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PRELIMINARY REPORT OF THE END-OF-BIENNIUM ASSESSMENT OF THE PAHO PROGRAM AND BUDGET 2016-2017/SECOND INTERIM REPORT OF THE PAHO STRATEGIC PLAN 2014-2019

Executive Summary

Overview

1. This executive summary presents highlights of the full Pan American Health Organization (PAHO) Results Report 2016-2017 in Addendum I. The report serves as the second interim assessment of the implementation of the PAHO Strategic Plan 2014-2019 and the end-of-biennium assessment of the Program and Budget 2016-2017. Building on the success of the first-ever joint assessment conducted by Member States and the Pan American Sanitary Bureau (PASB) for 2014-2015, this report deepens PAHO's experience in collective accountability and transparency in accordance with results-based management. The preliminary results in this report also contributed to the World Health Organization Results Report for 2016-2017, presented to the World Health Assembly in May 2018.
 2. This preliminary assessment provides an opportunity to reflect on the health gains and remaining gaps and on the challenges, opportunities, and lessons learned in the Region. Such lessons are important for guiding interventions in the 2018-2019 biennium as the Region moves toward concluding implementation of the PAHO Strategic Plan 2014-2019 and implementing the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030).
 3. This report presents for the first time an update on the impact goals of the Strategic Plan. It is hoped that this will allow the Organization to take full advantage of the 2018-2019 period in order to consolidate gains in health impacts. In addition to celebrating progress in improving the health and well-being of the populations of the Region with equity, this interim assessment calls attention to areas that are lagging and identifies interventions that must be scaled up in order to reach 2019 targets.
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4. Preliminary results of the assessment show significant progress in the adoption of policies, plans, strategies, and other instruments in many countries, bolstered by technical cooperation with PASB. However, while overall projections for the regional impact goals signal improvements, the progress in closing health equity gaps between and within countries is less than desired. This is due to many challenges that are detailed in this report and summarized below. This requires the Organization to redouble its efforts to ensure strong health systems in all countries, with universal access and coverage for all. It also calls for reflection on the importance of sound target setting and results-based planning in national health plans.

Key Findings

5. Preliminary results from the assessment indicate that four of the nine impact goals in the Strategic Plan are on track (Goal 1, on healthy life expectancy; Goal 2, on a healthy start for newborns; Goal 3, on safe motherhood; and Goal 8, on elimination of communicable diseases). Four are at risk (Goal 4, on mortality due to quality of care; Goal 5, on premature mortality due to noncommunicable diseases [NCDs]; Goal 6, on mortality due to communicable diseases; and Goal 7, on premature mortality due to violence and injuries). The analysis of Goal 9 (death, illness, and disability from emergencies) is currently in progress. Twelve of the 26 impact targets are on track to be achieved by 2019.

6. The assessment also shows continued progress toward achieving outcome targets, with 79% of the outcome indicators on track to be achieved by 2019. At the output level, looking at specific results for the biennium, the assessment shows that 98% of indicators were achieved or partially achieved.

7. The main regional achievements in health can be summarized as follows:

- a) Significant gains have been made toward reaching impact goal targets, including in the areas of healthy life expectancy, maternal and child mortality, mortality from dengue, mortality from road traffic injuries, and elimination of onchocerciasis and other communicable diseases.
- b) Progress has been made in reducing the regional maternal mortality ratio, with a 10.2% reduction projected for 2019. As a result of the Zero Maternal Deaths from Hemorrhage initiative, in four countries maternal deaths due to hemorrhage were prevented in the hospitals where the interventions took place.
- c) The percentage of children less than 5 years of age who are stunted dropped to 6.6% in the Region, exceeding the 2019 target of 7.5%.
- d) In Haiti, the overall cholera institutional case fatality rate was maintained below 1%.
- e) Six additional countries and territories were certified by WHO as having achieved targets for elimination of mother-to-child transmission (EMTCT) of HIV and

- congenital syphilis.¹ Cuba was also recertified for another two years. In September 2016, the Region of the Americas became the first WHO region to eliminate measles. The Region also declared the elimination of maternal and neonatal tetanus in Haiti, thus completing elimination throughout the Region.
- f) In 2016, WHO verified the elimination of onchocerciasis in Guatemala, and in 2017 Mexico received validation of the elimination of trachoma as a public health problem.
 - g) Elimination of malaria was maintained in Argentina and Paraguay.
 - h) Regional prevalence of visual impairment decreased to 2.78% in all ages and to 10.37% in people over 50 years of age. This was achieved in part by increasing the availability of cataract surgery.
 - i) Front-of-package nutritional warning systems are being applied or considered in 12 countries and two subregional integration mechanisms, following evidence-based scientific information provided by PAHO/WHO.
 - j) Countries expanded access and quality of care using a primary health care approach. In Brazil alone, 60 million people are benefiting from the Mais Médicos program. Access to antiretroviral therapy (ART) and new vaccines increased significantly.
 - k) Timely and appropriate responses were mounted to all emergencies with potential health impacts in 33 countries and several territories within 72 hours of onset.
 - l) Emergency Medical Teams in Costa Rica and Ecuador were certified by WHO.
 - m) The Policy on Ethnicity and Health was approved by the 29th Pan American Sanitary Conference, marking a significant step forward in addressing ethnic inequities in health.
8. To further these efforts, the Organization continued to strengthen its leadership, governance, and management capacities. The SHAA2030 developed with Member States and approved at the 29th Pan American Sanitary Conference represents the first long-term, regional health sector response to the Sustainable Development Goals (SDGs) contained in the United Nations 2030 Agenda for Sustainable Development. The portfolio of financial partners was diversified and strengthened; the Organization signed financial agreements with 11 new partners, as well as with organizations with which there were no agreements in the past five years. The PASB Management Information System (PMIS) was fully implemented on time and on budget; processes were documented, users were trained, and the PMIS Advisory Committee was established. Continuous PMIS system enhancements were adopted, and processes and operations streamlined.
9. Despite efforts to learn from past experiences, ongoing challenges persisted and new ones emerged, including the following:

¹ Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, and Saint Kitts and Nevis.

- a) Mortality due to poor quality of care and premature mortality due to NCDs are both falling, but not fast enough to reach the impact goal targets in the Strategic Plan. Meanwhile, the reduction of homicide and suicide rates in youth 15-24 years of age continues to be a challenge for the health sector, with the regional homicide rate not falling sufficiently and the suicide rate on the increase.
- b) The increase in malaria transmission in 2017 is a challenge for the achievement of regional goals for disease elimination. Additionally, current gaps in health systems coverage in malaria-endemic countries hinder the access of rural populations to prompt diagnosis and treatment, and need to be addressed.
- c) Although Region-wide targets on core health indicators are showing improvements in some cases, achieving the absolute and relative equity gap targets between and within countries is proving difficult, signaling the need to boost the intensity of targeting interventions in PAHO key countries.
- d) A challenge for the health sector is to think beyond SDG3 and to take advantage of synergies and co-benefits with the other SDGs.
- e) As a result of competing national priorities, there has been limited resource allocation for key programs in areas such as neglected infectious diseases, substance use disorders, violence, vision and hearing diseases, disabilities and rehabilitation, aging, gender and ethnic inequality, environmental determinants and climate change, ongoing support for cholera control in Haiti, and food safety, among others. Funding levels needed to strengthen health systems and achieve the goals set for them are often insufficient. PAHO continues to provide guidance to promote understanding of health financing policy challenges and to facilitate an informed and constructive dialogue on these issues.
- f) Despite efforts toward health systems transformation and strengthening as a means to advance toward universal health, many of the policy options and legislative changes currently being considered may result in further segmentation and fragmentation of health systems. Also, the limited involvement of civil society in national dialogues undermines the wide societal approach needed for health transformation.
- g) There has been uneven progress among countries in some areas, such as HIV care and treatment, case detection for tuberculosis and multidrug-resistant TB, dog-transmitted rabies, mental health, human security, law enforcement related to road safety, salt reduction, bridging the digital divide and increasing access to information in remote areas, expanding the health workforce, and sharing timely information on public health threats.
- h) There continue to be difficulties in pursuing the multisectoral collaboration that is required to address priorities involving other sectors beyond health, in areas such as, for example, the impact of climate change on health and reducing solid fuel use.
- i) Gaps in information systems and availability of data, especially as regards NCDs, health throughout the life course, human and animal health, and antimicrobial resistance, impede the ability of Ministries of Health and the Organization to make

- evidence-based decisions. In particular, the lack of disaggregated data makes it difficult to develop targeted interventions to address inequities in health.
- j) An unprecedented number of natural disasters and disease outbreaks affected countries of the Region during 2016-2017. This resulted in the need for urgent additional support, diverting resources from other programs. The Organization had to respond to these situations while ensuring the continuity of other technical cooperation programs.
 - k) Insufficient investment and support for national immunization programs continue to affect program sustainability in some countries. As a result, the Region is now at risk of losing its measles-free certification, which was declared by the International Expert Committee for Documenting and Verifying Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas in September 2016. Ongoing support for immunization programs is also needed in light of conflicting messages from anti-vaccination movements.

10. The challenges identified have also yielded important lessons that are presented in this report. Building on these lessons learned will serve to deepen and extend the reach and effectiveness of the Organization's technical cooperation and strengthen accountability for results in order to fulfill the PAHO Strategic Plan's vision of improved quality of life, sustainable development, and equity. Both Member States and PASB, in collaboration with partners across the Region and beyond, need to work on solutions to these challenges and continue advocating and investing the necessary resources to keep public health issues at the top of the political and development agendas. The SHAA2030 provides an important opportunity to advocate for health development and guide the Region's collective work moving forward.

Budget Overview

11. In terms of budget, the overall Program and Budget 2016-2017 was financed at 88% (\$568 million of the total approved budget of \$648 million). Of the financed amount, \$522 million was available for implementation during 2016-2017, with \$46 million carried forward into the 2018-2019 biennium. Uneven funding across program areas continues to be a challenge, with six out of 24 technical program areas receiving less than 75% of their approved budget (HIV/AIDS and STIs; disabilities and rehabilitation; nutrition; women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health; social determinants of health; and human resources for health). In some cases, these gaps may have impeded effective program delivery and, consequently, the achievement of results.

12. Key actions to address funding gaps in future biennia include working toward better alignment between resource mobilization and the programmatic priorities identified by Member States, as well as continued strategic allocation of the Organization's flexible funding. The priorities set by Member States for the Program and Budget 2018-2019 through the programmatic prioritization exercises offer clear direction in this regard.

Reaching full funding of all priorities requires the full commitment of all stakeholders and strategic communication to further engage partners and donors and expand partnerships.

Update on the Joint Assessment Process

13. This draft report for the Executive Committee, including the assessment of categories, program areas, and indicators, is based on preliminary technical information and analysis by PASB at the end of April 2018. It does not include information from the joint assessment with Member States, which at the time of writing, was only 60% complete due to certain unforeseen circumstances (the impact of emergencies and outbreaks, as well as political changes in some Member States). In this regard, the final report presented to the Directing Council in September 2018 will reflect the full results of the joint assessment, as well as PASB's further analysis. The aim is to present a final report with the input of all 52 countries and territories.

Action by the Executive Committee

14. The Executive Committee is invited to take note and provide comments on the Preliminary Report of the End-of-Biennium Assessment of the PAHO Program and Budget 2016-2017/Second Interim Report on the PAHO Strategic Plan 2014-2019, and the accompanying Addendum I and Category Reports.
