



**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE  
**Americas**

**61st Directing Council  
76th Session of the Regional Committee of WHO  
for the Americas**  
Washington, D.C., 30 September–4 October 2024

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OD371  
Provisional Agenda Item 3.2

1 August 2024  
Original: English

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**ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU**

**Postpandemic momentum: Implementing lessons learned  
and recovering public health gains in the Region of the Americas**

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## Preface

1. This Annual Report of the Director of the Pan American Sanitary Bureau (PASB or the Bureau) examines the innovative programmatic developments that have taken place over the past 12 months as the Region of the Americas enters the post-COVID-19 pandemic recovery period, including the first full year of the new administration of the Pan American Health Organization (PAHO).
2. As the Region settles into the postpandemic recovery phase, the ultimate aim of PAHO is to achieve equity in access to health for all, as stated in its Strategic Plan 2020–2025, which commits the Bureau to this goal. To this end, new and reinvigorated initiatives presented in this report demonstrate PAHO’s advances in addressing the public health vulnerabilities exposed by the COVID-19 pandemic in the Region, and the Organization’s determination to win back the hard-earned public health successes that were previously lost.
3. Fundamental to this aim is drawing on the lessons learned from the pandemic through the lens of the five strategic pillars highlighted in the previous annual report. This is part of the vision of the Director of PASB, which ramps up PASB’s actions to support Member States in their drive to build resilient and efficient health systems that, once again, raise the promise of health equity and security for all.
4. This direction is reflected in the content of this report, which highlights how the Organization’s initiatives have now crystalized into five specific flagship initiatives—the Disease Elimination Initiative: a framework to eliminate more than 30 diseases and related conditions; Zero Maternal Deaths: Preventing the Preventable; Better Care for NCDs: Accelerating Actions in Primary Health Care; the digital transformation of the health sector, and the reinforcement of regional production and the Regional Revolving Funds. Adjacent to these developments remain the ongoing strategic activities highlighted by the achievements of the past 12 months’ technical cooperation in areas such as strengthening and renewing primary health care as the backbone of a resilient health system, reinforcing the national and regional capacity of detecting and responding to public health emergencies, recovering immunization coverage, developing the health workforce, addressing climate change effects on health, and reducing inequities in access to health. Thus, PASB continues to rise to the challenge by providing essential leadership, acknowledging its role as a valued partner among Member States, ministries, and donors, and the recognition of its international status as a regional health leader.
5. Equity remains at the heart of health for all; despite the hardships and setbacks that the Region suffered during the pandemic, it is possible for the countries of the Americas to once again place themselves on a path to equal access to health. This Annual Report demonstrates how far we have come to put Health for All at the heart of PAHO’s work in the Region.

## Abbreviations and acronyms

A4PHC	Alliance for Primary Health Care in the Americas
AMR	antimicrobial resistance
AT	assistive technology
CARICOM	Caribbean Community
CDC	US Centers for Disease Control and Prevention
COMISCA	Council of Health Ministers of Central America and the Dominican Republic
COP	Conference of the Parties
EHA	Economic and Health Dialogue of the Americas
EI	Disease Elimination Initiative
EMTCT	elimination of mother-to-child transmission
EMT	emergency medical team
EPHF	essential public health function
HLMA	Health labor market analysis
HRH	human resources for health
HRHIS	strengthening human resources for health information systems
HTA	health technology assessment
IDB	Inter-American Development Bank
IHR	International Health Regulations
INB	intergovernmental negotiating body
LTC	long-term care
NCD	noncommunicable disease
NHWA	National Health Workforce Accounts
NIP	national immunization program
NRA	national regulatory authority
OAS	Organization of American States
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PHC	primary health care
RCCE	risk communications and community engagement
RRFs	Regional Revolving Funds
SDG	Sustainable Development Goal
TB	tuberculosis
VCPH	Virtual Campus for Public Health
WHA	World Health Assembly
WHO	World Health Organization

## Part 1. Introduction

6. By mid-2023, the World Health Organization (WHO) had declared an end to the COVID-19 pandemic as a global health emergency, and the Pan American Health Organization (PAHO or the Organization) had entered a postpandemic period firmly focused on recovering the health gains lost and learning the lessons from the COVID-19 experience to better prepare for future pandemics.

7. Of particular concern was the stubborn presence of barriers to health care access, inequity in access to vaccines and other health technologies, while health workforce shortages continue to persist. Populations in situations (or conditions) of vulnerability continue to be disproportionately affected by infectious as well as noncommunicable diseases (NCDs), climate change, and health emergencies. In May 2024, WHO released the report *World Health Statistics 2024*, which showed that the COVID-19 pandemic had reversed important gains in life expectancy—falling between 2019 and 2021 to 2012 levels—with the Region of the Americas being the most affected.

8. Technical analysis of pandemic data helped expose pockets of inequity and vulnerability across the Region and reshape health priorities for affected countries, giving a better understanding of where to boost capacity and address gaps. A year later, progress at national and regional levels is described in this report following the implementation of the innovative and reinvigorated initiatives. From PAHO flagship programs, such as the Elimination Initiative; Zero Maternal Deaths: Preventing the Preventable; Better Care for NCDs: Accelerating Actions in Primary Health Care; and the reinforcement of regional production and Regional Revolving Funds; to addressing pressing challenges such as the regional digital transformation for health, bolstering the health workforce, and the impact of climate change on health, where the Pan American Sanitary Bureau (PASB or the Bureau) is showing progress on all its strategic priorities.

9. On the international stage, PAHO has played a critical role in supporting countries in the Region throughout the 2023–2024 negotiating process of the milestone Pandemic Agreement to ensure all countries are better prepared to respond to future pandemics. While negotiations toward this critical Pandemic Agreement continue, the Seventy-seventh World Health Assembly culminated with the approval of a package of critical amendments to the International Health Regulations (IHR) in June 2024, underscoring a commitment by countries of the world to protecting the health and safety of all from the risk of future outbreaks and pandemics. PAHO convened four meetings with Member States to keep them informed and facilitate consensus on several relevant issues.

10. As summarized in this report on the performance of the Bureau, PAHO has once again demonstrated how, through focused actions and initiatives, individual Member States and the Region as a whole can appropriately respond to crises and apply lessons learned while strengthening and reinvigorating key areas as they recover and work to build more resilient health systems. PAHO's position as the preferred health-sector partner in countries leveraged its convening power and strong relationships with ministries of health to provide effective technical cooperation in the Region while also focusing on strengthening the Organization itself for greater efficiency and transparency.

## Part 2. Key initiatives during the reporting period

### Relaunch of the Disease Elimination Initiative

11. The Disease Elimination Initiative (EI) was initially adopted by the 57th Directing Council of PAHO in 2019 as a framework to eliminate more than 30 communicable diseases and related conditions in the Region of the Americas by 2030. However, in the following months, the pandemic started and all energies were focused on the response to this challenge. The EI was relaunched and repositioned at the 60th Directing Council in September 2023. This flagship initiative targets diseases that contribute to increased poverty and pose significant threats to public health. It also supports countries in recovering from the negative impact of the COVID-19 pandemic on public health priorities, advancing the achievement of the Sustainable Development Goals (SDGs) and contributing to reducing inequities in the Region.

12. The relaunch of the EI added new strategies and innovations in the areas of health service delivery, including access to new diagnostics, treatments, and vaccines to accelerate disease elimination in the Region. In the first half of 2024, the Bureau contributed to accelerating the implementation of the EI as Brazil, Colombia, and El Salvador launched their national strategies. During the same period, the Plurinational State of Bolivia, Chile, and Guyana initiated the development of a road map to eliminate diseases at national and/or subnational level. In addition, high-level missions were organized in Ecuador and Guatemala to position the EI among these countries' national public health priorities.

### Launch of Better Care for NCDs

13. In September 2023 PAHO launched the new, interprogrammatic initiative Better Care for NCDs to accelerate the integration of NCDs into primary health care (PHC) and to reduce the estimated 34% of premature deaths related to these causes. The initiative aims to expand equitable access to integrated and comprehensive NCD services within PHC by increasing the capacity for screening, diagnosis, treatment, and monitoring with an integrated service package for NCDs, including hypertension, diabetes, asthma, specific cancer screening, and tobacco cessation care, among others. This initiative will build on the successes achieved with the regional implementation of the HEARTS package for hypertension control, currently adopted in about 3000 facilities in 33 countries in the Americas.

14. This initiative is articulated through six strategic areas of work: *a)* country plans for scale-up and expansion of comprehensive NCD services in PHC; *b)* community outreach and participation in NCD services with a focus on equity; *c)* normative NCD guidance and quality of NCD care improvement; *d)* PHC workforce development for NCDs; *e)* expansion of essential NCD medicines and technologies; and *f)* improvement of NCD information and monitoring. Awareness raising and rollout of the initiative has been initiated in several countries, including Belize, the Plurinational State of Bolivia, the Dominican Republic, and Paraguay, among others.

### **Launch of the campaign Zero Maternal Deaths: Prevent the Preventable**

15. Since 2015, maternal mortality has been steadily increasing in the Region, demanding a need for urgent action. The COVID-19 pandemic worsened this scenario, and the maternal mortality rate in 2020 increased to the same rates observed in the early 2000s, marking a setback of 20 years. Between 2015 and 2020, the maternal mortality ratio increased by 17% in the Region, leading to 25 maternal deaths per day in 2020. Compared with other WHO Regions, the Americas has the highest increase in the maternal mortality ratio globally. Even though 98% of births were attended by skilled health personnel in 2020, the maternal mortality ratio in the Region for the same year was 68 deaths per 100 000 live births, accounting for about 25 maternal deaths per day. Despite some progress in the postpandemic period, the Region still faces unacceptable high rates of maternal mortality, mainly among adolescents and women living in situations of vulnerability.

16. Tackling this negative trend, in March 2023, the Regional Task Force for the Reduction of Maternal Mortality led by PAHO launched the Zero Maternal Deaths: Prevent the Preventable campaign to accelerate progress toward the regional goal of fewer than 30 maternal deaths per 100 000 live births, as outlined in the Sustainable Health Agenda for the Americas 2018–2030.

### **Launch of the Alliance for Primary Health Care in the Americas**

17. The launch of the Alliance for Primary Health Care in the Americas (A4PHC) in Uruguay in December 2023 by PAHO, the World Bank, and the Inter-American Development Bank (IDB) represents a significant milestone. It sets the framework for joint action in this area of work in the Region. The A4PHC aims to promote a coordinated approach to guide and shape investments in health, leverage innovation, and accelerate the transformation of national health systems based on PHC approach. This strategic partnership signals a collective commitment to continue strengthening health systems, ensuring they are more resilient, equitable, and responsive to the needs of all individuals and communities.

18. Since the start of 2024, the A4PHC has grown strongly, and it is now working with health authorities in Colombia, El Salvador, Guyana, Honduras, and Panama. The addition of the Caribbean Health Financing Initiative consolidated existing cooperation of the three agencies in eight Caribbean countries. The A4PHC has also held strategic discussions on renewed and expanded PHC opportunities at global and regional forums, including the G20 in Brazil, the meeting of Ministers of Health of Central America, the Council of Health Ministers of Central America and the Dominican Republic (COMISCA), the Andean Health Organization, a regional meeting of health and finance authorities from eight Caribbean countries, and the 7th Annual Health Financing Forum of the World Bank.

### **Adoption of the Policy on the Health Workforce 2030**

19. The COVID-19 pandemic had a severe impact on the availability, distribution, and quality of health personnel and exacerbated health inequities (between and within countries, between levels of care, and between the public and private sectors), with low retention of personnel in rural and underserved areas and high rates of mobility and migration. In addition, there is a high degree of instability in working conditions, a lack of psychosocial support, with repercussions on the mental health and well-being of health personnel, low productivity and poor-quality performance, as well



challenges in the training of groups of professionals, all of which hinders the progressive expansion and improvement of health services and the improvement of their quality, especially at the first level of care.

20. In September 2023, the 60th Directing Council approved the Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6). This policy contains five lines of action for strategic and technical guidance for the development and implementation of strategies and initiatives aimed at strengthening human resources for health (HRH) so that these resources can contribute to the development of resilient health systems.

### **Digital transformation of the health sector**

21. Through collaboration with governments, private sector partners, and international organizations, PAHO is leading a people-centered approach to the digital transformation of the health sector in the Region. This includes building capacity, improving digital literacy among health workers, and co-developing tools that address the unique needs of vulnerable populations, ensuring that no one is left behind in the digital health revolution. These efforts focus on fostering the integration of digital solutions within health systems, enhancing interoperability, and safeguarding personal data to support more resilient and equitable health systems.

22. The digital transformation of the health sector in the Americas offers an unprecedented opportunity to bridge the gap between health services and underserved groups; yet challenges remain to ensure equitable access. Despite the progress made in expanding digital health technologies, millions across the Region still face significant barriers. These include limited connectivity and digital literacy, and reduced access to the infrastructure needed to benefit from digital health solutions. Addressing these barriers requires a concerted effort to ensure that digital transformation does not exacerbate existing disparities and instead promotes inclusive health care, ensuring all individuals and communities can access the services they need.

23. Seventeen countries have made significant progress in advancing the digital transformation of their health systems. Efforts have focused on adopting an interdisciplinary, multi-stakeholder approach to effectively implement national digital health road maps. This has included integrating health systems into broader e-government initiatives and conducting comprehensive national assessments to align policies with internationally recognized standards. These efforts have facilitated the rapid adoption of secure and interoperable digital solutions, ensuring more efficient data management. Furthermore, several Member States, with the support of PASB, have reviewed and updated regulatory and legal frameworks related to digital health transformation, engaging health commissions, parliaments, and key stakeholders in the process.

### **Progress in improving health and reducing inequities within the context of the SDGs**

24. Recognizing the essential need to achieve the SDGs to improve health and reduce health inequities within the context of the 2030 Agenda for Sustainable Development in the Region, PAHO worked with Member States on revised plans and strategies. The Global Action Plan for Healthy Lives and Well-being for All, which brings together 13 multilateral health, development, and humanitarian

agencies, supported coordinated actions in seven countries. These actions focused on key areas such as reducing maternal mortality in Indigenous populations in Colombia and strengthening community participation in general in Costa Rica. They also focused on improving efficiency in health services, including strengthening health promotion, health service network management, and PHC; adapting the SDG 3 monitoring platform at the country level; and improving capacity development for measuring inequalities and closing gaps in the implementation of national health strategies.

25. Representatives of the ministries of health of more than 15 Caribbean countries and territories met in Grenada in November 2023, three decades after the Caribbean Charter for Health Promotion, to advance the strengthening of health promotion, showcase progress, and boost commitments in the implementation of the strategy and action plan for health promotion in the context of the SDGs.

### **Strengthening regional development and production of health technologies**

26. The COVID-19 pandemic revealed the structural dependence of Latin America and the Caribbean on imported vaccines and other health technologies, geographic concentration in innovation and production capacities, and vulnerable global supply chains. As a result, in 2021, the 59th Directing Council of PAHO recognized the commitment to increasing production capacity for essential medicines and health technologies (Document CD59/8).

27. In 2023, PASB established the Special Program on Innovation and Regional Production Platform of Medicines and Health Technologies to promote the generation of regional ecosystems and initiatives to strengthen capacities for innovation, development, and production of health technologies. Important strides were made to strengthen capacities for the development and production of mRNA vaccines in the Americas, such as the advancement of a public-private alliance in Argentina to produce mRNA vaccines and strategic inputs including the Ministry of Health, the Dr. Carlos Malbrán National Administration of Laboratories and Health Institutes (known as ANLIS-Malbrán), Sinergium Biotech, and PAHO. The Bureau has supported the Brazilian Institute of Technology on Immunobiologicals (Bio-Manguinhos) at the Oswaldo Cruz Foundation (Fiocruz) in conducting preclinical trials to develop a mRNA vaccine. A new initiative to develop a mRNA vaccine against avian influenza A (H5N1) was announced with Sinergium Biotech.

28. Several global and regional alliances and cooperation initiatives have been developed and implemented to strengthen vaccine innovation and production capacities in the Region, including collaboration with the Coalition for Epidemic Preparedness Innovations (CEPI), Africa Centres for Disease Control and Prevention, the Regionalized Vaccine Manufacturing Collaborative, the European Commission, the Economic and Health Dialogue of the Americas, the United States Agency for International Development (USAID) and the G20-proposed Alliance for regional production and innovation in health.

29. High-level and technical missions to strengthen innovation and manufacturing capacities were conducted in Argentina, Barbados, Brazil, Chile, Colombia, Cuba, Guyana, and the Bolivarian Republic of Venezuela. In 2024, the Bureau hosted a regional dialogue in Brazil to promote research and development in mRNA vaccines and other health technologies and South-South cooperation to meet the Region's needs.

### **Advancing the PAHO Forward initiative**

30. In this reporting period, significant progress has been made in operational efficiency, transparency and accountability with the implementation of PAHO Forward, a results-based, Organization-wide initiative to systematically innovate and modernize management practices while cultivating a respectful and inclusive workplace environment.

31. The revision of several policies and procedures aimed at streamlining administrative operations was carried out while internal controls and compliance measures were strengthened. The reduction of steps in transactions accelerated the processing time of different transactions. The average processing time of procurement requests has been reduced from 13.15 working days in 2023 to 10.32 working days in the first half of 2024. The internal audit reports are now available to Members States and the number of internal audits performed annually has increased from 8 to 11. Also contributing to greater transparency and accountability, external evaluation reports are now made public, and a program budget portal provides continuously updated information about budget implementation.

32. More focus has been placed on country offices, increasing their budget allocations by US\$ 16.7 million<sup>1</sup> for the 2024–2025 Program Budget, delegating more authority to PAHO/WHO Country Representatives, and bolstering PASB's capacity to deliver technical cooperation with the approval of 67 new positions in country offices. Country cooperation strategies have been signed with 11 Member States providing a strategic framework for mid-term planning. Key performance indicators for recruitment of fix-term positions were established and the process was reduced by 30 days during the first semester of 2024, moving from 183 to 153 days. The target is to bring it down to 150 days by the end of December 2024. As PAHO Forward enters its second year, the Bureau continues to meet the Region's increasingly complex public health needs.

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<sup>1</sup> Unless otherwise indicated, all monetary figures are expressed in United States dollars.

### Part 3. Activities and achievements

33. This section presents a summary of the Bureau's actions and achievements during the period from June 2023 to June 2024, the first full year of postpandemic recovery. It highlights selected actions that represent the extensive work of PASB's technical cooperation in the Region during the course of the year. Critical health and health systems issues and challenges were addressed at national and regional levels by developing, planning, and implementing appropriate strategies tailored to local needs.

#### **Progress toward universal health**

##### ***Access and equity***

34. There was renewed focus on integrated care with a life course approach, which emphasizes the importance of comprehensive care from the prenatal period to old age to promote health and well-being, including addressing NCDs and cancer in children. The continuing commitment of Member States to advance health equity by addressing ethnicity and human rights was demonstrated by the presentation of two progress reports at the 60th Directing Council in September 2023: Health and Human Rights: Progress Report (Document CD60/INF/10[G]), and the Strategy and Plan of Action on Ethnicity and Health 2019–2025: Progress Report (Document CD60/INF/10[E]). To this end, packages of tools developed by PAHO to address gender and ethnicity barriers to access to health care continued to be promoted and disseminated during the reporting period, as demonstrated at the 60th Directing Council where the report on the Status of Access to Sexual and Reproductive Health Services was presented (Document CD60/INF/4). The report includes health policy responses and barriers to access sexual and reproductive health services as well as current progress, with actions to improve the situation based on scientific evidence and successful experiences in the Region. In May 2024, the annual International Day of Action for Women's Health ran as its call to action "Mobilizing in critical times of threats and opportunities, from which its main findings and conclusions were presented in a document at a hybrid event with the participation of PAHO authorities, representatives of the missions of the Organization of American States (OAS), the ministries of health of PAHO Member States, and civil society organizations. This action was carried out with the support of Global Affairs Canada through the Improved Health of Women and Adolescent Girls in Situations of Vulnerability (IHWAG) Project.

35. The use of practical tools, resources, and approaches has been pivotal in driving action plans and strategies in the integration of equity, gender, ethnicity, and human rights, promoting an intersectoral approach. These include a tool for promoting culturally safe childbirth (knowledge dialogue methodology and manual), a manual of practices and knowledge of traditional ancestral midwives and midwives, and the gender and intersectionality analysis methodology.

36. The Organization had previously engaged in the development of the Call to Action to Boost Women's Leadership and Parity Democracy in the Americas policy paper presented in 2022 at the 9th Summit of the Americas: Building a Sustainable, Resilient, and Equitable Future. Since then, strengthened partnerships with the Food and Agriculture Organization of the United Nations and the

United Nations Educational, Scientific and Cultural Organization have promoted the knowledge dialogues and have allowed PAHO to advance and give visibility to the health situation of people living in situations of vulnerability, with a focus on Indigenous Peoples and Afro-descendants.

37. The commitment of PAHO to achieving universal health is exemplified by its proactive engagement with communities and health authorities at the local level. By identifying and addressing organizational, financial, acceptability, and availability barriers that hinder access to health services, PAHO ensures that no one is left behind. This collaborative approach involves all stakeholders in understanding and tackling these issues, devising strategies tailored to each specific context. This dedication is highlighted in the regional report *Analyzing and overcoming access barriers to strengthen primary health care*, published in December 2023. The report showcases the results of the collaborative efforts between PAHO and its Member States to identify obstacles to PHC access and develops policy options to reduce and ultimately eliminate these barriers.

#### *Progress and achievements*

38. *Promoting health care throughout the life course.* Nine countries engaged in developing the strategy of integrated care with a life course approach with the aim of enhancing systems' capacities to optimize people's health trajectories throughout their lives. The document *Integrated Framework for Primary Health Care with a Life Course Approach* was developed encompassing four key dimensions: health optimization, access to supportive environments for health and development, comprehensive disease and risk management, and empowering individuals and communities. Experts will review and discuss this framework to inform the creation of a strategic proposal for integrated care with a life course approach. Concurrently, decision-makers and representatives from the Ministries of Health of Belize, Chile, Colombia, Costa Rica, the Dominican Republic, El Salvador, Guyana, Honduras, Jamaica, Panama, Paraguay, and Peru, who participated in a meeting in Lima, Peru, in April 2024, drafted and reviewed the document *Integrated Care in the First Two Decades of Life with a Life Course Approach*. The framework served as the primary tool for this meeting, which aimed to establish guidelines for implementing actions at the meso and micro levels of the health system. The document is currently being finalized and will undergo a final round of review. It includes essential elements for achieving care integration, such as: *a)* enhance person-centered care by identifying and meeting individual needs and preferences; *b)* establish essential support mechanisms for effective health service delivery and management; *c)* prioritize health-optimizing activities and interventions based on stratification levels, and *d)* maximize enablers that support overall health initiatives.

39. *Strengthening family-based interventions.* Chile, the Dominican Republic, Honduras, and Uruguay strengthened implementation of family-based interventions for the health and well-being of children and adolescents by supporting the expansion of the *Familias Fuertes* program. In addition, Brazil, Colombia, the Dominican Republic, Ecuador, Paraguay, Peru, and Uruguay implemented the program as a national strategy, thereby reaching in total more than 5000 families in 2022–2023.

40. *Improving adolescent care.* PAHO supported training in quality and standard-driven services for adolescents to healthcare providers in several countries. Belize now has trainers in all health regions who are training other health workers. In addition, there was engagement with young people on

issues regarding their own health and well-being and improving the availability of data, strengthening an effective approach toward prevention and reduction of adolescent pregnancy through the development and implementation of “youth voices” and “youth as agents of change.”

41. *Boosting long-term care.* To address the challenges of long-term care (LTC) in the Region, and in preparation for the presentation of the regional policy on LTC at the 2024 Governing Bodies, a technical meeting was held in November 2023 with 29 specialists from across the Region to support the positioning of LTC as a public health priority and to review and strengthen PAHO’s technical cooperation in this area. After the meeting and consultations with Member States in March 2024, the policy on LTC established five main strategic lines: *a)* strengthen governance, accountability, and stewardship through intersectoral policies to meet LTC needs; *b)* strengthen workforce capacity for LTC, including health and social care workers and unpaid caregivers; *c)* strengthen the organization and delivery of person-centered and integrated LTC, responding to the different needs of care recipients and caregivers; *d)* Increase and optimize sustainable and equitable financing for LTC; and *e)* strengthen information systems for LTC and improve data collection and research.

42. The Organization continues to support implementation of the Decade of Healthy Aging in the Americas. In April 2024, PAHO promoted the regional launch of the progress report through a virtual event at which some Member States presented advances on the implementation of the Decade’s areas of action. Furthermore, a network of collaborating centers on healthy aging was established in May 2024 to work together on a common agenda and support PAHO’s actions on the implementation of the Decade.

43. A regional meeting on age-friendly cities and communities was held in Mexico in November 2023 with the participation of 11 Member States, which resulted in agreements such as the development of national and subnational age-friendly programs. The Region has more than 950 members in the WHO Global Network of Age-friendly Cities and Communities, representing more than half of the network’s worldwide members.

44. Following a basic-level virtual course on international accreditation of competences in health care for older persons, a new intermediate-level course is available in Spanish at the Virtual Campus for Public Health (VCPH) as part of the learning pathway on healthy aging. The basic-level course has reached more than 100 000 participants.

45. *Adopting a new policy on NCDs in young people.* The 60th Directing Council adopted the Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults (Document CD60/7), seeking to address the prevention and treatment of major NCDs from the early stages of the life course, and avoid premature death from cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, which account for 81% of all deaths each year in the Region. The policy notes that NCD prevention requires multisectoral public policies and interventions such as exclusive breastfeeding in the first six months of life, followed by optimal nutrition in childhood and adolescence.

46. *Strengthening childhood cancer services.* These services were strengthened in 18 countries participating in the regional implementation of CureAll Americas, as part of the WHO Global Initiative for Childhood Cancer. There are 31 active CureAll Americas projects (28 national and 3 regional). PAHO

supported the development of policies to increase access and treatment coverage, with over 110 000 health professionals trained in PAHO virtual childhood cancer courses, as well as new technical documents and communication campaigns to raise awareness of childhood cancer and signs for early detection, and information for parents and caregivers on caring for children with cancer. The regional experiences and country impact of CureAll Americas were presented in a Special Supplement of the Pan American Journal of Public Health in October 2023 with 17 publications.

47. *Improving care for newborns.* Evidence was consolidated on the status of surveillance of congenital defects and metabolic diseases in the countries of the Region; on the availability and feasibility of implementing an integrated monitoring system that includes them; on the development of a platform for the recording, consolidation, and summarization of results integrated into PAHO's information systems; and on the consolidation of experiences and lessons learned in the response to congenital heart disease, (the most prevalent group of causes within birth defects). In addition, evidence-based technical guidelines were developed for the implementation of neonatal screening aimed at immediate identification and response after birth.

48. *Reducing maternal mortality.* With a focus on priority countries and strengthening the response for the recovery and improvement of care in essential services for maternal, reproductive, and perinatal health, technical cooperation was carried out with 10 countries, seven of which are priority countries. Facilitators were trained in the management of major obstetric emergencies using low- and medium-fidelity simulators and in the analysis of clinical cases that include main causes of maternal deaths, models of service organization, early warning systems, and rapid response teams, among other topics. In the second half of 2023, seven workshops were held aimed at creating multidisciplinary teams in the Plurinational State of Bolivia, Colombia, Cuba, the Dominican Republic, Honduras, and Peru. In the first half of 2024, the work in Cuba, Guyana, Honduras, and Paraguay was further strengthened with more than 400 professionals trained. Additional events in 2023 included: a workshop on the identification and management of high obstetric risk in the Plurinational State of Bolivia (40 professionals from the first level of care); a synchronous virtual course on surveillance of extreme maternal morbidity and face-to-face training in 14 countries for 40 professionals; and a virtual course on surveillance and response to maternal and perinatal deaths (4129 enrollees from 63 countries).

49. To reduce maternal mortality in settings with large numbers of Indigenous communities through the training of ancestral midwives and other community workers, PAHO developed and validated a series of community-based perinatal technologies to facilitate the identification of maternal-perinatal risk situations that allow anticipating the response to complications. Nonpneumatic, antishock garments were provided for transport, as well as facilitator training workshops in their use that included knowledge dialogues, community participatory diagnostics, identification of high-risk disorders of pregnancy, determination of safe levels of home birth, and response preparedness and community coordination. Implementation of the Perinatal Information System has been expanded and updated regionally, with emphasis on Caribbean countries, and training has been strengthened with face-to-face workshops and virtual courses.

50. A Call for Action: Zero Preventable Maternal Deaths to accelerate the reduction of maternal mortality in Latin America and the Caribbean was held on 18 June 2024, seeking to reposition the issue of maternal health as a public health and social priority. During the event, an analytical report

was released with data on maternal mortality by country, highlighting persistent inequities in maternal mortality, as well as policies and recommendations to be implemented in priority countries, with the support of PAHO and partners.

51. *Boosting prenatal care.* Coverage was increased in rural areas of Honduras and Peru through telemedicine projects aimed at reaching women with challenges in accessing health services. Strategies were adapted locally according to needs and contexts. In April 2024, a mission was carried out in the Department of Amazonas of Peru, where a feasibility study was conducted and an audiovisual record made for the development of communication products. As of December 2023, about 2200 women had benefited from these projects.

52. *Promoting integration of gender and ethnicity.* More than 10 countries worked toward achieving the Strategy and Plan of Action on Ethnicity and Health 2019–2025 (Document CD57/13, Rev. 1 [2019]) indicators, through the knowledge dialogue methodology, and adapted it to the context of PAHO's guidance for tuberculosis (TB) prevention and control for Indigenous Peoples and Afro-descendants in an interprogrammatic manner. A manual for the articulation of practices and knowledge of professional midwives and traditional ancestral midwives was developed collaboratively with 280 midwives and community health agents from Ecuador. In addition, a new gender and intersectionality analysis methodology (known as GIA+) was piloted in five countries to identify barriers to access to health services, identify the root causes, and identify actions to address them. Eight countries are integrating the resource Communicating with a focus on equity, gender, and cultural diversity in the framework of access to vaccination against COVID-19, published in 2023. As a result of recent meeting involving representatives from ministries of health from eight countries in the Region, several opportunities for strengthening data disaggregation and evidence generation were identified to promote the incorporation of more data on ethnicity, gender, and other social determinants to advance the generation of evidence on health inequities among specific populations. More than 25 000 people in the Region have benefited from open-access, self-learning, virtual courses made available through the VCPH to enhance technical capacity on gender, health, and human rights. A consultation held in April 2024 with Afro-descendant communities from Central America, Cuba, and the Dominican Republic generated recommendations and contributions to the draft of the United Nations Declaration on the Promotion, Protection and Full Respect of the Human Rights of People of African Descent.

53. *Supporting the Healthy Municipalities, Cities and Communities Movement.* The Healthy Municipalities, Cities and Communities Movement in the Region of the Americas is a platform with more than 30 years of experience. Led by mayors, it offers a unique opportunity to strengthen partnerships and cooperate with local governments, key actors in the promotion of health, well-being, and equity. More than 3000 municipalities are involved in this growing movement with current participation from nine national networks and two subnational networks. The movement's regional criteria were adopted at the most recent regional meeting of mayors in Chile in November 2023, setting out a common road map for the Region. The work developed in the urban governance initiative in Bogotá and Mexico City is a lever for criteria implementation. Furthermore, recognizing the importance of strengthening women's political participation and to give visibility to the role of



women mayors in governance for health, PAHO celebrated the first regional meeting of women mayors for health, well-being, and equity in the Plurinational State of Bolivia in May 2024, with a gender commission created within the movement.

54. *Tackling environmental determinants of health.* In 2022–2023, two million people shifted to using cleaner energies in El Salvador, Nicaragua, and Panama, thus contributing to eliminating polluting fuels in households. Chile improved health regulations to reduce morbidity, mortality, and costs associated with poor indoor-air quality. Elimination of open defecation was targeted with cost-effective sanitation technologies delivered for 3.7 million people, mainly in rural communities in the Plurinational State of Bolivia, Colombia, Haiti, Honduras, and Peru. PAHO developed, mobilized resources for, and implemented climate-resilient water and sanitation safety plans in 110 cities, benefiting 72 million people.

55. Working to eliminate mother-to-child transmission of HIV, syphilis, hepatitis B, and Chagas disease. The Caribbean continued to be strongly engaged in the Elimination Initiative agenda, and the subregion continued to advance with the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis. Belize, in 2023, and Jamaica and Saint Vincent and the Grenadines, in 2024, were certified by WHO as having achieved EMTCT of HIV and syphilis. Additionally, 16 Caribbean countries and territories have reiterated their commitment to this endeavor by coming together under a project proposal in collaboration with the United Nations Office for South-South Cooperation and PAHO to strengthen the EMTCT Plus Initiative within the maternal and child health services. Furthermore, EMTCT program assessment missions in the Dominican Republic, El Salvador, and Turks and Caicos Islands, in 2023, and Guyana, in 2024, included the evaluation of elements related to programs and services, data quality, laboratories, gender equality, human rights, and community engagement in the response to HIV and sexually transmitted infections, identifying gaps and opportunities for improvements.

56. *Advancing against other diseases.* To support PAHO Member States in meeting the commitments made at the September 2023 UN General Assembly High-level Meeting on the Fight against Tuberculosis, in October 2023 PASB convened a meeting with TB program and reference laboratory managers where the five regional priorities to achieve TB elimination were agreed upon. PASB provided support to expansion plans for active case finding with portable X-ray equipment and artificial intelligence. Using these methodologies, Paraguay and Peru increased TB diagnosis in 2023 by 20% and 12%, respectively, compared to 2022. PASB supported trainings from the WHO TB Supranational Reference Laboratory Network to accelerate TB diagnosis with molecular laboratory testing, and also provided training on new TB regimens. The new PAHO TB dashboard launched in October 2023 provides up-to-date information and analysis on TB epidemics and response at regional and country level.

57. The Organization and the Government of Canada launched an initiative to eliminate trachoma, with expansion of PAHO's technical cooperation to strengthen surveillance and expand treatment for about 10 million people in five years. This collaboration will target mainly at-risk populations in Brazil, Colombia, Guatemala, and Peru, and accelerate the implementation of the PAHO/WHO integrated package of interventions for trachoma (known as SAFE). This package includes surgery to prevent

visual impairment and eventual blindness, antibiotics, facial cleanliness, and environmental improvement to reduce transmission. Other countries will also receive support to strengthen surveillance.

58. The Region, except for the Bolivarian Republic of Venezuela, has been successful in achieving and maintaining free from the foot-and-mouth disease. Furthermore, in the most recent period, the Plurinational State of Bolivia and Brazil have been advancing toward the highest status of being free from foot-and-mouth disease without vaccination to be recognized by the World Organisation for Animal Health.

59. The elimination of cervical cancer is progressing in the Region, with countries making efforts toward reaching the 2030 targets of 90% HPV vaccination coverage, 70% screening coverage, and 90% treatment coverage. To date, 48 (94%) countries and territories offer HPV in their routine programs, and 13 have migrated to a single-dose schedule, with 31 offering the vaccine to both females and males. A global cervical cancer elimination forum, hosted in March 2024 by the governments of Colombia and Spain, together with PAHO, WHO, Bill & Melinda Gates Foundation, Gavi, and other partners has reinvigorated the political commitments and mobilized significant technical and financial resources.

60. To address the reintroduction of measles transmission in Brazil and the Bolivarian Republic of Venezuela in 2019, PAHO worked with national immunization programs (NIPs) and epidemiological surveillance departments, with significant support from health authorities. This helped to successfully achieve measles elimination in the Bolivarian Republic of Venezuela in 2023, while Brazil has made extremely important progress toward this goal in 2024.

61. *Responding to communicable disease public health emergencies.* In response to the mpox epidemic, PAHO provided technical inputs and expertise based on the HIV response. As the acute phase of this epidemic winds down, PAHO is working on integration of mpox into its ongoing portfolio of work on sexually transmitted infections. To tackle the ongoing outbreak of avian influenza A (H5N1) in the Region, PAHO has been monitoring the situation and providing regular updated information on the evolution of the risk at the human and animal interface, as well as technical cooperation to both ministries of health and official veterinary services of the affected countries on epidemiology, laboratory, surveillance, and risk assessment with the ultimate objective of mitigating the public health risks. Furthermore, to better address the intersectoral risk of zoonotic influenza, PAHO is applying the One Health approach in developing a regional mechanism.

62. *Improving access to vaccines through national immunization programs.* Routine program coverages continue to show signs of improvement. As shown in the 2023 report of the WHO/UNICEF estimates of national immunization coverage (WUENIC), the Americas reached 86% coverage for DPT3, following the 2022 trend. The balance in 2023 compared to the prepandemic status is positive (the only WHO region with an upward balance), but it is necessary to increase efforts to reach the goal of 95%. In December 2023, Belize introduced the pneumococcal conjugate vaccine. Progress was also achieved regarding the process of using geospatial information to estimate the populations to be vaccinated, with analysis of the pilot carried out in the Plurinational State of Bolivia. This methodology will then be taken to Peru and Uruguay. To strengthen the level of evidence of opportunities for improvement in NIPs and the speed with which this evidence is generated, PAHO designed a

standardized tool for monitoring the performance of NIPs, based on a maturity scale that makes it possible to detect, within 13 NIP components, the most critical areas to be addressed, and to determine a short-term action plan. In the last year, six countries and territories have used the tool, and 10 more will apply it in the coming months.

63. In addition, the Regional Network of National Immunization Technical Advisory Groups of the Americas, created in 2022, developed a platform to facilitate policy exchange among the groups. All the National Immunization Technical Advisory Groups in the Region were assessed using a maturity tool based on the seven most relevant indicators in the management of these groups, and this has enabled a better understanding of priorities for improvement.

### ***Health systems and services***

64. At a national level, there was a concerted effort to prioritize the recovery of health systems postpandemic, with a particular focus on strengthening primary care and integrating health management services and information systems. This emphasis aimed to improve the resilience of healthcare systems to better prepare them for future crises. Implementation of the essential public health functions (EPHF) approach advanced in several countries in the Region toward developing plans for improving PHC services.

65. Lessons learned from the pandemic continued to be actively integrated into health system reforms and policy initiatives, facilitated by PAHO through various means, including publications and training sessions in 2023. Notable achievements were the expansion of hospital and critical-care capacities, including an increase in intensive care unit beds throughout the Region.

### ***Progress and achievements***

66. *Supporting health reform.* Substantive technical cooperation was provided to support countries in health-sector reform processes, including the Bahamas, the Plurinational State of Bolivia, Chile, Colombia, Guyana, and Mexico. In addition, in September 2023 a high-level meeting on health-sector transformation based on PHC was organized at the 79th Session of the United Nations General Assembly with the President of Chile, PAHO, WHO, the World Bank, and seven ministers of health.

67. *Renewing the approach to the essential public health functions.* Since July 2023, nine countries have completed all three phases of the EPHF approach, culminating in the development of a strategic action plan to support their national health strategy. Antigua and Barbuda and Jamaica successfully completed phase 2 of this approach and are expected to continue to phase 3 in 2024. As part of a collaboration with the Central American Integration System, the EPHF methodology was adapted for a rapid evaluation of governance capacities. The tool was used during workshops in Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The results were used at a regional workshop to draft a regional action plan for strengthening EPHFs to advance PHC in the Region. In Mexico, the EPHF approach was adapted as a key element of the Mas Bienestar model of care. In Colombia, the results of the EPHF methodology were being used to develop action plans to strengthen the governance capacities of territorial health authorities. Brazil finalized the adaptation of the methodology to suit its federal context, launched the EPHF course, and is expected to begin implementation in 2024.

68. As part of the Economic and Health Dialogue of the Americas (EHA), PAHO committed in 2024 to use EPHF assessments from 14 countries that have implemented the approach since its launch to produce a policy document that would establish shared priorities and identify institutional capacity gaps across the Region that require future investment to fill, with a subregional focus on Caribbean countries. This work will support the workstream on the prioritization of health-sector transformation led by the Bahamas.

69. *Developing the Integrated Health Services Delivery Networks.* WHO field surveys provided capacity-building support in Paraguay, Peru, and Suriname, contributing to informed decision-making processes and the development of the Integrated Health Services Delivery Networks. Additionally, the basic course on the networks was updated and implemented in the Plurinational State of Bolivia, Costa Rica, Ecuador, Guatemala, and Haiti.

70. *Strengthening management of health services.* Technical cooperation initiatives were implemented to manage waitlists and waiting times in Brazil, Colombia, Honduras, and Peru, with specific efforts in place to establish management of contracts for reference and counter-reference systems, as seen in Guatemala and Honduras. Efforts were made to strengthen management information systems in Ecuador, Honduras, and Panama, aimed at analyzing productivity and costs to improve health service network management and financing.

71. *Improving healthcare quality.* From July 2023 to June 2024, efforts focused on enhancing healthcare quality and safety in the Region. The presentation to the 60th Directing Council of the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025: Midterm Review (Document CD60/INF/10[C]) and participation in the Global Patient Safety Report 2024 were key activities during this period, providing valuable insights and benchmarks for ongoing initiatives.

72. *Integrating traditional and complementary medicine into quality health services.* The agenda for traditional and complementary medicine progressed significantly with active involvement in key global forums. The Region participated prominently in the first-ever WHO Traditional Medicine Global Summit and the cobranded event Traditional Medicine for Achieving Sustainable Development Goals and Universal Health Coverage at the G20 3rd Health Working Group meeting on 3 June 2024 in Salvador, Brazil. These events focused on integrating traditional and complementary medicine, including traditional, indigenous, ancestral, complementary, and integrative medicine, into national health systems to support broader health and development goals.

73. *Enhancing monitoring and evaluation capacities.* Efforts were made to support the implementation of evaluation and auditing mechanisms across the Region. The assessment of essential conditions methodology was applied in 407 primary healthcare units and 38 hospitals in eight countries. This initiative aimed to enhance the capacity for monitoring and improving quality in healthcare delivery.

### ***Health financing***

74. There has been some increase in public expenditure on health in the Region. However, it has not been sufficient to significantly move countries toward the regional target of public expenditure on health of at least 6% of gross domestic product. A significant milestone was reached in El Salvador and

Nicaragua, as they achieved this target (joining Argentina, Aruba, Bermuda, Canada, Colombia, Cuba, Montserrat, and Uruguay), with notable progress in other countries (the Plurinational State of Bolivia, Brazil, and Dominica) that only just fell short. Therefore, PAHO developed a new approach to the fiscal space for health framework, integrating the need to spend both more and better. This builds on PAHO's activities within the EHA, an initiative launched at the 9th Summit of the Americas in June 2022 by the US Department of State to coordinate efforts to increase health systems resilience.

75. The EHA actively supports countries in the Region in coordinating efforts for health system resilience, as well as in identifying and leveraging best practices in the public sector, with a focus on the intersections of health, social protection, and the economy. The EHA held its first high-level meeting in March 2023, with 11 technical meetings following. A first in-person encounter was held in December 2023, convened by the US Department of State, IDB, and PAHO with 29 countries participating. EHA country focal points presented advances across the four workstreams of the initiative and in setting priorities for 2024. A yearly high-level event was held in March 2024 in the Dominican Republic with representation from 17 countries to discuss the progress achieved in each workstream and approve the 2024–2025 workplan.

76. There was progress toward improving financing for health monitoring and evaluation, mainly through the production of health accounts and the annual updating of the WHO Global Health Expenditure Database and also on the monitoring of financial protection as part of the SDG Indicator 3.8.2 Catastrophic health spending (and related indicators).

77. Ongoing health system reforms in the Region prioritize public health financing as a key component of their agendas to build resilient health systems based on a PHC approach. These reforms, particularly in Chile, Colombia, and Mexico, aim not only to increase public investment to implement the transformations needed but also to address segmentation in health financing, with a focus on improving access with financial protection and quality use of resources.

### *Progress and achievements*

78. *Advancing health financing assessment.* The Smart Spending for Health and Health Resource Analysis workstream under the EHA initiative, led by Paraguay and Uruguay, brings together health and finance ministries to discuss best practices and common challenges related to fiscal space and public financial management, with the goal to rethink the quantity and quality of public financing. This workstream assists countries to conduct assessments on health financing and budgeting by leveraging regional and international best practices. To this end, at the March 2024 EHA meeting, PAHO announced the launch of its public finance management tool, which will enable countries to conduct analysis of fiscal space for the health sector to support responsible spending as well as sustainable and equitable public health financing. PAHO committed to the goal of two countries applying the tool in 2024–2025, with several countries expressing interest. The joint PAHO-World Bank-IDB forum on Caribbean Health Financing took place in the first week of June 2024, under the umbrella of the A4PHC. Representatives from health and finance ministries across the Caribbean participated in the forum, including those from the Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines. A key outcome of the forum's deliberations highlighted the

urgent need for data generation, capacity-building in health financing, and facilitating the exchange of experiences to advance health financing policies within the framework of universal health and strong PHC-based, resilient health systems in the Caribbean.

79. *Fostering health financing analysis and capacity-building.* PAHO has 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, while continuing reporting to the WHO Global Health Expenditure Database. Additionally, PAHO has supported resource-tracking capacity-building in collaboration with the Andean Health Organization (Organismo Andino de Salud/Convenio Hipólito Unanue [ORAS-CONHU]), and 115 professionals from 19 countries in the Region received training in public financial management for health. Various studies on health financing policy options were supported, covering areas such as the adoption of high-cost funds, the costing of hospitalizations amenable to primary care interventions, and the utilization of tariff books for health services exchange between ministries of health and social security institutions. Technical cooperation to improve country capacity on this subject continued, and various technical publications were produced to support this work under the strategic initiatives project funded by the Global Fund. As part of the webinar series on PHC with a territorial perspective, a discussion on the financing of PHC was conducted in May 2024. PAHO's Analysis of the budget performance of the health sector in the period 2019–2021 was presented to analyze the prioritization of PHC in public spending in selected countries. In addition, a country case on prioritizing investment in PHC in Peru revealed the high priority of primary funding in the period 2019–2022.

80. *Supporting the monitoring and evaluation of financial protection.* Monitoring progress toward the achievement of the SDGs continued in the Region. Financial protection indicators including incidence of catastrophic health expenditure and impoverishing health expenditure were updated using the latest household budget surveys from the Plurinational State of Bolivia, Colombia, El Salvador, Mexico, and Peru. In Paraguay, technical support was provided to the Ministry of Health and the National Statistics Office to include a module on health expenditures within their national household expenditure surveys, and microdata are being processed to inform decision-making.

81. *Furthering efforts to achieve universal health.* A number of countries made notable efforts in reducing direct payments at the point of service. In November 2023, Belize's Ministry of Health and Wellness removed all fees charged in public hospitals in the country, ensuring universal access and aiming to allow the ministry to focus on improving country's public health facilities, as it can now focus on delivering quality care to patients. Barbados and Guyana continued to design specific policies to tackle the main drivers of out-of-pocket health expenditure. In Guyana, PAHO supported cost estimates of a package of essential health services to be provided free at the point of access in the first level of care, consisting of more than 100 high-priority interventions that reflect the country's disease burden and demographic profile. In Barbados, one of the countries with the highest weight of out-of-pocket expenditure as a percentage of current health expenditure, the Government has been actively pursuing policy options to improve health financing in the country. PAHO supported a high-level international mission that generated concrete recommendations and ways forward, including the implementation of a national health insurance scheme. As a result, the Government of Barbados is evaluating avenues for reform and improving coverage with financial protection, providing

special attention to medicines and other health technologies, the main driver of out-of-pocket expenditure. Finally, Mexico is moving forward with its health policy to provide financial coverage for uninsured groups. Through the transformation of the IMSS-Bienestar program, to be implemented in 2024 to reach 55 million people, the Government of Mexico approved the design of the new model to provide access to health services free at the point of care starting in 23 states. The program's focus is to reach population groups that currently lack coverage through social security or private insurance.

### ***Human resources for health***

82. The fundamental role of HRH in the Region was underlined by the COVID-19 pandemic, which also enhanced the chronic shortfall in HRH and highlighted a need for investment in this workforce in the Region. The strengthening of HRH governance and stewardship was a priority in this reporting period, including the development of national policies and plans. The new Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6), approved by Member States in September 2023, was presented at several events and conferences at the national, subregional, and regional level.

### ***Progress and achievements***

83. *Advancing policy development.* With PAHO support, several countries have advanced in developing and updating their national HRH policies (Costa Rica, Honduras, and Jamaica as part of a national health plan), and other countries are initiating development of national HRH policies (Bahamas and Saint Vincent and the Grenadines). In the first half of 2024, PAHO provided technical cooperation to Belize, the Plurinational State of Bolivia, and Ecuador for the development of their national HRH policies and the methodology for their validation. In the Plurinational State of Bolivia and Ecuador, workshops were held in May and June 2024, respectively, with high-level authorities of the ministry of health to approve and continue with the process of developing national HRH policies. In Belize, the development of a new national HRH strategic policy and plan for 2025–2030 is under way, with the first phase of the work involving the review of available data and information, followed by subnational and national consultations. This will incorporate the strategic direction for nursing and midwifery in Belize, as well as the renewed national health-sector strategy. In South America, with technical support from PAHO, Paraguay developed its HRH implementation plan in 2024.

84. *Updating the road map for human resources for universal health.* PAHO has supported and promoted the review and updating of the road map for human resources for universal health in the Caribbean and Central America subregions in accordance with the Policy on the Health Workforce 2030, and with the countries' own priorities. In the Caribbean, the review of the road map was carried out with the delegates of the HRH Caribbean Commission of the Caribbean Community (CARICOM), which includes 14 countries. In Central America, the review of the road map was carried out with COMISCA's technical commission on HRH, which includes Belize, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama. The proposal is scheduled to be presented for approval in the next meeting of the ministers, at the end of June 2024.

85. *Strengthening human resources for health information systems.* By the second half of 2023, 39 countries and territories of the Americas had updated information in the National Health Workforce Accounts (NHWA), of which 18 are Caribbean countries or territories. About 90 people

from 37 countries and territories participated in two major events in September 2023, where two methodologies were presented by the HRH team and validated by the countries: *a)* mapping of health occupations; and *b)* maturity assessment of strengthening human resources for health information systems (HRHIS). Some countries have made progress in the development of their national HRHIS. Chile is working toward the integration of its existing HRHIS initiative, and Panama launched its HRHIS project in May 2024. In addition, El Salvador has requested support for the development of its own HRHIS project and liaised with Panama to share experiences. In May 2024, a webinar on the NHWA and the State of the World's Nursing report (expected in 2025) was conducted with 75 participants from the Region, including chief nursing officers and ministry of health focal points for the NHWA.

86. PAHO developed and launched a new HRH web page with a dashboard containing key indicators on HRH for the Region, guidance documents, and 11 video tutorials in English, Portuguese, and Spanish.

87. *Leading health labor market analysis.* PAHO led the health labor market analysis (HLMA) in the Region, with WHO support and, complementary to the bilateral policy dialogues with countries, a first subregional HLMA workshop in Brazil was held in November 2023, attended by representatives from 10 South American countries. In the Caribbean, participants from the ministries of health, finance, labor, planning, and public service of Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago completed the HLMA training, which included three webinars (in April and May 2024) and a face-to-face workshop in Trinidad and Tobago in June 2024. The use of HLMA will enable Member States to identify the main issues in HRH and generate evidence on shortages and/or surpluses, underserved areas, multiemployment, labor conditions, training choices, migration, and market imperfections.

88. *Focusing attention on the mobility and migration of health workers.* In 2024, a policy brief on mobility and migration of health care workers in the Caribbean was developed, outlining seven strategic interventions to address this issue. Consultations were carried out with relevant stakeholders including the regional nursing body, chief medical officers, and the HRH Caribbean Commission. The final version will be presented for approval by CARICOM's Council for Human and Social Development in September 2024, with special emphasis on enhancing training, retention, and return migration strategies for HRH in the Caribbean.

89. As part of strategic coordination efforts to position HRH on the G20 meeting agenda in Brazil, PAHO was part of the panel of experts at a G20 Side Event in Brasilia (on the health workforce in an era of global crisis), held in April 2024. In this forum, PAHO emphasized the need to prioritize investment, retention, and ethical recruitment of the health workforce in the Americas. It showcased the issue of shortages and the inequality in the distribution of the health professionals in the Region; the data on the migration and mobility trends of nurses and physicians between main destination and origin countries; and the urgent need to develop strategies and policies to encourage retention measures in the Region. The G20 countries welcomed the notion of incorporating the health workforce item in the global development agenda and acknowledged the need to take measures in mitigating the migration of health professionals from low-income countries.



90. *Analyzing the well-being of health workers.* A new analysis of the effect of the pandemic on health workers and vaccination in the Caribbean was completed in the first half of 2024 with the participation of 983 health workers from 13 countries in the Caribbean. According to the results, vaccine hesitancy decreased from 26% in 2021 to 18% in 2024, a reduction of eight percentage points.

91. *Fostering competencies and capabilities for nurses.* Collaboration among nursing associations, universities, and ministries of health was strengthened in the last quarter of 2023. In December, 700 nurses in Colombia, Ecuador, Guyana, Honduras, and Peru received capacity-building and training in adolescent health; PAHO provided in-person training on clinical simulation techniques with the University of São Paulo for 20 nursing professors from Guyana and other Caribbean countries in September; Guyana's Ministry of Health is developing a new national professional nursing curriculum and planning nursing and simulation centers; a course on building competencies in nursing faculty in hybrid teaching was developed in December with the University of the West Indies and PAHO's Caribbean Subregional Program; and CARICOM's regional nursing body and PAHO/WHO hosted, in Chicago in November, an event on expanding the roles, education, and regulation of Caribbean nurses in PHC with 53 regional nursing body representatives. Agreements were reached at this meeting on governance and leadership, education, expanding the role of nurses, migration and retention, working conditions, interprofessional education and collaboration, and regulation.

92. In February 2024, a webinar on improving the capacities of nurses through graduate education was held with more than 590 people from 35 countries. At the event, PAHO's virtual course in English on scientific methodology and strategies for the dissemination of knowledge for nurses was launched, with 6787 enrollments to date. In May 2024, International Nurses Day 2024 was celebrated with a week-long event of activities, including seven side meetings with high-level authorities and regional stakeholders. The hybrid event was attended by 1493 people from 83 countries. A virtual course on nursing leadership launched at the event received 6381 enrollments in one month. In collaboration with Global Affairs Canada, an article on the role of nursing professionals in the development and care of adolescent health in Honduras was published in April 2024. Expansion of the Community of Practice for Nursing in the Region of the Americas has continued with 1973 participants to date, and the electronic mailing list Enfamericas listserv had 40 956 subscribers as of June 2024.

93. *Promoting interprofessional teams.* PAHO developed a guidance document on interprofessional teams for integrated care to provide a concept framework and guidelines to help the countries of the Americas to organize and incorporate interprofessional teams into their health

services provision networks, especially at the first level of care. In March and April 2024, the draft version was shared within PAHO and with ministry of health teams to ensure a participatory process, with a final version currently in preparation for dissemination.

### ***Virtual Campus for Public Health***

94. PAHO's VCPH continues to grow at a rapid rate, constituting an innovative and important modality of technical cooperation for the Organization. On 30 October 2023, PAHO commemorated 20 years of operation of the VCPH, highlighting its fundamental contribution to virtual health education and training. Moreover, the VCPH will act as the regional hub for the WHO Academy in the Americas, supporting the academy in the development of courses regionally and globally. The academy will use the

VCPH to coordinate and build capacity in the health workforce in the Americas, thus positioning the VCPH as the Region's pillar of the academy.

### *Progress and achievements*

95. *Launching a new app.* The new VCPH app was launched to mark the twentieth anniversary of the VCPH during the commemoration event. This app will allow users to access the platform from any device, anywhere, and at any time.

96. *Increasing the number of users.* In April 2024, the VCPH registered over 3 million users from more than 225 countries and territories around the world. The majority of VCPH users are people from health systems and health sciences students, mainly young users, and at least are 68% women; half of all users work in hospitals and 37% in the first level of care.

97. *Expanding the number of courses.* In the second half of 2023, the VCPH launched 35 regional classrooms, of which three are for tutoring courses, four are cohort courses, and 28 are self-study courses, which represent 31 self-study classrooms in different languages. Twenty classrooms were opened to support courses in the country nodes. In the period January–June 2024, the VCPH opened 14 new regional courses and 16 country nodes courses, including several self-learning courses such as health promotion; prevention, prophylaxis and treatment of diseases and illnesses; risk communication and community participation in health emergencies; good manufacturing practices in blood services; and scientific methodology and strategies for the dissemination of knowledge for nurses. Furthermore, the VCPH collaborated with academic institutions in the design of a course focused on leadership for educational management in health organizations, and the course is due to start in July 2024. A virtual course on the management of the Perinatal Information System (SIP Plus) is available on PAHO's VCPH in English and Spanish.

### ***Emergency response and pandemic and multihazard preparedness***

98. As demonstrated during the COVID-19 pandemic, when national capacities are overwhelmed after emergencies and disasters, including disease outbreaks, PAHO's support to Member States helps lead and coordinate the international and regional responses and provide effective relief and recovery as well as tools and training in surveillance, diagnosis, and management. PAHO also supports Member States in providing early warning, assessment, and reporting on public health events and emergencies. This is complemented by work to advance multihazard preparedness in the Region.

99. During the reporting period, PAHO provided response actions to 22 emergencies, including four Grade 3 emergencies, including the humanitarian crisis in Haiti, the multiregional dengue and cholera outbreaks (with cholera primarily affecting Haiti), and COVID-19 (designated as a protracted emergency). Other highlighted emergencies included the humanitarian context in the Bolivarian Republic of Venezuela, with mass migration affecting multiple countries, and others ranging from the drought in Brazil and Suriname to flooding in the Plurinational State of Bolivia, social unrest in Ecuador, the impact of the El Niño phenomenon in multiple countries, the health context in Cuba, wildfires in Chile, flooding in Rio Grande do Sul in Brazil, cases of Oropouche virus disease detected in multiple countries, and recent cases of Chapare hemorrhagic fever in the Plurinational State of Bolivia.

100. Even amid the WHO's declaration of the ending of the pandemic in May 2023, global consensus on the need for and implementation of concerted efforts to prepare for future pandemics have continued during the 2023–2024 period of the negotiation process of the first global Pandemic Agreement. Recognizing the need for additional time to reach consensus on such critical agreement, WHO Member States made concrete commitments to completing negotiations by the Seventy-eighth World Health Assembly in 2025 at the latest, or possibly earlier in 2024 during a special session of the WHA. In parallel, the Seventy-seventh World Health Assembly adopted, by consensus, a package of amendments to the IHR. This represents a decision by countries of the world to ensure comprehensive, robust systems are in place in all countries to protect the health and safety of all people everywhere from the risk of future outbreaks and pandemics.

101. Within the scope of the Monitoring and Evaluation Framework of the IHR (2005), PAHO developed guidelines that assist countries in evaluating multisector collaborations, according to the One Health approach, and identifying weaknesses and opportunities. This activity is carried out through the self-assessment instrument for the annual submission of state party reports from ministries of health to the WHA, particularly concerning Capacities 12 (zoonotic diseases) and 13 (food safety).

#### *Progress and achievements*

102. *Advancing the Pandemic Agreement with input the Region.* While the COVID-19 pandemic remained ongoing, a Member States-led intergovernmental negotiating body (INB) was convened to start drafting and negotiating the world's first Pandemic Agreement—an instrument on pandemic prevention, preparedness, and response. The INB met seven times in 2023, with important participation and facilitation by PASB and countries from the Americas in regional INB meetings. During this period, and in close coordination with the Group of the Americas at WHO, PASB convened two regional meetings in Washington, D.C., and one meeting in Geneva, in addition to two virtual information sessions. These meetings and information sessions were aimed at ensuring that the relevant national authorities in the Region were informed of the key components, documents, deliberations, and expected results of the INB and the Working Group on Amendments to the International Health Regulations (2005), and at offering background material to Member States to enable meaningful participation, while also working toward regional consensus, where feasible, on these global negotiations. Governments completed a review of the agreement presented by the Member States-appointed bureau in December 2023 and further discussed the agreement at two later meetings in February and March 2024 (resumed in April). Recognizing that further negotiations were needed to reach consensus despite the progress achieved on many provisions of the proposed Pandemic Agreement, on 1 June 2024 WHO Member States reaffirmed their commitment to take action to prevent, prepare for, and respond to pandemics and complete negotiations on a global Pandemic Agreement by the Seventy-eighth World Health Assembly in 2025 at the latest.

103. *Strengthening risk communications and community engagement capacities.* Acting on one critical lesson of the COVID-19 pandemic—the need to strengthen risk communications and community engagement (RCCE) of health authorities and partners to manage and mitigate the impact of health emergencies and foster vaccine uptake—PAHO conducted two subregional capacity-building

workshops with ministry of health representatives from 34 South American and Caribbean countries and territories. Participants included leads for communications and health promotion, with key roles in the preparation, response, and mitigation of health emergencies.

104. The workshops were consolidated as enriching spaces for sharing knowledge, experiences, and effective strategies in the field of health risk communication between countries. Practical exercises were conducted on how to develop an infodemic insights report focused on the introduction of new vaccines, and on how to develop a RCCE strategic road map to address common health threats based on the tools and theoretical frameworks of the IHR. The two workshops are part of a series of training sessions that PAHO has hosted since March 2023 for each of its subregions as an interprogrammatic effort to strengthen RCCE capacities as a key tool for health emergency preparedness and response. These in-person, capacity-building activities complement other training resources on RCCE available for national and local authorities, such as PAHO's new virtual course on risk communications and community engagement for health emergencies that is available in English and Spanish on the VCPH.

105. *Building regional IHR capacities.* In a concerted effort to strengthen public health preparedness and response to emergencies, PAHO convened subregional meetings on the IHR in 2023 and 2024, focusing on zoonotic disease capacity and border health strategies across the Caribbean, Central America, and beyond. In August 2023, an IHR subregional meeting for Central America, Cuba, and the Dominican Republic was held in San Salvador, to review the IHR Monitoring and Evaluation Framework. The meeting aimed to establish priorities and actions to strengthen zoonotic disease capacity, with participation from various international organizations such as the Inter-American Institute for Cooperation on Agriculture and the US Centers for Disease Control and Prevention (CDC), among others. In March 2024, PAHO worked with the International Civil Aviation Organization and the Caribbean Public Health Agency to build subregional capacities for surveillance and response at an IHR meeting in Port of Spain, Trinidad and Tobago, focusing on a border health and points of entry strategy, in preparation for the 2024 the 2024 International Cricket Council Men's T20 World Cup. As part of its work with its Member States to bridge gaps in IHR core capacities, PAHO has worked with countries on two rounds of calls for proposals to formulate holistic proposals for submission to the Pandemic Fund, a source of funding for pandemic prevention, preparedness, and response. PAHO supported the development of 22 proposals representing a \$385 million request through the Pandemic Fund's second call for proposals. For the Americas, two single-country projects were approved (Paraguay and Suriname), as well as two multicountry projects covering 19 countries (7 in South America and 12 in the Caribbean). PAHO/WHO is an implementing entity for three of these four projects approved for this Region from the first submission round.

106. *Enhancing the detection, verification, and assessment of public health events and emergencies.* PAHO continued to lead regional efforts to enhance early warning and surveillance of public health events in the Americas. In 2023–2024, PAHO managed 3 589 208 pieces of information, monitored 4797 signals, and assessed 256 public health events, issuing seven public dashboards, 51 epidemiological alerts and updates, and eight rapid risk assessments and situation reports, among other technical products. Eleven Member States participated in capacity-building initiatives focused on improving information systems for early warning and risk assessment, with an emphasis on climate-related public health events. A significant milestone was the regional meeting to

strengthen epidemic intelligence in the Americas held in December 2023, which identified priorities for collaborative multilevel action and catalyzed the inception of appropriate regional coordination mechanisms.

107. *Strengthening emergency medical teams.* Since the launch of the Emergency Medical Teams initiative in 2013, PAHO has been working to reinforce and expand the capacities of the Americas' emergency medical teams (EMTs). These EMTs are teams of health professionals (doctors, nurses, paramedics, etc.) who provide direct clinical care to people affected by emergencies and disasters and support local health systems. PAHO convened the III Regional Meeting of the EMT Secretariat in Mexico City, Mexico, in November 2023, with 189 participants including EMT focal points, nongovernmental organizations, and military representatives. The meeting laid the groundwork for implementing the global EMT 2030 Strategy, which aims for every country to have the ability to respond rapidly and effectively to national emergencies, leveraging regional and subregional capacities to support vulnerable communities and others in need. During this strategic dialogue, involving Member States and EMT providers, stakeholders from the Americas focused on best practices for EMT preparedness, readiness, response, and coordination. The recognition of nine verified EMTs in the Region, including one successfully verified by WHO during the reporting biennium, highlights the progress made in building a competent and responsive emergency medical workforce. Currently, 17 countries in the Region (seven of them in the Caribbean) are in the phase of developing and/or strengthening their national EMT.

108. *Coordinating surveillance and response efforts on respiratory viruses.* PAHO coordinated the Regional Meeting 2024 of the Severe Acute Respiratory Infections Network (SARInet) and the Network for the Evaluation of Vaccine Effectiveness in Latin America and the Caribbean—Influenza (REVELAC-i), which was attended by 195 professionals, including epidemiologists, and laboratory and immunization program specialists from ministries of health of 36 countries and territories of the Americas. Topics discussed included adding other respiratory viruses into influenza surveillance, level of pandemic preparedness in the Region, and lessons learned in responding to avian influenza outbreaks, as well as the importance of strengthening coordination and improving the quality of surveillance data and translation of evidence to decision-makers.

109. *Coordinating surveillance and response efforts on dengue outbreaks.* Following the declaration of a global dengue emergency in December 2023, the Director of PASB activated the incident management system to coordinate and monitor the response. Strengthened surveillance systems have enabled the detection and monitoring of the epidemic across the Region. Moreover, during the first half of 2024, more 120 000 health professionals received training in clinical management, technical missions were conducted in 10 countries, and 54 virtual technical cooperation activities were organized for national teams including vector control, clinical management, laboratory strengthening, and community engagement. Additionally, the supply of diagnostic reagents to the entire laboratory network was ensured, and 12 epidemiological alerts were issued with recommendations for Member States.

110. *Maintaining a strategic reserve for health emergencies.* The strategic reserve of PAHO in Panama continued to serve as the primary regional hub for transporting supplies to countries in need, especially in hotspots in the immediate aftermath of an emergency or disaster. This warehouse enabled the prepositioning and timely delivery of urgently needed equipment and supplies according

to each country's requirements. Between July 2023 and June 2024, 93 tons of strategic stock were sent to 25 countries in 40 shipments across the Region. However, relying on just one strategic reserve highlights the need to enhance the humanitarian assistance network for more effective transport and delivery of supplies during emergencies in the Region.

### ***Antimicrobial resistance***

111. PAHO has focused on addressing antimicrobial resistance (AMR) in countries in the Region for more than two decades. As AMR has become increasingly recognized as one of the main threats endangering regional public health achievements in communicable diseases and leading to an increased burden of NCDs (healthcare-associated infections in critical-care patients, immunosuppressed patients, etc.). PAHO has supported countries in the Region to develop and implement strategies and interventions to monitor and contain AMR. In that context, PAHO has been spearheading initiatives across the Americas to raise awareness and foster regional collaboration.

112. Through the establishment of the Latin American and Caribbean Network for Antimicrobial Resistance Surveillance (known by its acronym ReLAVRA+) almost 30 years ago, PAHO has provided critical data on AMR trends, guided the introduction of new drugs, developed surveillance tools, and supported countries in ensuring appropriate antimicrobial use, thereby improving clinical outcomes and care quality.

### ***Progress and achievements***

113. *Ensuring completion of the project to strengthen AMR detection and surveillance.* This European Union-funded project led by PAHO and implemented by the Tripartite Alliance was conducted in seven South American countries from 2019 to November 2023, serving as a model for the implementation of AMR national action plans. It engaged new stakeholders, including the environmental sector, and piloted innovative One Health AMR surveillance techniques. Implemented in two phases, the project built capacity for AMR detection and facilitated knowledge-sharing among partners. The first phase focused on surveillance, while the second phase included training in infection prevention and control and updating AMR national action plans. Fourteen countries joined an external quality assurance program led by the Malbrán Institute in Argentina, receiving supplies, reagents, and guidelines for AMR detection. Training was provided to 626 professionals across various roles, with selected professionals receiving advanced on-site training in Argentina. Furthermore, three countries detected significant outbreaks of drug-resistant bacteria, and six CARICOM countries were trained in molecular detection and diagnosis of carbapenemase genes in Gram-negative bacteria.

### ***Mental health***

114. The Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas was approved by the 60th Directing Council (Document CD60/9).

### *Progress and achievements*

115. *Enhancing the capacity of mental health professionals.* A total of 30 mental health professionals from 18 Caribbean countries and territories participated in the first Caribbean-focused QualityRights workshop, aiming to catalyze positive changes in mental health services across the subregion. This workshop, organized by PAHO, used the WHO QualityRights framework to train mental health professionals and stakeholders to become leaders and advocates in their local contexts, a new approach to mental health care which is rights-based and recovery-oriented. Participants included directors of psychiatric hospitals, psychiatrists, persons with lived experience, psychiatric nurse practitioners, psychologists, counselors, social workers, and advocacy organizations.

116. *Raising awareness on suicide prevention.* In June 2024, PAHO and the US National Institute of Mental Health conducted a joint symposium on suicide prevention. The symposium provided an opportunity for representatives of countries in the Region and relevant actors to discuss advances and gaps in suicide research, evidence-based interventions, and developing strategies to strengthen links between research and policy for suicide prevention. Country representatives participated in panel discussions on the key strategies for suicide prevention, which included strengthening suicide surveillance systems; reducing access to lethal means; fostering socioemotional life skills in adolescents; and responsible reporting on suicide and early identification, assessment, management and follow-up for people at risk of suicide.

### **Health system supporting functions**

#### ***Regional Revolving Funds***

117. The Regional Revolving Funds (RRFs), encompassing the Revolving Fund for Access to Vaccines (Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund) continued their vital role in assisting countries in the procurement of essential life-saving supplies in the postpandemic period. During the 2022–2023 biennium, the RRFs helped to protect over 160 million people in the Region against vaccine-preventable diseases and other communicable and noncommunicable diseases. Countries leveraged RRF credit lines to avoid delays in accessing these supplies from potential bottlenecks in their payment processes. By the end of the biennium, the Revolving Fund and the Strategic Fund Capitalization accounts had reached a total of \$284 million and \$36 million, respectively, with 37 countries and territories using at least one of the credit lines.

118. PAHO continued to develop digital tools during the reporting period in line with its ongoing digital transformation strategy to improve decision-making at all levels of health care and to support more efficient and transparent market shaping strategies, procurement, and capacity-building for demand-forecasting and supply chain planning.

119. New and extended partnerships between PAHO and other organizations were established to expand the availability of critical health supplies and providers, with quality assurance and significant cost savings to Member States.

120. Two years after the launch of PAHO's sustainable procurement policy, covering optimization of transportation, distribution, and carbon dioxide emissions in the supply chain, the Bureau reinforced its commitment to work together with the OAS in supporting Member States to reduce the carbon footprint in supply chains and build resilient and low-carbon health systems. The RRFs manage about 3000 shipments by air and sea of vaccines, pharmaceuticals and other essential health supplies from all around the world to 42 countries and territories in the Region. To reduce the carbon footprint, PAHO established its Scope 3 (upstream transportation) emissions baseline and set a target of reducing emissions of these deliveries by 50% by 2030. At the first UN Global Supply Chain Forum held in Barbados in May 2024, PAHO led a side event on greener strategies for vaccines and medicines delivery in Latin America and the Caribbean, in which it presented a comprehensive and concrete supply chain emissions reduction strategy involving low emission transportation, shipping consolidation and reduced packaging.

#### *Progress and achievements*

121. *Enhancing the role of the Revolving Fund.* In 2023, the Revolving Fund consolidated the demand for vaccines of 42 countries and territories and six public health entities and facilitated access to over 226 million vaccine doses, 72 million injection devices, and 900 000 cold-chain equipment and supplies. As a result, the Revolving Fund estimated that 160 million people benefited from their countries' participation in the fund. In addition, this fund supported the strengthening of national supply chain capacities by mapping the needs in the Caribbean for solar refrigerators, by delivering equipment to 75 sites to reduce vaccine wastage from power disruption in remote areas, and by training 39 countries and territories on vaccine demand-planning and other aspects of the Revolving Fund's processes.

122. During the reporting period, the Revolving Fund continued expanding its vaccine portfolio and providing more affordable options for countries and territories. In collaboration with UNICEF, a joint tender was launched for the provision of COVID-19 vaccines for the Region throughout 2024 and 2025. PAHO is initiating demand-mapping for self-financing countries for these vaccines and supporting the Member States that count on Gavi's financial support. The joint work of Member States, suppliers, and partners coordinated by the Revolving Fund aims to deliver doses by Q3 and Q4 2024; to date, 13 countries have processed price estimates. An internal analysis showed that Member States have achieved at least 50% savings on the overall cost of vaccines by participating in the Revolving Fund.

123. *Expanding the role of the Strategic Fund.* In 2023, the Strategic Fund supported 31 countries and public health agencies in acquiring medicines, diagnostic kits, laboratory supplies, and equipment, and in incorporating new technologies benefiting nearly 17 million people. The PAHO and Global Fund partnership established in 2015 was extended, allowing the Strategic Fund to access more than 40 antiretrovirals. This strategic partnership ensures PAHO's access to the best possible terms and conditions for the purchase of antiretrovirals, leading to significant cost savings and earlier availability of access to treatments for people living with HIV. The Strategic Fund has included a list of more than 30 antivenoms against poisoning caused by snakes, spiders, scorpions, and caterpillars that will be available to the countries of the Region.



124. Similarly, the Strategic Fund has been advancing an exploration of access to high-cost medicines, mainly for the treatment and control of cancer, to achieve economies of scale. The fund is in the process of aligning approaches and strategies with Member States.

125. *Launching the digitized regional demand-planning and consolidation tool.* This tool, available at the Member State Portal, was launched in July 2023 and rolled out across 42 countries, with over 400 users from Member States created. In 2024, the Member State Portal launched an additional functionality to plan and consolidate demand with user experience improvements, such as accessing technical feedback, printing the draft version of the plan, and integrating planning with the product catalog among others.

126. *Implementing the strategic sourcing system.* This new system was implemented across 27 PAHO/WHO country offices and centers to manage digitally the end-to-end procurement process.

127. *Developing new partnerships.* As part of the WHO-St. Jude Global Platform for Access to Childhood Cancer Medicines, the new partnership agreement signed by PAHO with the St. Jude Children's Research Hospital aims to provide a donation of essential childhood cancer medicines in selected countries participating in the platform. It also intends to utilize the Strategic Fund to offer a supply of quality-assured childhood cancer medicines to all countries in Latin America and the Caribbean. This initiative includes PAHO partnering with UNICEF to launch a joint global tender to engage with more suppliers worldwide and ensure long-term agreements are available for both organizations.

### ***Access to health technologies***

128. The Region continues to face important challenges in innovation and access to health technologies, including lack of affordability and availability. The need to expand innovation and access to quality and affordable medicines, vaccines, and other health technologies was further underlined by the inequities in access to vaccines and other health technologies during the COVID-19 pandemic, which also revealed the Region's dependence on importing products from other regions.

129. The new PAHO Innovation, Access to Medicines and Health Technologies Department, launched in 2023 right before the start of the reporting period, has provided an opportunity to strengthen and deepen technical cooperation to Member States and partners on access to health technologies, including through the new Special Program, Innovation and Regional Production Platform. PAHO has supported countries in addressing barriers to access, overcoming challenges across medical product's full life cycle, strengthening regulatory capacity, and reinforcing evidence-based decision-making and rational use. PAHO has led efforts to advance the manufacturing of vaccines and other health technologies, increasing regional capacity in the research and development of priority health products, and supporting the generation of ecosystems to enable development of, production of, and access to vaccines and other health technologies.

### *Progress and achievements*

130. *Expanding access to health technologies.* PAHO elaborated the Final Report on Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies (Document CE174/INF/8) presented to the 174th Session of the Executive Committee in June 2024, and led a regional consultation process that obtained responses from 20 countries. Evidence showed important progress made by Member States in the implementation of policies and strategies for access to health technologies at different levels of development and scope, including national policies on medicines and medical devices, and policies related to access to high-cost technologies. Progress was also evidenced in the incorporation of mechanisms to improve decision-making on health technologies, as well as in practices of demand-pooling and the use of joint purchasing mechanisms, such as the RRFs.

131. *Supporting policies to improve access to health technologies.* PAHO provided technical cooperation to Ecuador on its national medicines policy, to Paraguay on medicine pricing policies, to Peru on policies to promote the use of generics medicines, and to Mexico on pharmaceutical policy.

132. *Strengthening capacities and technical cooperation to increase access to priority devices.* PAHO supported capacity-strengthening on health technology management in Belize, Haiti, Jamaica, and Suriname; 150 professionals were trained; national policies were developed in Belize and Jamaica; and primary healthcare centers in Jamaica and Suriname were assessed for the development of lists of priority medical devices. Furthermore, PAHO supported advancements in assistive technology (AT), a key issue for older persons and people with disabilities, by providing training to 2697 health professionals from 29 countries on increasing access to AT; mapping AT regulatory aspects in 20 countries; implementing an AT capacity-assessment tool in the Bahamas, Colombia, and Trinidad and Tobago; and promoting the inclusion of AT in the national rehabilitation strategic plans of the Bahamas and Peru. In addition, PAHO, UNICEF, and WHO led discussions and defined priorities with countries in Latin America and the Caribbean.

133. *Expanding equitable access to transplants and blood transfusions.* PAHO developed guidelines and tools to support countries in their endeavors to increase donation rates and improve access to transplants. PASB fostered coordination with Member States to strengthen the implementation of the Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019–2030 and presented the progress report to the 60th Directing Council (Document CD60/INF/10[B]). PAHO and its main partners on this issue (Spain's National Transplant Organization and Argentina's Central National Institute Coordinator of Ablation and Implant) co-organized the 23rd meeting of the Ibero-American Donation and Transplant Council Network in 2023 with the participation of 19 Latin American countries. As a result of this meeting, PAHO developed a second edition of a course on strengthening governance on the donation and transplant system, hosted on the VCPH, with more than 1500 participants from all countries in the Region. To improve access to blood transfusion therapy, PAHO updated the guidelines for selecting blood donors, published a regional report on blood supply for transfusions, and developed an advanced course on good manufacturing practices for blood banks in Portuguese and Spanish. More than 2000 health professionals took part in this course, also hosted on the VCPH. To address the critical shortage of medications derived from plasma, PAHO convened partnerships with the representatives of the

plasma-processing plants of Argentina, Brazil and Cuba, including countries such as Colombia and Mexico in the process of developing production, aiming to address the challenges and develop strategies to promote the availability of human plasma to produce medicines.

134. *Improving radiological services.* PAHO provided technical cooperation on radiological services in the Caribbean and in some Central American countries with national assessments of radiology services, leading to significant improvement in the quality and safety of radiological services in the Caribbean compared to previous years. Overall, in agreement with international radiation safety standards, all countries showed improvement in diagnostic imaging, interventional radiology, nuclear medicine, and radiotherapy services both in number and technological complexity in response to major public health challenges involving communicable diseases and higher incidences of chronic NCDs.

### ***Health technology ecosystems for the innovation of health technologies***

135. PAHO supported Member States to promote the development of ecosystem that foster innovation and health technology production. This technical cooperation was extended to various countries, including Argentina, Barbados, Brazil, Colombia, Cuba, El Salvador, Guyana, and the Bolivarian Republic of Venezuela, facilitating their progress in creating conducive environments for health technology advancement.

136. Regulation-strengthening represents a key component in the conformation of productive ecosystems and the role of national regulatory authorities (NRAs) is crucial in supporting access to vaccines and other vital health technologies. As highlighted by the pandemic, NRAs and regulatory processes lead to confidence in the quality, safety, and efficacy of medical products both for emergency response and for the treatment and prevention of disease.

137. PAHO also has a crucial role in generating strategic information and data from countries in the Region to inform decision-making and foster the exchange of experiences, successful cases, lessons learned, and challenges.

### ***Progress and achievements***

138. *Expanding mRNA vaccine development and manufacturing.* PAHO supported and complemented the regional implementation of the WHO mRNA Technology Transfer Programme for the development of mRNA vaccines in low- and middle-income countries. With the support of Global Affairs Canada, PAHO has provided technical cooperation to Argentina and Brazil to strengthen capacities for the development of national mRNA vaccines. In Argentina, PAHO fostered public-private partnerships and reached agreements to produce mRNA vaccines and a strategic component of the value chain and ensure real-time access to vaccines at prices linked to production costs through the Revolving Fund in emergency cases. In Brazil, PAHO is working with the Institute of Technology on Immunobiologicals (Bio-Manguinhos) and providing technical cooperation to carry out preclinical trials for development of a novel mRNA vaccine.

139. *Strengthening human resource capacities.* In collaboration with the Oswaldo Cruz Foundation (Fiocruz) and the Butantan Institute of Brazil, PAHO developed a course on vaccine development and production for Mercosur states parties and associates that was held in the period September–November 2023 in hybrid mode. At the meeting of the National Regulatory Authorities of Regional Reference Group in July 2023, PAHO presented the learning itinerary project known as REGTEC, which is specifically designed for professionals working in national regulatory systems. The itinerary, which will be hosted on PAHO’s VCPH, targets professionals who perform regulatory functions and activities, contributing to continuous training of human resources involved in the regulation of medicines and other health technologies. Two courses have already been developed (in Spanish): regulation of medical products, and regulation of biological and biotechnological products.

140. *Promoting regional dialogue, coordination, and cooperation.* PAHO held a multisectoral dialogue with representatives of 13 Member States, academia, civil society, and the private sector to discuss challenges and opportunities in strengthening value chains and to foster collaboration among stakeholders to strengthen innovation, development, and production of vaccines and other technologies relevant to public health in Latin America and the Caribbean. Moreover, high-level dialogue and collaboration are to be strengthened through the Strategic Advisory Group of the Regional Platform, which is expected to include experts on health, science, technology, finance, and industry, among others. In addition, PAHO established collaborations with relevant subregional integration platforms and stakeholders, including Mercosur.

141. *Generating strategic information on innovation and manufacturing.* PAHO generated strategic information/studies on the vaccine mRNA patent landscape in Argentina and Brazil, market opportunities for biologics and medicines, productive ecosystems for local policy design, technology transfer models for vaccine development and manufacturing in Latin America and the Caribbean, and the role of women in the vaccine industry and regulatory systems.

142. *Strengthening regulatory systems.* PAHO continued to strengthen its program for the evaluation of regulatory systems and supported the self-assessments of 16 Member States using the Global Benchmarking Tool (GBT). PAHO also collaborated to consolidate innovative subregional and multinational approaches to regulation. In the Caribbean, it supported the development of a process for postapproval changes in the Caribbean Regulatory System, and in Central America PAHO worked with NRA directors to develop an advocacy strategy with governments to strengthen health technology regulation and rational use.

143. *Building capacities for postmarket surveillance.* Throughout the postpandemic, 23 countries monitored and reported adverse events following immunization to the WHO Programme for International Drug Monitoring, contributing to global surveillance of vaccine safety. COVID-19 vaccines-related adverse events following immunization in pregnant women were specifically monitored by PAHO with more than 35 000 eligible deliveries (births). A sentinel network of hospitals for monitoring was also consolidated. In addition, to address incidents involving quality deviations and illegal vaccines, the regional network of NRAs for substandard and falsified products disseminated extensively critical information for case management and investigation. Since the beginning of the pandemic, regulators exchanged data on at least 17 vaccines (eight unregistered, five falsified, three

substandard, and one stolen). PAHO conducted national workshops to create multi-stakeholder taskforces to prevent, detect, and respond to substandard and falsified products in Belize and Honduras.

144. *Strengthening evidence-based, decision-making processes and health technology assessment.* PAHO supported Member States to develop and implement evidence-based, decision-making processes and health technology assessment (HTA) policies in nine countries and to build overall capacity, with HTA training of more than 300 health professionals and work with collaborating centers and national networks. The HTA Network of the Americas (RedETSA, Spanish acronym) grew to 42 institutions from 21 countries. The network's new priorities were defined at its 14th meeting, held for the first time in Jamaica. New working groups on HTA and equity and real-world evidence were established. Dissemination of information was increased; the Regional Base of Health Technology Assessment reports for the Americas (BRISA, Spanish acronym) reached 3200 HTA reports. Regional surveys were conducted on: equity in HTA; real-world evidence; and hospital-based HTA. PAHO has collected data on HTA indicators from 12 Member States. Moreover, the Strategic Fund developed criteria for prioritization and assessed about 65 health technologies for their incorporation.

### ***Information systems and digital health***

145. Digitalization of the health sector gained even more momentum after the COVID-19 pandemic, with a clear role for interconnected systems in supporting and enhancing provision of continuous and equitable health care. PAHO continues to support countries in advancing their information systems for health, including developing national electronic health record platforms.

146. PAHO's collaboration with the IDB and other partners has not only supported countries in developing digital certification infrastructure but has also facilitated the revision and updating of data management processes, enhancing immunization efficiency and patient care. The implementation of advanced technologies has revamped existing systems and has also ushered in a new era of precision and efficacy in analyzing key health indicators, thereby providing invaluable insights for informed decision-making and strategic planning.

### ***Progress and achievements***

147. *Strengthening information systems for health.* As part of ongoing efforts to keep the maturity assessment of information systems for health at national and subregional level updated, the assessments of all COMISCA and Eastern Caribbean Countries were updated along with assessments for specific subareas such as immunizations, epidemiological surveillance, and telehealth capabilities in five countries. Seven countries have reinforced or established national committees for information systems for health and health-sector digital transformation, focusing on primary care. Brazil has integrated its national network of health data as a key interoperability hub, and the national digital health maturity index is being implemented in all municipalities. Five other countries have developed national electronic health records, and another five are updating their national legislation in line with these technological advancements. Significant progress has been made in semantic interoperability by integrating the International Classification of Diseases 11th Revision to electronic health record

platforms. Fourteen Caribbean countries have advanced in the adoption of the International Classification of Diseases 11th Revision, enhancing data quality under the Information Systems for Health initiative (known as IS4H).

148. *Promoting digital health services and interoperability.* The digital transformation of the health sector has been propelled by PAHO's telehealth program, embraced by over 15 countries with a focus on strengthening primary care. The All-in-One telehealth platform, a digital public good developed by PAHO in 2022, has played a pivotal role, with over 30 000 certified students from 70 countries participating in the associated virtual course. Moreover, technical cooperation was provided to review and update regulatory frameworks seeking to support the digital transformation of the health sector in Chile, Costa Rica, and Uruguay, where new legislation for the national implementation of telemedicine services has been adopted. Notably, the implementation of digital documentation of COVID-19 vaccination certificates in 15 countries aligns with WHO SMART Guidelines, promoting cross-border interoperability.

149. *Generating data on NCDs and risk factors.* New and updated data on NCDs were generated by Member States, supported by PAHO, through the implementation of the STEPS population-based NCD survey in Antigua and Barbuda, Aruba, Bermuda, Cayman Islands, Sint Maarten, and Trinidad and Tobago. Data for more than 14 NCD and risk factor topics will inform decision-making for NCD programs, as well as contribute to comparative global estimates on NCDs. In addition, the global school health student-based survey, which assesses 10 areas of health in students aged 13–17 years, was implemented in Anguilla, the Bahamas, and Bonaire. Moreover, NCD and risk factor policies, programs, and services data were collected from all Member States as part of the NCD country capacity survey and will be used to inform progress on NCD targets. Relevant NCD and risk factor data (epidemiological, as well as policy and programmatic data) are being widely disseminated through the PAHO data portal on NCDs, mental health, injuries, and risk factors.

150. *Expanding perinatal care resources.* During the second half of 2023, the use of the Perinatal Information System (SIP Plus) was consolidated at country level in Argentina, Nicaragua, and Uruguay, and implementation progressed in English-speaking Caribbean countries such as Antigua and Barbuda, the Bahamas, Guyana, and Trinidad and Tobago. In 2024, new forms were incorporated for the recording of pregnant and puerperal women's mental health (PHQ9 and Edinburgh), and the care of women in situations of abortion and violence received special attention.

### ***Science and evidence***

151. Collecting and analyzing accurate data from countries in the Region are essential for effective decision-making, informing policy, and planning interventions. During the reporting period, the Region witnessed a transformation in research ethics systems, especially in preparing for future emergencies.

### ***Progress and achievements***

152. *Strengthening clinical trials.* More than 50 participants—including researchers, national and regulatory authorities, and members of research ethics committees from Argentina, Brazil, Canada, Chile, Colombia, Cuba, Jamaica, Mexico, Panama, Peru, and the United States of America, as well as representatives of PAHO and WHO—met in Brazil on 4–5 October 2023. The meeting looked to identify, discuss, and propose concrete actions to strengthen the conduct of scientifically and ethically

sound clinical trials in the Region. It concluded with regional recommendations for conducting high-impact clinical trials, strengthening research capacities, fostering clinical trial networks, and improving the ethical and regulatory efficiency of trials.

153. *Advancing research ethics.* A national policy on research ethics was developed in Paraguay and relevant normative documents were developed in the Plurinational State of Bolivia, Costa Rica, El Salvador, Guatemala, Peru, and Trinidad and Tobago. PAHO's Catalyzing Ethical Research in Emergencies initiative, along with lessons learned from the COVID-19 pandemic, has fortified the Region's preparedness for future emergencies.

154. *Strengthening institutional capacities in the scientific system.* The Region advanced in consolidating research and development and evidence systems, facilitated by adopting PAHO's *Handbook for adapting and implementing evidence-informed guidelines* and PAHO's *A guide for evidence-informed decision-making, including in health emergencies*. This progress was evidenced by 22 countries participating in the joint EVIPNet and RedETSA meeting in Jamaica on 14–16 November 2023 focusing on enhancing regional and national plans. In collaboration with the WHO Global Clinical Platform, 12 countries contributed to analyzing and publicly sharing available data on more than 150 000 COVID-19, post-COVID-19-condition, and mpox cases, a key development toward the establishment of a regional clinical intelligence network and the commitment to design data driven health improvements.

155. *Promoting social innovation for health.* Social innovation has thrived through PAHO's initiatives, fostering collaboration, identifying innovative projects, and supporting their integration to local and regional initiatives on diverse public health priorities, showcasing the commitment to improving health outcomes in the Americas.

### ***Health analysis and equity metrics***

156. The integration of artificial intelligence, including machine learning, and other cutting-edge technologies, coupled with the utilization of geospatial information (GIS), has significantly enhanced various facets of data analysis for program and policy development. This has led to a transformative upgrade in health intelligence pertaining to crucial priorities, such as immunizations, health and climate change, health equity, and health outcomes.

### ***Progress and achievements***

157. *Strengthening national capacities.* Twelve countries received technical cooperation to strengthen the capacity to monitor health inequalities for SDG 3 Indicators by using routine, administrative, and disaggregated data, including social and vital statistics. PAHO expanded available interactive analytical tools contained in the PAHO SDG 3 Portal, including PAHO's Equity Explorer, an online analytical tool that supports the estimation of health inequalities at the national and subnational levels by incorporating users' own data. Training on this tool has been conducted in eight countries in the Region.

## **Health determinants and risk factors**

158. The pandemic helped bring to the fore the need to tackle the negative impact that the social and environmental determinants of health have on populations' health and well-being. In this regard, PAHO continued its regional support in 2024 by providing training tools for capacity-building as well as assisting Member States in developing and implementing a range of initiatives and policies on violence and injury prevention, social and environmental determinants of health, including climate change, food and nutrition, and tobacco control.

### ***Violence and injury prevention***

159. The Region has the highest homicide rate in the world—three times the global average. One out of every three women has experienced physical and/or sexual partner violence, and violence patterns and consequences of violence are different for women, men, boys and girls from. Preventing and responding to gender-based violence, as well as emergency care resulting from road accidents, were priorities for PAHO during the reporting period.

### ***Progress and achievements***

160. *Addressing violence against women.* Post-rape care assessments were applied in three countries to improve quality and access to services, and a new capacity-building tool was developed on the RESPECT framework for preventing violence against women, with training workshops held in two countries. PAHO focused on violence against women refugee and migrants from the Bolivarian Republic of Venezuela in four countries by conducting workshops and training of health providers on strategies to prevent and respond to violence against women. In addition, three new PAHO virtual courses for health workers were developed and providers trained in medico-legal aspects of violence and policy considerations on violence, as well as on clinical management of survivors of violence against women. Finally, PAHO led a series of regional events to mark the 16 Days of Activism Against Gender-Based Violence, including a high-level event with other United Nations agencies.

161. *Strengthening road safety response.* This is the second decade for action on road safety. In this reporting period, regional road safety workshops led to the creation of road safety national plans in 13 countries to strengthen emergency care response, as well as protective policies to prevent road traffic crashes. National assessments of the emergency care system, using the standardized WHO methodology Emergency Care Systems Assessment, were conducted in three countries and a series of basic emergency care strengthening courses were conducted, leading to certification of train the trainers, and professionals.

### ***Social determinants of health and health promotion***

162. The Region continues to be one of the most unequal regions globally. Improving health equity and promoting health and well-being continue to be a priority for the Organization. To address these challenges, intersectoral action and civil society participation are key strategies to reduce health inequities.



### *Progress and achievements*

163. *Improving social determinants of health.* The multicountry WHO Special Initiative for Action on the Social Determinants of Health for Advancing Health Equity continued to be successfully implemented in Chile, Colombia, Costa Rica, and Peru. Progress included the beginning of the implementation phase of the local component of the prototype system for monitoring social determinants in the pilot municipalities of La Pintana, Chile, and Suaza, Colombia. In addition, 14 municipalities in Chile, Colombia, and Costa Rica were developing action plans to address the social determinants of health based on an intersectoral and participatory strategy, using the theory of change as a methodological device to conduct these plans.

164. *Launching an intersectoral initiative.* The Network on Intersectoral Work and Social Participation for Equity in Health, which includes several countries was launched in November 2023 during a regional meeting on intersectorality for health equity, as a fundamental step in the consolidation of a regional platform that promotes intersectoral action for health equity in the Region.

165. *Introducing a course on health promotion.* PAHO launched a virtual course on health promotion at the end of 2023 on the VCPH. The course is a capacity-building tool designed to contribute to the renewal and integration of health promotion as an essential means to improve health, well-being, and equity. The self-learning course is available in English, Portuguese, and Spanish. As of June 2024, it had received over 32 000 registrations and is highly valued by participants.

### **Nutrition**

166. As part of the technical team of the United Nations Inter-Agency Working Group on Food Systems for Latin America and the Caribbean, PASB supported countries in the development of road maps to guide Member States in responding to all forms of malnutrition and to promote healthy and sustainable diets using a food and nutrition systems approach. This is expected to improve countries' ability to implement policies and programs at country level through the United Nations Resident Coordinator's Offices and collaboration at the regional level.

167. PAHO continued to support countries to improve breastfeeding rates, to successfully implement the Baby-Friendly Hospital Initiative, and to increase the number of countries with national legislation to regulate the marketing of breast-milk substitutes.

168. In response to increasing requests from Member States, PASB launched a new self-learning, virtual course on regulatory policies to prevent obesity and diet-related NCDs to strengthen the technical resources and capacities to advance the protection of healthy diets and public health region-wide. This aligns with the contributions of PASB to advance WHO's healthier population Triple Billion target by means of the WHO acceleration plan to stop obesity.

169. The Bureau continued to fulfill its roles in implementing the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020–2025 (Document CD57/8 [2019]), assessing Member States' regulatory and monitoring capacity and supporting them to adopt and implement best-practice policies to eliminate industrially produced trans-fatty acids.

### *Progress and achievements*

170. *Supporting policy implementation.* As one of the countries implementing the 2022 inter-American plan on healthy food and physical activity policies in school environments, Belize received direct support from the PASB-OAS collaboration to improve the school food environment by eliminating sugary drinks. Ecuador successfully implemented its national strategy to tackle child malnutrition” and, as a result, contributed to the reduction in the prevalence of stunting by three percentage points and an increase in the prioritized packages “protected pregnant women” and “protected child” between 2019 and 2023. This was achieved by strengthening health teams, and community-level nutritional assessment of boys and girls under two years old through the development and implementation of a virtual course hosted on the VCPH and following WHO guidelines.

171. *Generating evidence to inform and advance policies.* Studies on the efficacy of front-of-package labeling were completed by PASB in collaboration with international and local partners in Central America (Costa Rica, El Salvador, and Panama) and the Plurinational State of Bolivia to inform policies in providing the population with the best protection for healthy diets and public health. Such studies have helped these countries advance policy proposals from the discussion stage to the formulation stage.

172. *Accelerating the halting of obesity.* With the support of PASB, six front-runner Member States for the WHO acceleration plan to stop obesity completed their draft road maps establishing priorities and concrete activities to accelerate the achievement of the global nutrition target of halting the rise of obesity by 2025.

173. *Working to eliminate industrially produced trans-fatty acids.* In line with the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020–2025 from the food supply, the Region continued to make progress. By the end of 2023, 84.9% of the overall population in the Region was protected by best-practice policies for the elimination of harmful industrially produced trans-fatty acids. These policies have already been implemented or have been adopted with implementation scheduled to begin in 2024. Similarly, PAHO has supported Member States in adopting regulations to reduce sodium consumption.

174. *Supporting implementation of the International Code of Marketing of Breast-milk Substitutes.* In 2023, a law for the promotion, protection, and support of breastfeeding came into force in El Salvador, and Guyana finalized a national code, which is awaiting presentation to Parliament. Paraguay was reported in the Code Report 2024 as having adopted a resolution related to implementation of existing breastfeeding protection measures including national marketing restrictions. Cuba has also passed a new resolution, which has yet to be officially published. PAHO continued its advocacy for national implementation of the Code. It is now establishing Code Networks (for both English- and Spanish-speaking countries) in collaboration with UNICEF to facilitate the sharing of information, tools, and resources, and to create capacity-building opportunities for countries within the Region.

## ***Food safety***

175. The Bureau provides technical cooperation to Member States for strengthening the assessment, management, and communication of food-safety risks, in accordance with the One Health policy endorsed by Member States at the 59th Directing Council of PAHO in 2021 (Document CD59/9) and the One Health Joint Plan of Action (2022–2026) by WHO, FAO, the United Nations Environment Program and the World Organization for Animal Health. This effort aims at strengthening national food-safety systems to prevent and reduce foodborne illnesses.

### *Progress and achievements*

176. *Strengthening national food-safety systems.* PAHO provided technical cooperation to the Plurinational State of Bolivia, El Salvador, Guatemala, and Guyana, thanks to the FAO/WHO Codex Trust Fund, to strengthen their national Codex Alimentarius structures for better participation in the development of Codex Alimentarius food-safety international standards, which are reference for national legislations. In collaboration with Member States, PAHO developed the manual on Good practices in traditional food markets in the Region of the Americas to mitigate potential spillovers of pathogens between animals and humans. These good practices were implemented in selected markets in Colombia and Paraguay. Additionally, PAHO led the European Union-funded project Strengthening Climate Resilient Health Systems in the Caribbean, which includes a food-safety component that aims to increase awareness and prevent the dissemination of environmental contaminants through the food value chain. Technical cooperation was provided to Barbados and Trinidad and Tobago to strengthen capacities for their climate-resilient food-safety plans.

177. *Developing risk-management decision capacities.* The Manual on risk-based food inspection: Food producers was published in 2023 to guide countries in the implementation of a preventive food-safety inspection system. A regional training session on food-safety risk management for establishing maximum levels of food contaminants was conducted in Quito, Ecuador, in 2023, with the participation of Argentina, Brazil, Chile, Cuba, Honduras, Guatemala, El Salvador, Ecuador, Panama, Paraguay, Peru, and Uruguay. PAHO's Inter-American Network of Food Analysis Laboratories, including 175 laboratories from 25 countries, continued strengthening technical capabilities of food analysis laboratories through, among other actions, the provision of two proficiency tests, one including 58 participating laboratories from 12 countries and the other seven participating laboratories from five countries. Furthermore, capacity-building on liquid chromatography, food microbiology, and risk analysis included a total of 110 participants from 16 countries.

178. *Improving foodborne-disease surveillance systems.* PAHO coordinated actions with the FAO/WHO International Food Safety Authorities Network secretariat for the early detection of and response to food-safety incidents. Foodborne disease-monitoring and surveillance according to the One Health approach was strengthened through the application of the Food Safety Component (SPAR-C13) of the IHR States Parties Self-Assessment Annual Report tool to assess the capabilities for food-safety emergency response in Suriname. Technical cooperation activities related to AMR phenotyping and genotyping in bacteria from food and animal sources along the food value chain were carried out in the Plurinational State of Bolivia, Cuba, and Guyana.

## ***Tobacco control***

179. Tobacco use is a major global public health problem and a leading preventable cause of death. In the Region of the Americas, it is responsible for approximately one million deaths per year and places a heavy burden on health systems and economies. Tobacco use is a major risk factor for cardiovascular disease, diabetes, cancer, and chronic respiratory disease, which all result in substantial medical costs and reduced labor productivity. Although tobacco consumption has declined over the years, 16.6% of the population aged 15 years and older use tobacco. While tobacco use is still more prevalent among men (21.7%), a significant proportion of women (11.4%) also consume tobacco.

### ***Progress and achievements***

180. *Advancing key initiatives.* After the final report of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report (Document CD60/INF/6) was presented to the 60th Directing Council, Member States requested that PASB develop a new strategy to continue efforts to implement the most cost-effective tobacco control measures and address new challenges. This demonstrated Member States' political will and commitment to advance the tobacco control agenda and related emerging issues. Member States will deliberate on the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 at the 61st Directing Council.

181. *Supporting legislative progress.* In the Region, there was increasing momentum to regulate novel and emerging nicotine and tobacco products such as electronic cigarettes and heated tobacco products. Between July 2023 and June 2024, three countries in the Region adopted or strengthened regulatory approaches that align with the WHO Framework Convention on Tobacco Control and Conference of the Parties to the WHO FCTC Decisions. Brazil and the Bolivarian Republic of Venezuela reinforced legal measures that banned the commercialization of these products, and Colombia amended its national tobacco control legislation to extend all provisions to these products as well, with advertising, promotion, and sponsorship of these products notably prohibited in these countries. This is a huge achievement as countries have found it challenging to implement such a measure, while it prevents the tobacco industry from targeting and ensnaring a new generation of young people into tobacco consumption and nicotine addiction.

182. *Enabling resource mobilization and partnership building.* The Bureau successfully mobilized a significant flow of additional technical and financial resources from the Bloomberg Initiative to Reduce Tobacco Use, the Secretariat of the WHO Framework Convention on Tobacco Control, and the Government of Canada. Ongoing efforts in resource mobilization have been directed toward establishing smoke-free environments in Latin America, drawing upon lessons learned from achieving a smoke-free South America in 2020. The experience of the Bloomberg Initiative in the Region shows that progress can be made on the tobacco control agenda by adopting a winning strategy involving government engagement and leadership, active academic participation through provision of evidence, and civil society advocacy.

183. *Supporting resumption of surveillance activities.* In the past year, several countries resumed tobacco surveillance initiatives, which had been severely hampered by the COVID-19 pandemic. Costa Rica and Mexico conducted a new round of the Global Adult Tobacco Survey, with Mexico receiving

financial support from the CDC Foundation mobilized through the Bureau. Additionally, more than 10 countries received training to conduct another round of the Global Youth Tobacco Survey. Currently seven countries are in some stage of the implementation process. A monitoring system with regular data production is essential to ensure the Region can rely on reliable and robust comparative prevalence estimates.

### ***Environmental risks and climate change***

184. Climate change is a major global health threat, affecting health, well-being, and health equity both directly and indirectly. The Americas is one of the most vulnerable regions because of its susceptibility to extreme weather events, economies dependent on climate-sensitive sectors such as agriculture and tourism, and high social inequality. Moreover, climate change exacerbates existing public health challenges such as food and water insecurity, air pollution, and vector-borne disease transmission. Recognizing the need for urgent and decisive action on this topic, PASB responded to a request from Member States to develop a policy to strengthen the health sector to address the current and future threats posed by climate change to health, well-being, and health equity.

185. Collaboration between PAHO, OAS, Member States, and stakeholders for the implementation of interventions to mitigate the impacts of climate change on health is critical to achieving regional consensus and cooperation.

### ***Progress and achievements***

186. *Strengthening health-sector action on climate change and health with equity.* The Bureau conducted country consultations toward developing a policy on strengthening the health sector actions on climate change and health with equity. A proposed policy and resolution will be presented for the approval of Member States at the 61st Directing Council in October 2024.

187. *Participating in COP.* For the first time ever, a Climate Change Conference of the Parties (COP) hosted a dedicated “health day.” In 2023, the COP28 Declaration on Climate and Health was signed by 123 countries, 17 from the Americas, acknowledging the critical importance of policy and investment to build the climate resilience of health systems, and to work toward health system decarbonization, as well as enhancing population health and well-being through the implementation of all pillars of the Paris Agreement. High-level statements from the Region were given by the Prime Ministers of Barbados and Saint Kitts and Nevis, and by the Ministers of Health from Argentina, Antigua and Barbuda, Brazil, and Panama. PAHO is now preparing its participation for COP29, in Azerbaijan in 2024, and for COP30, in Belém do Pará, Brazil, in 2025.

188. *Engaging with the OAS on climate change.* In June 2023, PAHO participated in the session Climate Change and Poverty – Multidimensional Impacts and Solutions at the regular meeting of the Inter-American Council for Integral Development. The session gave space to a fruitful discussion on the challenges and opportunities to bring people out of poverty and to prevent the Region’s poorest communities from suffering the most extreme consequences of climate change. This session also served as preparation for the IV Inter-American Meeting of Ministers and High-Level Authorities on Sustainable Development of the OAS and hosted by the Government of the Bahamas, in October 2023. At the meeting, PAHO presented its strategy to advance on the climate change and health

agenda, highlighting the opportunity for the creation of co-benefits when working in an intersectoral manner on mitigation, and the potential of smart hospitals in this regard. At the end of the meeting, the Nassau Declaration was adopted, which reaffirmed the commitment of Member States to effectively implement the 2030 Agenda for Sustainable Development, focusing on hemispheric collaboration for climate action.

189. *Addressing mercury contamination in rural communities.* Information materials for rural and indigenous communities related with healthy fish consumption and mercury contamination, for the prevention and primary care response for pregnant women, were developed and disseminated among counterparts in the Plurinational State of Bolivia, Ecuador, and Peru.

190. *Boosting capacity-building.* More than 26 000 professionals were certified by 25 virtual and face-to-face courses during the biennium on: children's environmental health; health responders' course on climate change and El Niño; climate-resilient water and sanitation safety plans; and preparation and response of healthcare facilities to water, sanitation and hygiene (WASH) emergencies, chemicals (mercury, pesticides, endocrine disruptors, emergencies, WHO chemicals road map), and waste management. PAHO also worked to strengthen risk assessment exposure of plastic, microplastic, and electrical and electronic waste in the Plurinational State of Bolivia and Panama, and supported the development and implementation of national solid waste management plans for healthcare facilities in Cuba, the Dominican Republic, El Salvador, Nicaragua, Panama, Paraguay, and Uruguay.

## Part 4. PAHO Forward: A more transparent and effective PAHO

191. COVID-19 had a profound effect on PAHO. The Organization was central to the Region's response, coordinating with ministries of health on emergency response, providing technical and logistical support to Member States, and increasing access to life-saving medical supplies and vaccines. Confronting a public health emergency of such scale yielded valuable technical and institutional lessons for PAHO, lessons the Organization is using to improve its efficiency and magnify its public health impact.

192. The PAHO Forward initiative, launched in April 2023, focuses on modernizing and streamlining processes to strengthen internal management controls and decision-making in order to enhance the effectiveness of the Organization at all levels. PAHO Forward is a results-based, Organization-wide initiative to systematically innovate and modernize management practices, thereby fostering a culture of efficiency, transparency, and accountability in the delivery of technical cooperation and improving country focus while strengthening the Organization's presence.

193. During the first 12-month cycle, 80% of the actions and expected results included in the PAHO Forward Plan of Action have been completed, showing significant progress toward achieving the three specific objectives pursued:

- a) Strengthen PASB's efficiency, transparency, and accountability.
- b) Bolster PASB's visibility, country focus, and capacity to deliver technical cooperation.
- c) Enhance PASB human resources performance and drive innovation to move the Organization forward.

194. Notable strides were made in relation to **strengthening efficiency, transparency, and accountability**, which included the publication of external evaluation reports. During the reporting period the following external evaluations were published: Evaluation of the Pan American Health Organization response to COVID-19 2020–2022; Evaluation of the Pan American Health Organization technical cooperation in noncommunicable disease prevention and control in the Americas; and Evaluation of the Pan American Health Organization results-based management framework implementation. In response to the recommendations arising from these evaluations, action plans were developed and are currently under implementation.

195. With the same purpose of improving the transparency of PAHO's operational processes internal audit reports are now available for Member States, upon request. The Office of Internal Audit has increased the number of internal audits performed annually and, at the time of drafting this report, there were 11 internal audit reports from 2023 and four from 2024 available to Member States.

196. The Program Budget Portal has been launched as a tool to continue to increase transparency, provide more information, and strengthen accountability to Member States. In addition, PAHO is now integrated into the OneWHO Intranet, showing progress in interoperability with WHO systems and aligning with the modernization of its business management system.

197. In June 2023, the review of administrative processes and resulting reduction in steps in transactions saved considerable time and lead to faster processing of different transactions. The updated procedures delegated, for example, approval of low value transactions. These represented 111 000 purchase orders, invoices, and credit card transactions between June 2022 and May 2023. While there have been gains in administrative efficiencies, managers retain responsibility for overseeing the implementation of PAHO policies and procedures related to the purchase of goods and services.

198. The operations of the RRFs have also benefited from efficiency gains, as PAHO has improved the billing process and the preparation of draft statement of accounts. These improvements enhance Member States capabilities to monitor balances, follow up on outstanding invoices, and track deposits made for the acquisition of goods and services through the RRFs and the Reimbursable Acquisitions Fund. These improvements are complemented by the Member State Portal and the Electronic Delegation of Authority System, and pave the way for further developments.

199. Real-time tracking and procurement key performance indicators are now available with a recently launched Power BI dashboard. In 2023 the Corporate Procurement Unit managed 79 delegation of authority requests, totaling over \$56 million, using the new system, with an average processing time of 13.15 days per request. In the first semester of 2024 the average time has been reduced to 10.32 days, although the actual time may vary depending on the size and complexity of the request. Dashboards also help to identify areas for improvement and evaluate overall performance, replacing outdated offline systems with a more efficient, data-driven approach.

200. A PAHO Green initiative has been launched to determine the total greenhouse gases generated by all PAHO activities in the Region. This process will enable the Organization to establish a baseline for charting a path toward sustainability. This is the first time that PAHO has made such a significant effort to gather historical data from offices and centers across 27 countries, as well as from headquarters, to assess the Organization's carbon footprint. The interest in reducing the carbon footprint is not new, considering that PAHO already has examples of environmentally friendly initiatives and facilities, but this is an opportunity to systematize all these advances and develop a green vision and concrete policies.

201. Regarding **bolstering PASB's visibility, country focus, and capacity to deliver technical cooperation**, headway was made on many fronts.

202. Since January 2023, 11 Country Cooperation Strategies have been developed and signed with ministers of health, providing a strategic framework for mid-term planning and tailoring PAHO's collaboration with Member States to their unique situations, needs, and priorities. The process of developing these strategies was streamlined to promote a more agile and flexible process while reducing its length. Additionally, PAHO has developed interprogrammatic projects for disease elimination acceleration and integration of NCDs into PHC, including them in the operational planning for 2024–2025.



203. The deepened commitment to focusing PAHO's technical cooperation in countries is evidenced with an increased budget allocation to countries of \$16.7 million in the 2024–2025 Program Budget (81% of the overall increase). This allocation was accompanied by the creation of 67 new positions for country offices, including 39 core predictable country presence positions supported by WHO.

204. Increased delegation of authority to PAHO/WHO Country Representatives was implemented, making the management of the country offices more agile, allowing the decision-maker to address technical cooperation needs in a more expeditious manner. Country Representatives' authority for entering procurement contracts was raised from \$50 000 to \$100 000, and from \$100 000 to \$200 000 for the Brazil office, which represents 94% of the contracts. With the increase in the delegation of authority, 949 letters of agreement and purchase orders in 2023 and the first quarter of 2024 were fully processed in those entities that are closer to the operations and in a better position to make informed decisions. At the same time, the first line of defense was reinforced with actions that strengthened the Organization's regulatory compliance and processing capabilities directly at the source.

205. In the second semester of 2023 and the first semester of 2024, seven organizations were admitted into official relations with PAHO, a figure five times higher than the average over the last five years. Regarding strategic advice, PAHO launched 12 open calls for experts to join its strategic advisory groups, ensuring alignment, consistency, and efficiency in their functioning and processes.

206. Important progress was made in relation to **enhancing human resources performance and driving innovation**. A focus on metrics, key performance indicators, and evidence led to considerable progress in human resources, procurement, and legal processes. This involved establishing indicators with clear baselines, targets, and benchmarks, as well as implementing new dashboards and data warehouses for decision-making. As a result, the average time required to complete the recruitment of fixed-term staff positions was reduced by 30 days during the first semester of 2024, moving from 183 to 153 days. The target is to bring it down to 150 days by the end of December 2024. It is important to highlight that the baseline corresponds to data from 2022 where the average time was 191 days, which implies a cumulative reduction of 38 days in the average time required to complete the process. In the specific case of core predictable country presence positions (39 positions), the average time for recruitment was 121 days, making the Americas the first WHO Region to complete all these selection processes.

207. To ensure an effective Integrity and Conflict Management System, an ombudsman was recruited and is now playing an important role in reinforcing the importance of having a respectful workplace and psychological safety. Moreover, two new professionals have been appointed to enhance the Organization's prevention of and response to sexual exploitation, abuse, and harassment.

208. In October 2023, PAHO published a new Personal Data Protection Policy in its e-manual. This policy sets out the principles governing the processing of personal data by PAHO and is intended to ensure consistent practices, aligned with recognized international standards. It establishes clear guidelines for the collecting, processing, storing, and sharing of personal data by PAHO. Moreover, it promotes responsible and ethical data management practices, fostering a secure and trustworthy environment for both the Organization and its stakeholders.

209. PAHO has shown that diversity, equity, and inclusion are not just words but guiding principles in action. In 2023, the Organization took significant steps to support LGBTQ+ personnel and allies, including illuminating PAHO Headquarters in rainbow colors for Pride Month and issuing a Director's message in solidarity with the International Day Against Homophobia, Biphobia and Transphobia. Recognizing and celebrating the Organization's achievements with PAHO Globe in supporting the rights and well-being of the LGBTQ+ community last year was vital, highlighting progress and underscoring the importance of continued support and advocacy.

210. Regarding staff performance evaluation, in response to recommendations from PAHO's external auditors, the performance planning and evaluation system was streamlined to enhance user experience, foster professional growth, and reinforce its importance within the organizational human resources management framework. Objectives setting has improved, and, during the second semester of 2024, calibration will be implemented across the Organization for better performance evaluation.

211. The intern policy was revised to include stipends, two annual calls for internships, and more transparency to the selection process. As a result, the number of people interested in doing internships with PAHO has tripled.

212. The second phase of PAHO Forward is expanding on these changes and ensuring even more actions toward efficiency, transparency, accountability, and country focus. PAHO Forward Plan of Action 2.0 was developed with the contributions from many individuals, groups, and entities that collectively proposed actions and results aimed to be achieved by mid-2025. PAHO counts on its staff to help lead the change in their area of responsibility, along with Member States and partners, to support the successful implementation of the PAHO Forward initiative.

213. In closing, PAHO Forward lies at the heart of PAHO's post-COVID-19 transformation as the Organization evolves to meet the increasingly complex public health needs of the Region.

## Part 5. Conclusions

214. The end of the COVID-19 pandemic emergency phase marks the transition from one of upheaval to a cautiously optimistic environment of building back better. Following the previous annual report that examined the role of PAHO in this transition phase, this report takes us forward to how PASB has taken the opportunity to focus its efforts with Member States on seizing the significant opportunities presented by this global systemic crisis for advancing substantial positive transformation, regaining health advances, and improving equity to health for all. Pandemic lessons, particularly those that speak to deeper structural issues and neglected determinants of health, guided strategic approaches to identifying those who are most vulnerable and addressing barriers to access to health.

215. With the postpandemic international momentum, PAHO's technical cooperation refocused on promoting and supporting actions to tackle the Region's complex epidemiological landscape of communicable diseases, epidemic and pandemic risks, a higher impact of NCDs and maternal mortality rates, and the health impacts of climate change. To this end, the launch of important and innovative initiatives has helped align coordination and channel resources to critical public health areas impacted by the pandemic, which revealed deep socioeconomic inequalities and enormous disparities in health care access.

216. Through country-centered cooperation with strong regional and subregional solidarity and support, PASB worked with countries to focus on Member States' contexts and needs, while also guiding and ensuring their participation in global postpandemic initiatives. PASB's technical cooperation with Member States toward building resilient and sustainable health systems to ensure universal health is now more than ever a regional priority. It supports the establishment and strengthening of partnerships between governments and national health systems, with platforms and mechanisms for education and training, and for sharing data, advice, and expertise to inform evidence-based decisions and new initiatives that address negative trends in health indicators and other gaps.

217. Across all its portfolio of technical cooperation activities, PAHO's approach will continue to prioritize a country focus, responding to Member States' priorities, providing advice, guidance, and support tailored to each country's unique needs. At the same time, PASB will help countries both recover the health gains lost in the pandemic and then extend them. The Bureau will continue to serve as a catalyst for health in the Region and a leader for health at the global level, using its convening power, technical strength and reputation throughout the Region to place Equity at the Heart of Health.