. This included working in collaboration with local partners to offer training for health workers and other frontline actors, strengthening multisectoral dialogue, and improving attention to women migrants in policy.

61. **Addressing intimate partner and sexual violence through policy guidelines and training.** In collaboration with PAHO and the UN Spotlight Initiative, Trinidad and Tobago developed and launched its first-ever National Clinical and Policy Guidelines on Intimate Partner Violence and Sexual Violence. These guidelines help health care providers respond holistically to the physical, mental, and social needs of survivors to ensure appropriate follow-up care. They represent a milestone in strengthening health care for survivors of violence in line with PAHO's regional strategy and plan of action on violence. PASB provided technical expertise for the development of similar guidelines in Honduras, Jamaica, and Peru, offering opportunities to strengthen learning and exchange. Health professionals were trained by PASB to respond to violence in Argentina, Belize, Plurinational State of Bolivia, Honduras, and Trinidad and Tobago.

62. **Adopting measures in line with RESPECT and INSPIRE.** In 2023, in collaboration with UN Women, the World Bank, and the United Kingdom Government, PAHO organized a high-level event to mark the annual international campaign known as 16 Days of Activism Against Gender-based Violence. During this event, PAHO and UN Women launched a report in Spanish on adaptation of the global RESPECT framework in Latin America and the Caribbean, describing strategies and programs for the prevention of violence against women and girls. Also in 2023, PAHO supported multisectoral trainings on RESPECT in the Plurinational State of Bolivia and Chile in partnership with the World Bank and UN Women. In collaboration with UNICEF and the Global Partnership to End Violence Against Children, PAHO expanded the INSPIRE workshop series to include the Caribbean, with two additional sessions targeting 100 representatives from 10 Caribbean countries. Given the high rates of violence against children, adolescents, and youth in Caribbean countries, the workshops provided an opportunity to build capacity for the INSPIRE interventions and highlight examples of good practices from Belize, Guyana, and Jamaica.

63. **Better integrating mental health in primary health care.** The PAHO High-Level Commission on Mental Health and COVID-19 launched its report in June 2023, calling for a new agenda for mental health in the Americas. The Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas (Document CD60/9) provided the pathway for establishment of a multi-stakeholder, multisectoral network for suicide prevention. Mental health plans and policies advanced, with Barbados and Guyana developing new action plans. Honduras moved ahead with its national mental health policy, and Antigua and Barbuda, Barbados, Grenada, Jamaica, and Saint Vincent and the Grenadines continue to advance their review of legislation as an important step toward reforming mental health services. Grenada dedicated 2023 as the year of mental health, and for the first time that country has a national coordinator and funding allocated specifically to mental health. PASB

trained over 140 000 health workers from 25 countries on the integration of mental health into PHC and continued to advise countries on the deinstitutionalization of mental health patients. Paraguay has made progress in transitioning patients from a national psychiatric hospital into integrated community-based care, supporting 156 patients through municipal-level centers in 2023.

64. Providing mental health and psychosocial support (MHPSS) in response to emergencies.

Sixteen countries in the Region have intersectoral working groups to coordinate national MHPSS response in emergencies. PASB continued to provide capacity-building for MHPSS in humanitarian emergencies and disasters through the PAHO Virtual Campus for Public Health. In December 2023, 10 virtual courses on mental health under the self-learning modality reached over 279 000 certified professionals. Nine tutored courses were delivered in different areas of mental health. Additionally, courses such as suicide prevention continued to be widely utilized, with over 256 000 persons registered during the biennium.

Challenges

65. Integration of NCDs, mental health, and suicide prevention in PHC remains a challenge.

Barriers include fragmentation of services by specific disease and lack of human and financial resources to support prioritization of these areas. There is a need to enhance task shifting and team-based care to improve the management of persons with NCDs and mental health conditions in PHC settings, rather than relying on specialized care.

66. Health service response to violence and injury prevention, especially around post-rape care, faces increasing obstacles in several countries due to broader political and social trends. These trends may hinder the effectiveness of post-rape care and other violence-related interventions, potentially resulting in inadequate or compromised health services. This situation leaves survivors without the support and care they urgently require. In some countries, the health sector does not have sufficient capacity to effectively engage across sectors on these issues, often relegating the matter to other sectors and actors. As a result, health is often overlooked in multisectoral plans or mechanisms related to violence and injuries, and the approaches adopted do not align with recommended public health strategies.

67. Interference by the alcohol, tobacco, and food industries in national decision-making processes, as reported by Member States, continues to undermine control of NCD risk factors and the adoption of relevant policies and plans. There is a need to build capacity to address the commercial determinants of health by using legal and economic arguments to advocate for regulatory policies that can address country needs and counteract industry interference.

Impact on the Ground

[Ecuador: Improving cardiovascular health from the local community to the national level with a participatory approach](#)



Promotion of the HEARTS initiative.

Photo: Ministry of Public Health of Ecuador.

Cardiovascular disease is the leading cause of mortality in Ecuador. Beginning in 2019, PASB provided technical support for Ecuador's adoption of the HEARTS initiative. By 2023, over 290 000 patients were participating, 75% of whom had achieved control of their hypertension. More than 48 000 health workers have been trained in HEARTS implementation through the PAHO Virtual Campus. Coordination, technical support, and evaluation of the national strategy was carried out by a management working group in partnership with the Ministry of Health, PAHO, and the University of Calgary. Training reached 478 health care facilities at the first level of care, with support from PAHO and Resolve to Save Lives.

[Argentina: Development and approval of national legislation to require front-of-package warning labels on processed and ultra-processed food and drink products](#)



Parliamentary and Ministry of Health meet to review Argentina's healthy eating bill.

Photo: PAHO/WHO Argentina.

To confront the growing problem of obesity and overweight in Argentina, PASB aided national authorities in developing, adopting, and implementing a healthy eating law. The law incorporates best practices on front-of-package warning labels and adopts the food classification tools agreed to by PAHO Member States. After the law's adoption in December 2021, and with support from PASB for its implementation, octagonal front-of-package regulation labels have been printed on products since September 2022. Following PAHO's Nutrient Profile Model, the labels indicate products with excessive levels of sugars, sodium, fats, and trans-fatty acids, providing information to consumers before they make their purchasing choices. The regulation is expected to have long-lasting effects in terms of healthy diets and improved nutrition and health outcomes. Years of advocacy and coordination between PASB and the Ministry of Health, as well as partnerships with organizations like UNICEF and FAO, and the sharing of experiences from other countries like Chile, generated momentum for this policy change.

[Bahamas: New law spurs action on mental health](#)

With technical support from PASB, the Bahamas enacted a groundbreaking mental health law in 2022. The legislation led to the allocation of much-needed resources, introduced targeted interventions, and catalyzed a shift in societal attitudes toward mental health. PASB supported capacity-building for the delivery of mental health services in primary care by means of training through the WHO Mental Health Gap Action Programme (mhGAP). Building on this momentum, the government developed a comprehensive national mental health and suicide prevention plan in June 2023. As a result, the Bahamas is experiencing transformative progress in both the quality and accessibility of mental health programs and services, underpinned by a renewed emphasis on human rights and community-based solutions.

Prevention, Control, and Elimination of Communicable Diseases

OCM 4 Response capacity for communicable diseases	OCM 12 Risk factors for communicable diseases	OCM 17 Elimination of communicable diseases
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Achievements

68. **Progressing toward the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis in the Caribbean.** Belize was certified by WHO as having eliminated EMTCT of HIV and syphilis in 2023. Jamaica and Saint Vincent and the Grenadines have been assessed for the elimination of EMTCT of HIV and syphilis and were recommended for validation by the Regional Validation Committee. Certification of these countries is expected in the first semester of 2024. The prior EMTCT of syphilis and HIV in Antigua and Barbuda, Bermuda, Cayman Islands, Cuba, and Saint Kitts and Nevis was also recertified. PAHO's country, subregional, and regional teams collaborated with WHO and Member States to reach these important milestones.

69. **Optimizing treatment for HIV and tuberculosis.** PAHO's technical cooperation with countries on antiretroviral (ARV) treatment resulted in increased uptake of generic therapies based on dolutegravir (DTG). DTG-based treatments procured from the Strategic Fund increased from representing 43% of all ARV therapies in 2021 (166 499 annual treatments) to 82% in 2023 (290 263 annual treatments). PASB championed the expansion of shorter TB treatment regimens and shorter preventive treatment. This effort resulted in 11 countries acquiring pretomanid, BPaL (bedaquiline, pretomanid and linezolid), and BPaLM (bedaquiline, pretomanid, linezolid, and moxifloxacin) for treatment of drug-resistant TB, and 13 countries now have shorter preventive treatment regimens in place.

70. **Advancing toward malaria elimination in the Americas.** Belize achieved WHO certification of its malaria-free status in 2023. Suriname completed a second consecutive year without indigenous transmission of malaria, becoming the first Amazonian country to report zero malaria cases for a year. PASB provided technical cooperation to endemic countries to strengthen national capabilities in the surveillance, detection, and prevention of malaria. Additionally, it offered direct support and evaluations from experts in the field, as well as coordinated efforts among partners and institutions for malaria elimination, such as the Regional Malaria Elimination Initiative.

71. **Recovering measles and rubella elimination in the Americas.** The Americas was the first world region to eliminate rubella and measles, in 2015 and 2016 respectively. However, Brazil and the Bolivarian Republic of Venezuela reestablished endemic transmission of measles due to outbreaks that lasted for more than two and four years, respectively. In November 2023, the Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission, with PAHO as the secretariat, reverified the Bolivarian Republic of Venezuela as a measles-free country after circulation of the virus had been interrupted for four years. In addition, having received evidence of the interruption of the measles outbreak in Brazil, the Commission classified that country as pending verification. The Region of the Americas is on its way to recovering one of its most important public health achievements, the elimination of the endemic measles virus from the entire Region. All countries have maintained the elimination of rubella and congenital rubella syndrome since 2015, which is also an important achievement.

72. **Employing innovative vector control strategies to prevent deaths due to dengue.** In the context of the Grade 3 global emergency due to dengue, the dissemination and implementation of PAHO cooperation packages for clinical management made it possible to maintain low case fatality rates, at the targeted 0.05%.
73. **Taking action to eliminate trachoma.** PAHO began a new five-year collaboration with the Government of Canada (\$12 million) to eliminate trachoma as a public health problem in 10 countries. The first year featured a strong emphasis on planning, coordination, development of methodologies and protocols, and implementation of integrated interventions. There was also a focus on integrating gender, cultural diversity, equity, and human rights approaches into the activities undertaken.
74. **Advancing the Disease Elimination Initiative.** The Director launched an internal inter-programmatic initiative in support of the existing work and relaunched the initiative at the 60th Directing Council in 2023. The effort goes beyond the disease-centered approach to ensure that health systems can address root causes, which are often the same for multiple diseases.
75. **Reaching over 70% coverage of the COVID-19 vaccine in the Americas.** The Region achieved this milestone as of 31 December 2023, with technical support from PAHO and longstanding partners such as the United States Government and Global Affairs Canada. Countries now include the vaccine as part of their basic vaccination schedules, while prioritizing the most vulnerable groups. A total of 2.19 billion COVID-19 vaccine doses were administered in the Americas thanks to the PAHO Revolving Fund, which enables equitable access to vaccines. Countries such as the Plurinational State of Bolivia, Colombia, and Costa Rica indicated successful integration of COVID-19 vaccination within primary health care.
76. **Strengthening capacities for antimicrobial resistance surveillance.** PASB played a key role in helping countries transition from reporting aggregated surveillance data to isolate-level data on antimicrobial resistance (AMR). This was done through the standardization of protocols and procedures in collaboration with the Latin American and Caribbean Network for Antimicrobial Resistance Surveillance (ReLAVRA+). The effort strengthened country capacities to improve the detection of emerging resistant pathogens or mechanisms, prompting an immediate containment response. This in turn reduced morbidity and mortality from infectious diseases and helped contain outbreaks of multidrug-resistant organisms. PASB supported the strengthening of fungal surveillance capabilities in countries by providing technical expertise for the establishment of surveillance systems and corresponding data collection and information systems. Additionally, the Bureau helped establish the first external quality assurance program for invasive fungal infections in Latin America and the Caribbean. This program is based at the Malbrán Institute in Argentina, which is a PAHO/WHO Collaborating Center on AMR.
77. **Increasing political commitment to programs and interventions for infection prevention and control.** The COVID-19 pandemic highlighted gaps in infection prevention and control (IPC) programs and practices and the growing burden of healthcare-associated infections, including those caused by multidrug-resistant organisms. In response, PASB provided tailored recommendations aimed at containing outbreaks, strengthening local IPC capacities, and guiding more targeted public health interventions. Moreover, PASB provided technical expertise for a pilot project to integrate AMR

surveillance, IPC programs, and antimicrobial stewardship. This pioneering initiative, named INTEGRAR, was implemented in six hospitals in Paraguay.

78. **Advocating for stronger governance of AMR National Action Plans.** The AMR country self-assessment survey (TrACSS) in 2023 indicated that 90% of countries in the Region have formalized AMR multisectoral committees for the implementation of their AMR National Action Plans (NAP). These countries expanded their NAPs under a One Health approach by strengthening governance and regulatory frameworks and conducting costing exercises for NAPs. These efforts aimed to achieve greater accuracy in budgeting activities and advocated for government funds to be allocated to NAPs, ensuring the long-term sustainability of AMR activities. PASB, through the CCHD initiative, supported Argentina and the CARICOM countries to revitalize their national multisectoral committees. This renewal allowed the countries to resume or update NAP development and implementation and to expand their AMR surveillance and IPC capacities.

79. **Strengthening food safety systems.** During the biennium, monitoring and surveillance of foodborne illnesses in Latin America and the Caribbean was strengthened under the One Health approach. This included use of the States Parties Self-assessment Annual Report, section C13, to strengthen capabilities around food safety emergencies. PASB provided technical support in improving risk analysis capacities for food safety (risk management, risk assessment, and risk communication) through in-person training, and also assisted in improving laboratory capacities through chemical and microbiological proficiency tests organized by the Interamerican Network of Food Analysis Laboratories. Additionally, five countries (the Plurinational State of Bolivia, El Salvador, Guatemala, Guyana, and Honduras) have leveraged the Codex Alimentarius to enhance their food safety systems. Codex provides international standards, guidelines, and codes of practices for food safety and quality to ensure fair trade practices.

80. **Advancing toward the elimination of canine rabies.** Rabies control and prevention interventions were implemented in border areas of Brazil and the Plurinational State of Bolivia. PASB provided technical cooperation to begin the dog-mediated human rabies validation process in Argentina, Brazil, and Colombia. The 17th Meeting of Directors of Rabies Programs in the Americas (REDIPRA 17) was held in Colombia with the participation of official delegates from the health and agriculture sectors in 27 countries of the Region, and during this meeting the Regional Plan for the Elimination of Canine Rabies was approved.

81. **Increasing production of and access to antivenoms through the Strategic Fund.** The PAHO Strategic Fund has expanded its list of approved medicines to include lifesaving antivenom produced in both public and private national laboratories in the Region. This expansion aims to enhance countries' access to antivenoms, particularly for emergency response situations. Countries and their national snakebite and envenoming programs now have access to regionally produced antivenoms through the Strategic Fund. Regarding the production of antivenoms, PASB coordinates the Latin American Network of Public Antivenom Manufacturing Laboratories (RELAPA), which works to enhance the quality of antivenom production in the Plurinational State of Bolivia and the Bolivarian Republic of Venezuela, ensuring the availability of high-quality medicines.

Challenges

82. **Efforts to reorient health services for communicable diseases toward an integrated first level of care face obstacles.** Among the problems are infrastructure issues, human resource shortages, stockouts and limited availability of supplies, fragmented governance, and persistent stigma and discrimination. Provision of community services on communicable diseases is hampered by lack of funding, insufficient coordination with the first level of care, regulatory barriers, and a shortage of community health workers who can provide integrated interventions. Weak mechanisms for enforcing regulations, such as national food safety systems and antimicrobial sales regulations, remain a significant problem.
83. **Effective uptake of PAHO/WHO recommendations and new strategic health supplies is hindered by delays.** These reflect lack of political will, financing issues, resistance to change among professional associations, and regulatory and bureaucratic barriers. Persistent inequities in access to new technologies for diagnostics and antibiotics between and within countries impede appropriate implementation of mitigation interventions.
84. **Countries face difficulties in avoiding interruptions of immunization services** due to staff shortages or challenges around cold chain storage and distribution capacity. Additionally, diminishing trust in national authorities and institutions, combined with the increasing circulation of misinformation, weakens uptake of public health strategies, including vaccination. Vaccine hesitancy is fueled by misinformation spread mainly through social media, but there is also an insufficient appreciation of the risks of some vaccine-preventable diseases whose transmission has been interrupted. These are important challenges that remain for the next biennium. Limited data sharing between countries and the lack of a regional framework have prevented the implementation of digital vaccination certificates for cross-border interoperability.
85. **Weak information systems hinder the generation of appropriate surveillance and monitoring data** for communicable disease prevention, control, and elimination. Challenges include governance issues, fragmentation of information systems, and poor data quality and analysis, which slow down the process of ensuring appropriate documentation for elimination of diseases.
86. **Limited intersectoral actions diminish the scope and impact of activities.** There is a prevalent focus on single-sector approaches rather than a One Health multisectoral approach, and this narrow approach hinders the effective implementation of interventions. Additionally, multisectoral, meaningful engagement of civil society is insufficient, particularly for diseases like TB, viral hepatitis, and sexually transmitted infections. This lack of engagement further complicates the implementation of intersectoral actions.

Impact on the Ground

The Bolivarian Republic of Venezuela: Reverification as a country free from measles



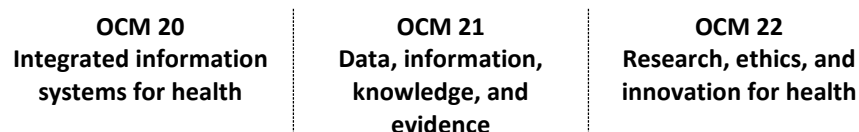
Vaccination campaign. **Photo:** PAHO/WHO Venezuela.

Between July and December 2017, the Bolivarian Republic of Venezuela identified 1722 suspected measles cases, of which 727 were confirmed. By mid-2018, endemic transmission was reestablished. The country began rigorous efforts to contain this outbreak, and in January 2020 national authorities announced that the outbreak was under control. By November 2023, the Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission, an independent body, announced that the Bolivarian Republic of Venezuela had been reverified as measles-free. During the biennium, PASB donated 57 000 doses of measles, mumps, and rubella vaccine and supported the country in the purchase of around 6.5 million vaccines through the Revolving Fund. With support from bilateral and multilateral partners and donors, and in coordination with the country's government and UNICEF, PASB supported the Bolivarian Republic of Venezuela in achieving reverification by providing technical advice and preparing annual monitoring reports. These reports confirmed that year after year, for a period of four years, the country had maintained the interruption of the measles outbreak and the elimination of rubella and congenital rubella syndrome.

Communities empowered against antimicrobial resistance

Recognizing the increasing threat of antimicrobial resistance, PAHO launched Communities Empowered to Tackle Antimicrobial Resistance as a platform for dialogue among diverse stakeholders on AMR response. Led by PAHO and ReACT Latin America in collaboration with the South Centre and Florida International University, the initiative aimed to share best practices and innovations in AMR awareness and education and to promote community engagement under National Action Plans. Measures to prevent and control infections at the community level, to promote responsible use of antimicrobials, and to combat bacterial resistance were developed through a crowdsourcing approach. More than 2 100 people participated in the exchanges, coming from 30 countries in the Americas and 18 countries in other regions. In 2022, this initiative was recognized as a UN good practice in South-South and triangular cooperation for sustainable development.

Information Systems for Health, Evidence, and Research



Achievements

87. **Increasing interoperability of information systems for health.** Countries improved their information systems for health, as shown in a comprehensive assessment of IS4H maturity. Seven countries (Bahamas, Brazil, Costa Rica, El Salvador, Guatemala, Honduras, and Panama) reinforced or established national committees for IS4H and health sector digital transformation to ensure integrated information systems, including at the first level of care. Brazil integrated its national network of health data as a hub for interoperability, and El Salvador, Guyana, Jamaica, Nicaragua, and Uruguay developed national electronic health records platforms. Argentina, Brazil, Chile, Guyana, and Panama updated their national legislation in line with this technological advance. Significant progress was made toward the adoption of ICD-11 in 14 Caribbean countries, which enhanced the quality of data under the IS4H initiative. Increased financial contributions came from partners such as Global Affairs Canada, GIZ, Spanish Agency for International Development Cooperation (AECID), USAID, US Centers for Disease Control and Prevention (CDC), Vital Strategies, Robert Wood Johnson Foundation, and Bloomberg Philanthropies, helping to catalyze action in this area.

88. **Advancing digital transformation of the health sector.** With technical cooperation from PASB, 15 countries are implementing an integrated package of interventions on telehealth for strengthening primary health care. The resources include the All-in-One Telehealth Platform, an innovative platform developed by PASB as a digital public good, as well as a virtual course on integration of telehealth in PHC. Over 30 000 participants in more than 70 countries worldwide have completed the course, which is available through PAHO's Virtual Campus. PASB also developed a tool to measure the maturity of telehealth services, which has been applied to more than 4000 institutions in the Region. The measurement tool was also used in three Portuguese-speaking countries in the African Region (Cape Verde, Guinea-Bissau, and Mozambique).

89. **Moving toward cross-border interoperability of data.** Digital certification of COVID-19 vaccination is being implemented in 15 countries, with support from the US Government. A digital certificate of vaccination is being provided in accordance with WHO guidelines and international standards. Citizens who are fully vaccinated against COVID-19 can use the digital document in almost all WHO Member States. The remaining countries in the Region are moving toward adoption of the COVID-19 certificate, and PAHO is extending the technological infrastructure to certificates for other routine vaccines. In collaboration with the Inter-American Development Bank and other partners, PASB provided technical cooperation in developing digital certification infrastructure and revising and updating data management systems, including reengineering of immunization information systems to improve the efficiency of vaccination and continued care for patients. The initiative is fully aligned with the Global Digital Health Trust Network led by WHO.

90. **Advancing the use of data science to better respond to health challenges.** To bolster health surveillance and vaccination coverage data, PASB revamped the regional vaccination dashboard with an innovative automated system for efficiently tracking routine vaccine data. This analysis revealed an urgent need to escalate vaccination efforts, specifically targeting measles-containing vaccines, the third dose of polio vaccine, and the diphtheria-tetanus-pertussis vaccine. Micro-census activities began in the last quarter of 2023 in the Plurinational State of Bolivia, Panama, Paraguay, and Peru; these activities will continue moving forward and are crucial for the accuracy of health intelligence. PASB pioneered the use of geographic information systems (GIS) and artificial intelligence in Costa Rica to map waste dumpsites. This emerging methodology promises to shed light on the complex interplay between waste disposal, climate change, social equity, and health outcomes. Under the Geolocated Health Facilities Data initiative and in collaboration with the WHO GIS Centre for Health, PASB is leading the way toward significant advancement in the Region’s health data collection and analysis capabilities.

91. **Strengthening capabilities to monitor and analyze health equity.** Enhanced capacity to monitor health inequalities is critical for informing pro-equity policies, evaluating and strengthening national and subnational health information systems, and advancing accountability on the regional commitment to leave no one behind. PAHO provided technical guidance and training in 12 countries to strengthen their capacity to monitor health inequalities for SDG 3 indicators over time by using routine, administrative, and disaggregated data, including social and vital statistics. The PAHO Equity Explorer computational tool supports the estimation of health inequalities at national and subnational levels by incorporating users’ own data. Training on this tool was implemented in eight countries (Antigua and Barbuda, Plurinational State of Bolivia, Chile, Colombia, Ecuador, Guyana, Jamaica, and Trinidad and Tobago). This accessible and user-friendly analytical tool will help countries incorporate equity measurements and monitoring in health programs to identify gaps and strategically target areas and population groups for program improvement.

92. **Moving toward open public health data to enhance data-driven decisions in public health.** Significant advances were made through the implementation and continual refinement of information systems and technical data platforms. These developments enhanced the accessibility and analysis of disaggregated public health data, greatly improving access to health information for decision-making and policy formulation. In this context, PASB has made progress on four key digital platforms that are available for use by all countries and territories in the Region:

- a) Core Indicators portal: An interactive portal featuring over 140 health and health-related indicators from 1995 onward, with detailed data disaggregation.
- b) Health in the Americas portal: A comprehensive source for health conditions, determinants, and trends in the Region, offering interactive tools for data exploration and cross-country comparisons.
- c) SDG 3 portal: A one-stop shop focusing on Sustainable Development Goal 3, providing valuable data, analysis tools, and evidence to support informed decision-making for health and well-being.
- d) Immunization Data and Statistics portal: A tool that focuses on vaccination coverage, particularly for the diphtheria-tetanus-pertussis immunization. This portal aids in monitoring and adapting vaccination strategies at subnational level and offers extensive information on vaccine-preventable diseases.

93. **Expanding access to key sources of information.** Celebrating its 25th anniversary in 2023, the PAHO Virtual Health Library (VHL) provides access to 57 information sources with almost 37.3 million references to scientific and technical documents. The portal recorded over 15 million access sessions by 8.5 million users during the biennium, resulting in 28 million page views. Key sources of information available through the VHL include the LILACS literature database and DeCS/MeSH (Health Science Descriptors/Medical Subject Headings). The updated LILACS now contains 1.07 million document records, with 210 centers from 19 countries contributing to its database, and new indexed journals from seven countries. Additionally, the DeCS/MeSH 2023 version remains operational, with nearly 3.7 million access sessions and 10 million page views during the biennium. The DeCS/MeSH Finder service was accessed by 27 600 users across 90 countries, highlighting the portal's global reach. Brazil, Colombia, Mexico, Peru and Spain were ranked among the top accessing countries.

94. **Enhancing institutional capacities and integration of the science, research, and evidence systems.** The Region made significant progress in solidifying research and development and evidence systems, facilitated by the adoption of PAHO's Handbook for Adapting and Implementing Evidence-Informed Guidelines and its Guide for Evidence-Informed Decision-Making, Including in Health Emergencies. Joint work between the Evidence-Informed Policy Network of the Americas (EVIPNet) and RedETSA, with 22 countries participating, helped coordinate efforts. Fourteen countries have developed capacities in governance, priorities, standards, and evidence-informed products. The BIGG-REC database, which efficiently organizes over 3500 current WHO and PAHO recommendations for easy access, was made available in the four official languages of the Organization. The PAHO Virtual Campus offered 34 courses on systematic reviews development (7000 participants), evidence-based guidelines (10 900 participants), evidence-informed policies (4700 participants), and reporting guidelines to enhance the visibility and value of health research (6300 participants). In collaboration with the WHO global clinical platform, 13 countries participated in analyzing and publicly sharing anonymized data on COVID-19 (137 000 cases), post-COVID (long-term follow-up of more than 10 000 cases), and mpox (3800 cases). This analysis constituted a key development toward the establishment of a regional clinical intelligence network and the commitment to design data-driven health improvements.

95. **Expanding access to vital knowledge through global alliances.** In collaboration with WHO, PASB worked to expand access to a vast store of knowledge, including the global literature related to COVID-19 (377 000 documents accessed by more than 5000 users) and Global Index Medicus (2.4 million references accessed by more than 278 000 users). PASB supported the African Index Medicus by hosting it on the Virtual Health Library platform, sparking cross-regional collaboration. At the global level, the Bureau supported the ProEthos platform, which was developed by PAHO to systematize the work of human research ethics committees. PASB also prepared information products and services for the First WHO Traditional Medicine Global Summit.

96. **Strengthening research ethics systems and the integration of ethics in health.** With technical support from PASB in developing a draft national policy, Paraguay revamped its research ethics system. Normative documents for ethical research (laws and clinical trials regulations) were also developed for the Plurinational State of Bolivia, Costa Rica, El Salvador, Guatemala, Peru, and Trinidad and Tobago. The regional research ethics landscape is also changing in response to the implementation of a PASB-developed tool for the accreditation of research ethics committees by

health authorities. The Region improved its preparedness for emergencies by implementing the recommendations in PAHO's publication *Catalyzing Ethical Research in Emergencies*, the only guidance of its kind available worldwide. Lessons learned from the COVID-19 pandemic, such as those regarding the ethical use of unproven interventions outside of research, were implemented as part of the mpox response, which further integrated ethics in surveillance and in the allocation of vaccines by the PAHO Revolving Fund. Published training material, notably the book *Public Health Ethics: Cases Spanning the Globe*, provided a better understanding of public health ethics. Courses were also developed on this topic, including three that served over 25 000 government workers in Puerto Rico.

97. **Strengthening the social innovation ecosystem and national research policies.** Eight countries implemented national policies on research for health by December 2023, and 13 reported research for health investment to the Global Observatory on Health Research and Development (SDG Indicator 9.5.1). PASB strengthened the innovation ecosystem through the Social Innovation in Health Initiative, WHO's Health Innovation for Impact approach, and the WHO 2023 LEAD Innovation Challenge. The progressive integration of social innovation with the Bureau's technical cooperation supported the co-creation of context-appropriate sustainable solutions to address health equity gaps. Regionally, the Bureau supported the Latin American and Caribbean Alliance on Social Innovation for Health (ALACISS), advanced tools and standards, and facilitated capacity development. A regional call identified 67 innovations, with standouts from Brazil, Costa Rica, Nicaragua, and Panama participating and exchanging insights. Innovators from the Amazon joined the alliance to train Amazonian Indigenous communicators and promote community health workers. These efforts were crucial in growing ALACISS, underlining PASB's dedication to leveraging social innovations for improved health outcomes.

98. **Advancing scientific production and information and knowledge management across the Region.** In collaboration with Member States, PASB maintained the production of scientific and technical literature through the Pan American Journal of Public Health and the PAHO Institutional Repository for Information Sharing (IRIS), both of which have shown a marked increase in digital resources. In 2023, the Journal published original papers and other evidence addressing public health issues and achievements in the Americas, including more than 160 peer-reviewed scientific papers from a total of over 1000 manuscripts received. PAHO IRIS saw active engagement, with over 16 million visits and 1100 new documents. Webinars targeting 22 countries and territories highlighted the value of the Research4Life program, and technical support was provided to El Salvador and Guyana, the latter becoming the first country in the Region to participate in the Research4Life Country Connectors project. The Good Practices in Public Health initiative opened an avenue for knowledge exchange, aiming to enhance the replication and scaling up of successful practices among Member States. PASB's technical cooperation was strengthened thanks to work with over 180 PAHO/WHO Collaborating Centers in the Americas, providing critical technical expertise and underscoring the importance of shared knowledge and collaborative efforts in advancing public health objectives.

Challenges

99. **Countries face difficulties in integrating preexisting information systems with new platforms that meet interoperability standards.** Other obstacles to progress include data security and privacy concerns, insufficient digital literacy programs, disparities in technology access between urban and rural areas, and continued reliance on paper-based health records management. Increasing high-level engagement with key partners and international financial institutions remains a key strategy for addressing these obstacles. Inadequate technological infrastructure in some countries, particularly insufficient coverage of high-speed and reliable broadband internet connections, represents a significant barrier to implementing telehealth programs and platforms. Many countries experienced interruptions or unplanned shifts in projects, or reduced their investment in generating, collecting, and disseminating data, knowledge management, and evidence.

100. **Insufficient expertise makes it difficult to strengthen research governance and adhere to international research standards in countries.** This prevents full utilization of scientific research, even though countries now attribute unprecedented value to high-quality scientific research due to COVID-19.

101. **Difficulty in adapting, replicating, and sustaining social innovations in new settings** prevents countries from maximizing opportunities to provide quality health care, support community health workers, strengthen health systems in remote areas, empower underserved populations, and catalyze intersectoral actions.

102. **Strategic corporate data platforms and projects require financing schemes** that ensure their maintenance and support their further development. Such is the case for Health in the Americas, PLISA (Health Information Platform for the Americas), Core Indicators, BIGG-REC, Pan American Journal of Public Health, and IRIS. These platforms represent public goods—hence the importance of strengthening them.

Impact on the Ground

[Trinidad and Tobago: Adoption of technology to ensure access to health care during the COVID-19 pandemic](#)

To ensure that the health care system would not be overburdened during the COVID-19 pandemic, Trinidad and Tobago sought mechanisms to provide health services without unduly exposing patients and health workers to the virus. As part of a project funded by the India-UN Development Partnership Fund, exchanges were held between PAHO, the Ministries of Health of Rwanda and Trinidad and Tobago, and the University of Trinidad and Tobago to explore the potential applications of health service robots, which Rwanda had successfully introduced into their health system in 2020. Need assessments undertaken by the university identified those services for which robots were the preferred delivery option. Capacity-building, including the critical technology transfer component, was essential to the execution and sustainability of the initiative. These robots have the potential to kick-start technological transformation of the Trinidadian health sector, perhaps even leading to opportunities for other countries.

Health Emergencies

OCM 23
Health emergencies
preparedness and risk
reduction

OCM 24
Epidemic and pandemic
prevention and control

OCM 25
Health emergencies detection
and response

Achievements

103. **Improving compliance with reporting requirements of the IHR.** The International Health Regulations are a legal instrument that requires States Parties to establish and maintain core capacities for surveillance and response to public health risks and emergencies. States Parties are expected to provide annual updates on their IHR capacities to WHO. In coordination with key UN partners, such as the International Atomic Energy Agency, World Organisation for Animal Health (WOAH) and International Civil Aviation Organization, PASB developed technical documents to guide States Parties in completing the States Parties Self-Assessment Annual Reports (SPAR) and applying the IHR Monitoring and Evaluation Framework. In both 2022 and 2023, all 35 States Parties complied with the mandatory annual report to WHO. This was the first time this happened in two consecutive years and represents an improvement over the 32 submissions in 2021 and 29 in 2020. During the biennium, PASB also supported a review of 22 voluntary IHR components in 18 countries.

104. **Strengthening IHR core capacities.** The Region saw significant improvement in its average core public health capacities under the IHR during the biennium. While North America's average core capacity score peaked at 87%, South America increased its score by 2% from 2021 to 2022, reaching 67%. PASB developed and disseminated IHR country profiles based on annual reporting data from 2010 to 2021. Additionally, four COVID-19 after-action reviews and two intra-action reviews were conducted. Technical cooperation was provided to Ecuador and El Salvador for implementation of contingency plans and procedures in response to chemical incidents. PASB also helped to conduct an evaluation of core capacities and develop national action plans to strengthen health security in Guatemala and Guyana. In addition, in preparation for the 2023 Pan American Games in Chile, PASB responded to a request from Brazil and Chile to lead a regional simulation exercise (SIMEX). Twenty-four countries and territories participated, contributing to enhanced preparedness for the games.

105. **Strengthening IHR zoonotic disease core capacities in the Dominican Republic and Suriname.** Following a voluntary external evaluation of their SPAR-C12 (zoonotic diseases) capacities, the Dominican Republic and Suriname developed road maps to strengthen preparedness for zoonotic diseases. PAHO engaged with key stakeholders, donors, and partners to build strategic alignment in support of national efforts to reduce the risk of future spillover infectious disease events. PASB worked to establish consensus on priority actions and coordination mechanisms related to SPAR-C12 (zoonotic diseases) together with partners, including the executive secretariat of COMISCA, FAO, WOA, US CDC, International Regional Organization of Plant and Animal Health, and Inter-American Institute for Cooperation on Agriculture.

106. **Reducing risks from disasters.** Twenty-one countries updated their national risk assessments for health emergencies. PASB promoted the Hospitals Resilient to Health Emergencies and Disasters initiative, which prioritizes "smart" standards to bolster health care facilities against health emergencies

and disasters, and 20 countries launched the initiative. Caribbean countries integrated smart standards with technical support from PASB, and Barbados assessed 10 facilities for A70 standards.¹⁷ In Belize, eight health facilities were retrofitted with European Union and United Kingdom financing.

107. Strengthening preparedness to respond to migration crises. PASB worked together with 11 countries and other partners to implement activities at subnational level with an emphasis on border communities, health sector coordination, planning, health information, epidemiological surveillance, risk communication, and emergency care. In Guatemala and Honduras, Ministry of Health personnel and strategic partners improved coordination to address complex humanitarian health concerns. Over 3500 health staff and community workers were trained in these two countries, 51 500 migrants and local residents received health care, and 37 facilities were improved with supplies and infrastructure improvements. PASB also monitored regional health and migration crisis responses using platforms like the Inter-Agency Coordination Platform for Refugees and Migrants from the Bolivarian Republic of Venezuela and the Proceso de Quito.

108. Increasing safety for persons with disabilities during emergencies and disasters. In Guatemala, PASB supported the inclusion of persons with disabilities and their families in inclusive emergency and disaster risk management, rolling out the Disability Inclusion in Hospital Disaster Risk Management (INGRID-H) tool in six hospitals. The INGRID-H methodology was implemented in 286 health facilities in nine countries (Chile, Colombia, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Peru, and the Bolivarian Republic of Venezuela).

109. Strengthening preparedness capacities within PASB and Member States. PASB strengthened readiness capacities across the Region to better prepare national authorities as well as its own personnel for health emergencies, and updated its regional roster of experts with highly qualified and specialized professionals. Training to strengthen coordination mechanisms and Emergency Operations Centers was provided for 18 countries in the Caribbean. Experts from Chile, El Salvador, Guatemala, and Peru were trained to use the HOPE platform, a virtual collaborative tool to improve coordination in health emergencies and facilitate crisis management.

110. Reinforcing emergency medical teams (EMT). Two new EMTs, Americares and Heart to Heart International, were recognized through the WHO global classification process, bringing to nine the total number of classified teams in the Region. During the response to COVID-19, \$3.6 million in EMT equipment was procured for 11 countries, strengthening national EMT surge capacities. PASB trained 951 professionals from 15 countries using the SIMEXAmericas digital platform. Best practices for EMT preparedness, readiness, response, and coordination were promoted in a forum co-organized with the Secretariat of Health of Mexico in partnership with AECID and the Ford Foundation. With technical support from PASB, four countries (Dominican Republic, Ecuador, Nicaragua, and Panama) integrated SISMED911, a software program that supports the complete cycle of prehospital emergency case management, into their prehospital services.

111. Enhancing pandemic and epidemic preparedness and response systems. PASB helped Argentina, Chile, and Guatemala to strengthen their epidemic response systems. Simulation exercises for pandemic preparedness were performed in the Plurinational State of Bolivia, Costa Rica,

¹⁷ A smart hospital must achieve an A score on the Hospital Safety Index, and it also must achieve a minimum of 70% on the Green Checklist for Smart Facilities. Hospitals scoring A70 are deemed to comply with the “smart” standards (safe and green).

Guatemala, Mexico, Panama, and Suriname, along with a regionwide exercise held in Colombia. PASB supported the response to various outbreaks such as avian influenza, using a One Health approach.

112. Strengthening national and regional surveillance capacity networks. PASB continued to support the integration of surveillance for influenza, COVID-19, and other respiratory viruses to enhance regional capacities in surveillance, including integrated sentinel surveillance in 11 countries. Guidelines for integrated surveillance were reviewed in Guyana, Saint Lucia, Suriname, and Trinidad and Tobago. In a joint initiative with the US CDC, PASB continued working on a pilot study on the functionality of sentinel versus universal surveillance in Argentina, Chile, and Mexico.

113. Enhancing surveillance and virology testing in Central America and the Caribbean. PASB worked to strengthen surveillance and virology testing capacity in the Caribbean and Central America for arboviruses in general, but also for severe acute respiratory syndrome (SARS), influenza, and other respiratory viruses. Promoting collaboration and joint work within the framework of the IHR, as was the case in Guatemala and Guyana, was key to achieving this goal. The increased capacity in the Caribbean was reflected in the improvement of reports and of surveillance during dengue outbreaks.

114. Implementing the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response. The first meeting of the PAHO Genomic Surveillance Regional Networks (PAHOGen) brought together for the first time four of the most important networks that use genomic data for surveillance: ViGenDA (arboviruses), RESVIGEN (formerly Covigen but now including all respiratory viruses), PulseNet (foodborne pathogens), and ReLAVRA+ (antimicrobial resistance). Laboratories in 30 countries and territories are actively participating in the genomic surveillance of different epidemic-prone pathogens, and 25 countries and territories have laboratories with sequencing capacity. The Bahamas, Dominican Republic, and Honduras gained sequencing capacity for the first time, while laboratories in El Salvador and Jamaica received training and equipment to begin sequencing activities.

115. Information sharing on detection, verification, and events monitored. Since the last semester of 2023, PASB has been sharing all signals captured daily through a public domain webpage, including those under verification and events reported by IHR National Focal Points.¹⁸ During 2022–2023, the Bureau reviewed more than 4.3 million pieces of information, followed 5392 potential signals, and assessed and recorded 309 events in the Event Management System. PASB produced 80 epidemiological alerts or updates, briefings or technical notes, situation analyses, and summary reports for public dissemination on the PAHO website, along with nine regional risk assessments. In addition, PASB contributed to two biregional risk assessments and 18 global risk assessments in collaboration with other WHO regions. Further updates were provided on public health emergencies through public dashboards, geographic analysis, and bulletins through various platforms.

¹⁸ The dashboard is available (in Spanish) at: <https://shiny.paho-phe.org/homol/>.

116. **Mounting a timely response to ongoing and emerging emergencies.** PASB monitored and/or managed responses to 126 emergencies, including seven protracted emergencies: COVID-19, the humanitarian crisis in the Bolivarian Republic of Venezuela and neighboring countries, Haiti's civil unrest and earthquake recovery, the volcanic eruption in Saint Vincent and the Grenadines, mpox, polio, and mass migration. PASB responded to 34 new emergencies during the biennium, including hurricanes and tropical storms in Belize, Cuba, and Nicaragua; volcanic activity in Colombia and Ecuador; droughts in Brazil and Suriname; flooding in the Plurinational State of Bolivia, Colombia, Cuba, Haiti, and Suriname; mass migration; and several outbreaks of infectious diseases such as Legionella in Argentina, respiratory syncytial virus in Chile, and dengue in multiple countries. During the biennium, 280 international shipments totaling 580 metric tons of critical health supplies, goods, and medicines from the regional logistics hub in Panama were delivered to 37 countries and territories. Agreements on logistics were established or continued with strategic partners such as Direct Relief and Project HOPE.

117. **Responding to the mpox outbreak in the Americas.** On 24 May 2022, PASB established an Incident Management Support Team to lead the response to mpox, which was declared a public health emergency of international concern by the WHO Director-General on 23 July 2022. PASB delivered technical cooperation including supplies, in some cases, to ensure laboratory detection capacity, strengthen surveillance, and implement infection prevention and control measures. The Bureau also synthesized evidence to develop clinical guidelines for therapeutic options and joined efforts to combat stigma and discrimination through risk communication and community engagement. Following a special session of the 59th Directing Council in 2022, Member States mandated PAHO to take steps to support access to vaccines for mpox via its Revolving Fund (Resolution CDSS2.R1). By the end of this period, PASB had supported the distribution of over 71 400 vaccines to nine countries, with a focus on the vaccination of vulnerable communities.

118. **Bolstering health services for vulnerable communities in complex situations.** In Colombia, PASB engaged 166 community members in rural areas to participate in building sustainable community surveillance systems. PASB also deployed health brigades reaching 2487 people and delivered critical supplies. In Haiti, in addition to efforts to combat cholera (see below), the Bureau provided supplies to health facilities to support victims of gang violence and maintain essential health services. PASB also aided internally displaced persons at 26 sites in Haiti, offering medical consultations and mental health support, carrying out IPC measures and decontamination, and vaccinating over 10 000 people against cholera. In December 2022, PASB, with financial support from partners, opened a fully functional ambulatory emergency room at the Hôpital Universitaire la Paix in Port-au-Prince. In the Bolivarian Republic of Venezuela, PASB focused efforts on essential services such as emergency and maternity rooms and on reducing barriers to primary care for Indigenous people and migrants.

119. **Mapping risk assessment and exposure to natural hazards in Latin America and the Caribbean.** PASB provided instrumental support to 11 countries in disaster mitigation and response planning for major acute public health events with the use of geospatial information. Through new online GIS tools, PASB can offer long-term and real-time insights into exposure to natural hazards, enabling informed decision-making processes for mitigation and preparedness activities. The Bureau conducted online training sessions aimed at equipping a diverse range of professionals from various

sectors with the necessary skills to effectively utilize the tools. As a result, PASB generated a total of 94 risk and exposure reports covering 71 natural hazards.

Challenges

120. **Financing continues to be a challenge for most countries.** As States Parties reported in the SPAR, financing gaps hinder their efforts to maintain the core capacities and respond in a timely manner to public health emergencies of international concern. In that regard, countries may stand to benefit from the Pandemic Fund and other external sources. However, unless risk management is prioritized as a long-term investment, sustainable strategies cannot be developed and implemented.

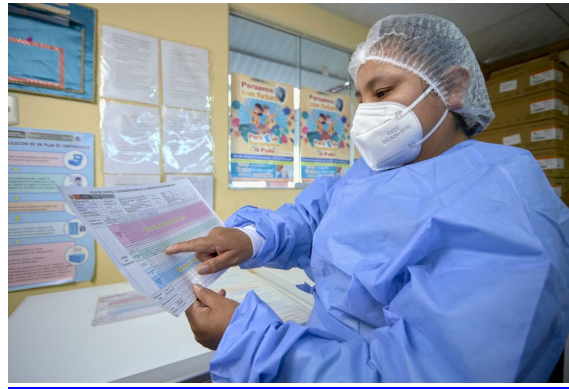
121. **Maintaining proficient surveillance systems for influenza and other respiratory viruses** is as challenging as establishing these systems initially. It requires capable and motivated human resources at all levels, as well as lab infrastructure and supplies. This is particularly difficult throughout the Caribbean and in large or decentralized countries. It is necessary to ensure a system that can detect a broad array of epidemic-prone respiratory pathogens.

122. **Delayed event verification hinders timely mitigation actions.** The IHR recommends that responses to requests for event verification be provided within 24 hours, as the speed and accuracy of verification and risk assessment largely determines the speed of appropriate response actions. Unfortunately, the last semester of 2023 saw a decrease in the proportion of requests for verification that received responses within 24 hours. Only 41% of requests (7/17) received a timely response, and three received no response.

123. **Violence and social and political unrest presented a constant threat during the biennium.** This situation disrupted access to basic health services, negatively affected supply chains and procurement processes, raised operational costs, increased demand for urgent care and protection activities, and impeded the execution of activities. Protracted emergencies and other declared health emergencies presented a challenge to PAHO personnel. In Haiti, there were concerns about staff safety, as well as complications with the hiring and deployment of personnel.

Impact on the Ground

[Peru: Strengthening systems for a more effective, resilient, and sustainable response to health emergencies](#)



Health professional in Puno tracks temperature levels to maintain the integrity of the cold chain.

Photo: PAHO/WHO Peru.

PASB worked with the Ministry of Health to address critical gaps in Peru's IHR core capacities in 12 of the country's 25 regions. The joint efforts focused on employing a health systems approach, which included strengthening epidemiological surveillance; enhancing laboratory capacity; promoting local-level, data-driven decision-making; and improving risk communication. The collaboration yielded positive results:

- Situation rooms were enhanced in five regions, serving as central hubs for coordinating responses and disseminating critical information during health emergencies.
- Training was provided to nearly 1500 health professionals, community health workers, and journalists.
- Availability of vital equipment for regional laboratories in 12 regions bolstered diagnostic capabilities.
- Robust infection prevention and control systems were established in 74 health facilities across 12 regions.
- Thirty-one health facilities in seven regions received training, medical equipment, and supplies to better manage COVID-19 cases and associated NCDs.
- Eight community mental health centers were equipped with information technology tools and educational materials, including WHO-recommended mhGAP intervention guides, to enhance mental health care at the primary level.

The collaboration, which was supported by USAID's Bureau for Humanitarian Assistance and the American Rescue Plan, rapidly strengthened IHR core capacities and increased Peru's resilience to health emergencies.

Belize: Health care facilities combat the effects of climate change after Hurricane Lisa



Cleopatra White Polyclinic was retrofitted with solar photovoltaic panels, inverter-type air conditioning units, and storm shutters.

Photo: PAHO/WHO Belize.

Health facilities in Belize are vulnerable to natural hazards and the effects of climate change. Striking in November 2022, Hurricane Lisa left considerable damage in its path. Although the health sector was impacted, the five health facilities retrofitted as “smart” hospitals remained functional during and after the hurricane made landfall. An assessment by PASB found no structural damage to these buildings, and no power or water disruption was reported, thanks to smart (safe and green) interventions that had been implemented to update and adapt health facilities to withstand natural and climate disasters. Critical services such as immunization, sexual and reproductive care, maternal and child health care, chronic disease medical services, and others remained accessible to communities. Infrastructure and systems such as electricity through solar power, water supply via rainwater harvesting, drainage, and others allowed the facilities to remain operational for patients, including those with COVID-19. Collaboration between PAHO and the Government of Belize, with support from the United Kingdom Foreign, Commonwealth, and Development Office, made this success possible, and further support has been received from the European Union to retrofit other health facilities.

Haiti: Community health workers respond to cholera outbreak



Community health workers trained by PASB educate residents about cholera risks.

Photo: PAHO/WHO Haiti.

Having previously been declared cholera-free, the Dominican Republic and Haiti detected and confirmed new cholera cases in October 2022. In response, PASB established a regional and country-level Incident Management Support Team, followed by preparation of a cholera strategic response plan and rapid risk assessments. PASB provided technical, operational, and financial support to train and mobilize 1200 community health workers across the West, Central, and Artibonite departments. Equipped with basic supplies from PASB, the health workers went door-to-door, educating communities on cholera risks and prevention measures required to curb transmission. They promoted appropriate hygiene practices, sanitation, and water treatment methods to minimize the spread of the disease, and they were trained to identify cholera symptoms and refer patients to the nearest cholera treatment centers. This community-based approach is now being promoted nationwide as a cornerstone of cholera control. In addition, PASB provided support to Haiti for health cluster coordination, epidemiological and laboratory surveillance, case management, WASH (water, sanitation, and hygiene) services, risk communication and community engagement, logistics, and vaccination. PASB donated almost 43 metric tons of medicines and supplies and procured WASH materials, oral cholera vaccines, cholera rapid tests, oral rehydration salts, and Ringer's lactate. PASB also delivered seven cholera kits, each with sufficient supplies to treat 100 patients.

Leadership, Governance, and Enabling Functions

OCM 27
Leadership and
governance

OCM 28
Management and
administration

Achievements

124. **Solidifying the position of PAHO as the leading health authority in the Region of the Americas.** The Organization’s strategic leadership and positioning were instrumental in influencing policy decisions and in enhancing its engagement with Member States and partners in the Americas. To accomplish this, PASB boosted its impact and visibility by disseminating critical policy papers aligned with the priorities of Member States and showcasing its efforts in various fora. These included the Summit of the Americas in 2022, where PASB advocated for increased investments in HRH in the Americas; the General Assembly of the United Nations in 2023, where the Director highlighted the need for new models of health financing, decentralized services, an expanded health workforce, and strengthened digital and medical technology; the World Health Summit in 2023, where the Director participated in over 10 side events to raise awareness of PAHO’s mission; and the OAS Permanent Council session, where the Director’s annual reports were presented to the OAS ambassadors. In addition, PASB’s leadership further extended its engagement with some Heads of State to increase awareness of the health situation in the Region of the Americas and to share strategic thinking and plans for improvements and recovery in this early post-pandemic period. This enabled PAHO to showcase its initiatives and collaborations with countries, solidifying the Organization’s leadership on critical health issues facing the Region.

125. **Enhancing health cooperation at country level.** During the biennium, the Policy on Cooperation among Countries for Health Development and an associated funding mechanism were relaunched. This led to several new projects, including several whose results are presented in this report. Additionally, by the end of 2023, 16 Country Cooperation Strategies had been developed, providing a road map for country-specific health priorities and timely interventions. A concerted effort was made to refocus on strategies for the key countries, aligning with global health goals and priorities and ensuring that resources were directed toward areas with the greatest potential for impact.

126. **Engaging with the media to position PAHO as a reputable authority and purveyor of accurate public health information.** Building on lessons learned from the Organization’s engagement with the media during the COVID-19 pandemic, PASB adopted an even more proactive approach to message setting, effectively combating misinformation and amplifying the voices of its leadership. The strategic dissemination of well-crafted content highlighting its technical cooperation priorities significantly bolstered PAHO’s visibility, especially during the post-pandemic era.

127. **Carrying PAHO forward with renewed efficiency, transparency, and accountability.** The Director launched the PAHO Forward initiative in 2023 as an Organization-wide approach to guide multiple modernization initiatives in a collaborative and coordinated manner. Up-to-date, innovative, streamlined, and reinforced management policies, processes, and systems are important elements of this initiative, ensuring that PAHO is well positioned to expand its relevance, technical expertise, and leadership in the Region and globally. In addition, efforts focused on bolstering the visibility of PAHO,

increasing its country focus, and building capacity to deliver technical cooperation, while enhancing PASB's human resource performance and driving innovation to move the Organization forward. The introduction of PAHO Forward yielded significant progress in strengthening internal controls, modernizing operational processes, and increasing efficiencies.

128. **Enhancing the use of internal controls.** During the biennium, PASB conducted 18 internal audit assignments at country level. The Bureau addressed the external audit recommendations on strategic planning and budgeting and included action points to improve results-based management across the Organization. Additionally, the Audit Committee's recommendation on the PAHO Evaluation Policy was closed, based on the progress made in 2022. PAHO's internal audit reports can now be accessed on request by Member States.

129. **Preventing and responding to sexual exploitation and abuse in PAHO.** Reports on preventing and responding to sexual exploitation and abuse in PAHO were presented to the Executive Committee of PAHO in 2022 and 2023. This report provided a comprehensive overview of the measures implemented to prevent and respond to sexual exploitation and abuse within PAHO. It also detailed additional steps taken to strengthen the Organization's policies and practices in this regard, aimed at minimizing the risk of such incidents, enhancing reporting mechanisms, protecting victims, and ensuring that perpetrators are held accountable.

130. **Leveraging strategic partnerships to influence the health agenda at all levels and support the fulfillment of public health commitments.** The Organization strengthened its partnerships with Canada and the United States of America, resulting in significant funding for the COVID-19 response (\$75 million from the United States and \$33 million from Canada). Partnerships were also reinforced with the European Union, World Bank, and Inter-American Development Bank, and with regional and subregional integration mechanisms, among others. PASB continued to collaborate closely with WHO to implement the Action for Results Group plan to heighten impact at country level. Under this initiative, \$20 million was approved to strengthen PAHO/WHO country offices in 2024–2025.

131. **Strengthening transparent and strategic engagement with Member States on results-based management.** Toward this end, an innovative product, the PAHO Program Budget 2024–2025 digital portal, was developed to enhance transparency, provide more detailed information, and strengthen the Bureau's accountability. In line with the PAHO Evaluation Policy and plan of action, three external evaluations were completed, covering PAHO's response to COVID-19 (published in June 2023), PAHO's technical cooperation on noncommunicable diseases (August 2023), and implementation of PAHO's results-based management framework (early 2024). The COVID-19 evaluation findings and recommendations were presented to Member States during the 172nd Session of the Executive Committee in June 2023.

Challenges

132. **The shifting sociopolitical situation in the Region together with changing geopolitical dynamics bring complexity to the delivery of PAHO's technical cooperation and operations.** Furthermore, gaps in technical expertise within national authorities and high staff rotation affected the continuity and institutional memory of the Organization's work at country level. This complexity made it challenging to align priorities and achieve consensus, especially given the diverse perspectives

and needs of various countries. Additionally, as both the national authorities and PAHO/WHO country offices were working assiduously to complete the remaining technical cooperation deliverables related to the COVID-19 pandemic, the timely development and review of Country Cooperation Strategies was affected. This, in turn, resulted in reliance on and use of strategic agendas that may have been insufficiently updated to best guide PASB's technical cooperation.

133. **Achieving effective coordination across regional, subregional, and country levels remains a challenge.** Key issues include siloed and fragmented planning, programming, and communication, which at times led to inefficient utilization of resources, both human and financial.

134. **Maintaining effective engagement with WHO demands a continuous and sustained effort from PAHO,** including responding to an increasing volume of demands and a multiplicity of overlapping processes and systems. These posed a threat to effective collaboration and coordination between PAHO and WHO, highlighting the need for strategic alignment and adequate funding to ensure the delivery of impactful health outcomes in the Region.

135. **Carrying out leadership, governance, and enabling functions amid rising demands took a toll on personnel.** These demands included an increasing number and complexity of engagements with partners as well as multiple evaluations and audits, among others. There is a need for effective prioritization, resource allocation, and support mechanisms for enabling functions to ensure the successful implementation of activities and initiatives.

Impact on the Ground

Using external evaluations to foster organizational learning and improvements for better results



COVID-19 vaccination in Brazil, May 2021.

Photo: Karina Zambrana, PAHO/WHO Brazil.

The Americas was among the regions most severely affected by the COVID-19 pandemic, and the pandemic period was one of the most challenging moments in PAHO's history. By mid-January 2020, PASB had activated an Organization-wide response to support all Member States in accordance with the WHO COVID-19 Strategic Preparedness and Response Plan. The Director of PAHO at the time, Dr. Carissa Etienne, included the evaluation of PAHO's response to the COVID-19 pandemic in the corporate evaluation workplan for 2022–2023. The aim was to provide an objective and independent assessment of the Organization's overall performance during the response, from January 2020 to August 2022.

The data collected during the evaluation was consolidated and analyzed at strategic, organizational, and operational levels. It focused on PAHO as an organization, and while it did not assess Member States' own responses to the pandemic, it provided information on how PAHO collaborated with and supported Member States in their response.

The evaluation report captures key lessons and identifies recommendations for actions to enhance PAHO/WHO's efficiency moving forward.¹⁹ This evaluation marks a significant milestone, as it was the first of its kind to have been conducted across an entire WHO region after COVID-19. It also became the first corporate evaluation to be conducted by an external independent team and then publicly disseminated, after PAHO's new Director, Dr. Jarbas Barbosa, decided to make public all evaluation reports. This decision reflects PAHO's growing commitment to efficiency, transparency, and accountability, as well as continuous learning under the PAHO Forward initiative. Immediately following publication of the report in June 2023, PAHO established an Organization-wide task force to plan, facilitate, and monitor implementation of its recommendations. As a result, recommendations

¹⁹ Evaluation of the Pan American Health Organization Response to COVID-19 2020–2022. Available at: <https://iris.paho.org/handle/10665.2/57700>.

and follow-up actions from the evaluation were integrated into PAHO’s operational planning for 2024–2025, detailing how PASB will implement them during the 2024–2025 biennium.

Through the completion of independent and relevant evaluations such as this one, and by committing to timely application of the recommendations they produce, PAHO has taken an important step forward to strengthen its recognition as a credible, transparent, and successful learning organization.
