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PROGRAM BUDGET OF THE
PAN AMERICAN HEALTH ORGANIZATION 2020-2021

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Introductory Note to the Directing Council

1. The proposed Program Budget of the Pan American Health Organization 2020-2021 (PB20-21) is the first Program Budget to be developed and implemented under the new Strategic Plan of the Pan American Health Organization 2020-2025. The PB20-21 sets out the corporate results and targets for the Pan American Health Organization (PAHO) agreed upon by Member States for the next two years. It presents the budget that the Pan American Sanitary Bureau (PASB or "the Bureau") will require in order to support Member States in achieving the maximum impact in health.

2. This Program Budget has been developed in the context of the 13th General Programme of Work of the World Health Organization (WHO GPW13) and corresponding WHO Programme Budget 2020-2021 (WHO PB20-21), the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030), and the PAHO Strategic Plan 2020-2025. Accordingly, the programmatic structure of the new PB20-21 is significantly different from that of the current PAHO Program and Budget 2018-2019 (PB18-19). The new results framework presented in this document will allow for verifiable measurement of PAHO's contribution to all relevant goals set in each of these global and regional instruments.

3. The programmatic section contains the outcomes and outputs and their respective indicators for the biennium. The budget section includes a high-level proposal of the overall budget by outcomes. It explains how the budget is expected to contribute to the SHAA2030, and how it compares with the current PB18-19.

4. In the section on financing the Program Budget, the Bureau presents scenarios for the level of assessed contributions for consideration by Member States.

5. This document was revised based on comments received at the Executive Committee and then finalized for the consideration of the 57th Directing Council.

Action by the Directing Council

6. The Directing Council is invited to review the Program Budget of the Pan American Health Organization 2020-2021 and approve the corresponding proposed resolutions.

PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2020-2021

Pan American Health Organization

Regional Office of the World Health Organization for the Americas

September 2019

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Executive Summary

1. The two main corporate planning instruments of the Pan American Health Organization (PAHO) are the six-year Strategic Plan and the two-year Program Budget. Combined, these two documents set out the results structure of the Organization. This Program Budget 2020-2021 (PB20-21) forms a results-based "contract" between the Pan American Sanitary Bureau (PASB or "the Bureau") and PAHO Member States, with each undertaking to perform the respective actions necessary to achieve the health outcomes and outputs contained herein. The approval, implementation, and reporting of this Program Budget is the main means of accountability for the programmatic work of PASB. The budgetary aspect of the Program Budget forms one of the two main pillars of financial accountability (along with the annual Financial Report of the Director and Report of the External Auditor). With a few notable exceptions,[1] the sum total of PASB's work for the next two years is represented in this Program Budget.

2. For the 2020-2021 biennium, the budget space requested is US$ 620 million[2] for base programs, flat from 2018-2019. An additional $30 million "placeholder" budget is requested for special programs.[3] Thus the total budget proposed is $650 million.

3. The approved World Health Organization (WHO) Programme Budget 2020-2021 (Document A72/4) *(1)* contains a budget space allocation for the Region of the Americas of $215.8 million. This contrasts with the level of funding received from WHO in recent biennia of around $140 million. It is hoped that additional funding will be forthcoming in 2020-2021 in light of the WHO Director-General's push for additional resources and impact at the country level.

4. In the 2020-2025 period, the proposed PAHO Strategic Plan (SP20-25) establishes a new results hierarchy for the Region, and this proposed Program Budget is structured accordingly. The structure will allow PAHO to respond to both regional mandates (including the Sustainable Health Agenda for the Americas 2030 and the SP20-25) and global mandates (including the Sustainable Development Goals and the WHO 13th General Programme of Work). The objective is to report on all relevant health goals while minimizing duplication and reporting burden. Member States have made clear that the cost of monitoring and reporting on indicators should be kept to a minimum.

[1] The collective purchasing funds (the Revolving Fund for Vaccine Procurement, the Regional Revolving Fund for Strategic Public Health Supplies, and the Reimbursable Procurement on Behalf of Member States Fund) and national voluntary contributions (NVCs) are managed outside the Program Budget.

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

[3] This amount is subject to change during the biennium. Special programs include the foot-and-mouth disease elimination program, smart hospitals, outbreak and crisis response, and polio eradication maintenance. These programs are fully dependent on voluntary contributions and, in the case of outbreak and crisis response, on short-term developments that cannot be predicted.

5. The budget is proposed by outcome, with allocations driven by the new PAHO Budget Policy (Document CD57/5) *(2)*, the national health outcome prioritization results, the bottom-up costing exercise conducted in PASB, and historical budget and funding levels. Budgets are also proposed for each PAHO/WHO Representative Office at country level.

6. One innovation in this Program Budget is the inclusion of Country Pages, one-page analyses of the health situation, priorities, and PAHO/WHO key interventions for each country. These pages will bring greater visibility to PAHO's work in countries and give Member States more detail on the specific technical cooperation to be provided.

7. On the funding side, the budget proposed is realistic in that it has a good probability of being fully financed for the PAHO portion (the WHO portion, as noted above, is typically not fully funded). The PB20-21 proposes three scenarios for assessed contribution (AC) funding for Member States' consideration (see Annex A). When deciding the AC level, a balance must be struck between fiscal realities in Member States and the demands placed on PASB to meet Member States' technical cooperation needs.

8. In programmatic terms, the PB20-21 is ambitious but realistic. It provides the means to accomplish the objectives set out in the SP20-25, and brings the Strategic Plan theme, *Equity at the Heart of Health*, closer to reality. It also sets out the 2020-2021 outputs for the first time, along with tangible indicators of achievement. The aggregate results of all the national prioritization exercises conducted are presented, with the 25 technical outcomes divided into three tiers of low, medium, and high priority, while recognizing that all outcomes are core to PAHO's work. Noncommunicable diseases (NCDs) claim the top two spots in the ranking (reflecting the overwhelming burden of disease from NCDs in the Region), followed by communicable diseases and health emergencies.

9. Member States will recall that PAHO is unique in WHO and the United Nations in that it conducts joint assessment of all health outcomes and outputs (and their indicators) together with all Member States. This assessment is published in the end-of-biennium assessment of the PAHO Program Budget and is formally considered in the PAHO Governing Bodies cycle.

Proposed Budget

Overall Budget Proposal

10. A budget of $620 million for base programs is proposed for the PAHO Program Budget 2020-2021 (PB20-21), essentially unchanged from the 2018-2019 biennium. In addition, $30 million is proposed for special programs, for a total PB20-21 of $650 million. This proposal represents a zero nominal budget increase in base programs and an overall reduction of 3.8% with respect to the PAHO Program and Budget 2018-2019 (PB18-19) *(3)*. The proposed budget reflects a realistic balance between programmatic needs, the resource mobilization environment, historical financing levels, implementation levels, and efficiency efforts. The proposed amount for special programs is indicative and will be revised as appropriate during 2020-2021.

11. The proposed PAHO Program Budget 2020-2021 includes the budget allocation from the World Health Organization for the Regional Office for the Americas (AMRO), which was approved at $215.8 million (Document A72/4). This constitutes an increase of $23.8 million, or 12.4%, with respect to the 2018-2019 biennium, when $192 million in budget space was allocated to AMRO. Thus, the WHO component represents 34.8% of the proposed total PAHO budget for base programs. Given that WHO is increasing the AMRO budget allocation while PAHO is proposing an overall flat base budget of $620 million, the PAHO-only portion of the budget is decreasing by the same amount that the WHO allocation for AMRO is increasing ($23.8 million).[4]

Budget by Outcome

12. A new proposed PAHO programmatic results framework has been developed as part of the PAHO SP20-25 *(4)*. The 28 outcomes constitute the highest level of programmatic results presented in the proposed PAHO PB20-21. Thus, there is no equivalent to the "categories" used in the PAHO Strategic Plan 2014-2019 (SP14-19) *(5)*.

13. The Pan American Sanitary Bureau benefitted from the guidance of the Strategic Plan Advisory Group (SPAG) in developing the outcomes, which form the backbone of the SP20-25 and are further defined below. The outcomes contribute to the impact goals of the Strategic Plan, which are the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) goals *(6)*. The SPAG, established under the auspices of the Executive Committee and composed of representatives from 21 Member States, provided advice and recommendations on development of the entire SP20-25.

14. Distribution of the proposed budget across the different outcomes has been defined by a combined bottom-up and top-down planning process in which the Member States, supported by PASB, define priorities for the next biennium:

[4] Please refer to paragraph 28 for the actual funding received from WHO in the last biennia which is consistently significantly lower than the approved budget.

a) The Bureau is proposing an overall budget that balances programmatic needs with past and expected financing and implementation levels. This budget is distributed across the regional, subregional, and country levels.

b) The PAHO Budget Policy (Document CD57/5) is a main driver in distributing the overall budget envelopes at the country level. The PAHO/WHO Representative (PWR) Offices, based on the priorities established with Member States, defined and costed the work to take place in the upcoming biennium and distributed their budgets across the outcomes.

c) The regional and subregional levels have also proposed the distribution of their overall budget allocations across each of the outcomes based on programmatic priorities, technical needs, and the core functions of the Organization.

d) The results for the three levels of the Organization were consolidated to produce the full draft of the budget that is being presented to the PAHO Governing Bodies.

15. Table 1 provides the distribution of the PB20-21 by outcome and compares this distribution with that of the current approved PB18-19. It should be noted that the PB18-19 did not contain the same outcomes structure, and therefore a crosswalk has been used to allow for cross-biennial comparison. The table also compares the proposed budget with the prioritization results.

16. Even though the bottom-up costing results and the prioritization results show reasonable alignment, the Program Budget 2020-2021 must be considered as a transitional budget between the current Strategic Plan 2014-2019 and the new Strategic Plan 2020-2025. The processes that supported its development have been subject to assumptions that might change as both PASB and Member States operationalize the new results structure, and as technical actions that are covered under each of the outcomes in the new structure become clearer. In particular, the prioritization was based on draft outcomes and scopes, while outputs, indicators, and their respective technical notes were still under development.

17. At the same time, the more inter-programmatic nature of the proposed budget makes it more challenging to divide actions between outcomes. For example, a specific result related to obesity might have to be addressed through technical actions that pertain to Outcome 5 (Access to services for NCDs and mental health conditions), Outcome 12 (Risk factors for NCDs), and Outcome 14 (malnutrition). More inter-programmatic work is expected to help break down silos and promote joint and more efficient technical cooperation at both regional and country levels, and to facilitate resource mobilization for traditionally underfunded technical areas.

Table 1. Proposed PAHO Program Budget 2020-2021 by Outcome and Prioritization Results (US$ millions)

Outcome	Outcome short title	Comparative figures for 2018-2019	Proposed budget 2020-2021	Change	Prioritization results
OUTCOME 1	Access to comprehensive and quality health services	20.4	25.5	5.1	High
OUTCOME 2	Health throughout the life course	42.6	42.0	(0.6)	Medium
OUTCOME 3	Quality care for older people	4.1	4.0	(0.1)	Low
OUTCOME 4	Response capacity for communicable diseases	67.9	68.0	0.1	Medium
OUTCOME 5	Access to services for NCDs and mental health conditions	18.7	19.5	0.8	High
OUTCOME 6	Response capacity for violence and injuries	3.3	3.0	(0.3)	Low
OUTCOME 7	Health workforce	15.0	14.0	(1.0)	Medium
OUTCOME 8	Access to health technologies	35.0	35.4	0.4	Medium
OUTCOME 9	Strengthened stewardship and governance	10.6	10.0	(0.6)	Low
OUTCOME 10	Increased public financing for health	3.3	4.0	0.7	Medium
OUTCOME 11	Strengthened financial protection	3.8	4.1	0.3	Medium
OUTCOME 12	Risk factors for communicable diseases	24.4	26.0	1.6	High
OUTCOME 13	Risk factors for NCDs	25.6	27.0	1.4	High
OUTCOME 14	Malnutrition	4.2	6.0	1.9	High
OUTCOME 15	Intersectoral response to violence and injuries	3.3	3.0	(0.3)	Low
OUTCOME 16	Intersectoral action on mental health	4.2	4.5	0.4	Medium
OUTCOME 17	Elimination of communicable diseases	14.9	21.0	6.1	Medium
OUTCOME 18	Social and environmental determinants	13.5	13.0	(0.5)	Low
OUTCOME 19	Health promotion and intersectoral action	8.6	7.0	(1.6)	Low
OUTCOME 20	Integrated information systems for health	15.9	16.0	0.1	Medium
OUTCOME 21	Data, information, knowledge, and evidence	18.3	19.0	0.7	Low
OUTCOME 22	Research, ethics, and innovation for health	3.5	3.0	(0.5)	Low
OUTCOME 23	Health emergencies preparedness and risk reduction	18.4	21.5	3.1	High
OUTCOME 24	Epidemic and pandemic prevention and control	13.8	16.5	2.7	High
OUTCOME 25	Health Emergencies Detection and Response	24.2	25.0	0.8	High
OUTCOME 26	Cross-Cutting Themes: Equity, Ethnicity, Gender, and Human Rights	12.6	7.0	(5.6)	N/A
OUTCOME 27	Leadership and governance	86.4	78.5	(7.9)	N/A
OUTCOME 28	Management and administration	103.3	96.5	(6.8)	N/A
Subtotal - Base Programs		**619.6**	**620.0**	**(0.4)**	
	Foot and mouth disease elimination program	9.0	9.0	0.0	N/A
	Smart hospitals	25.0	8.0	(17.0)	N/A
	Outbreak and crisis response	22.0	13.0	(9.0)	N/A
	Polio eradication maintenance	0.0	0.0	0.0	N/A
Subtotal - Special programs		**56.0**	**30.0**	**(26.0)**	
TOTAL - Program Budget		**675.6**	**650.0**	**(25.6)**	

Budget by SHAA2030 Goal

18. For illustrative purposes, Table 2 shows the proposed PB20-21 amounts allocated to the 11 goals of SHAA2030. Given their inter-programmatic nature, the proposed outcomes have been developed to respond to multiple SHAA2030 goals, so there is no direct association between these goals and the distribution of the budget. Instead, the Bureau established the main relationships between each outcome and each SHAA2030 goal, and calculated the estimated proportional distribution of each outcome for each SHAA2030 goal. In this way, Member States will be able to comprehend the approximate level of resources that PASB will devote to each SHAA goal for the 2020-2021 biennium. As stated in paragraph 108 of the Agenda, the implementation of the SHAA2030 and the achievement of its goals and targets requires "collaborative efforts among countries, the Pan American Sanitary Bureau, and other strategic actors and partners at the national, subregional, and regional levels."

Table 2. Proposed PAHO Program Budget 2020-2021: Estimated Base Programs Contribution to Goals of the Sustainable Health Agenda for the Americas 2018-2030 (US$ Millions)

SHAA2030 goal	Title of SHAA2030 goal	Estimated budget
GOAL 1	Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with emphasis on health promotion and illness prevention	62.3
GOAL 2	Strengthen stewardship and governance of the national health authority, while promoting social participation	35.2
GOAL 3	Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health	14.0
GOAL 4	Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families	8.1
GOAL 5	Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context	49.0
GOAL 6	Strengthen information systems for health to support the development of evidence-based policies and decision-making	26.3
GOAL 7	Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research, innovation, and the use of technology	11.8
GOAL 8	Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks and emergencies and disasters that affect the health of the population	54.8
GOAL 9	Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders	60.6
GOAL 10	Reduce the burden of communicable diseases and eliminate neglected diseases	103.2
GOAL 11	Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health	20.0
Not SHAA	Leadership and enabling functions	175.0
Total Base Programs PAHO PB20-21		**620.0**

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

19. To inform budget allocation among countries, PASB has developed a new Budget Policy. The development of this policy has been guided by the Member States in the SPAG, as well as by the recommendations contained in the evaluation of the PAHO Budget Policy of 2012, presented to the 56th Directing Council in 2018 (Documents CD56/6 and CD56/6, Add. I) *(7)*. The new PAHO Budget Policy (Document CD57/5) is being presented for consideration at the 57th Directing Council.

20. In accordance with the new Budget Policy, this document presents the proposed PB20-21 for PAHO countries and territories. These budgets are proposed based on a combination of factors:

a) Budget allocations in 2018-2019;

b) Results from application of the proposed Budget Policy 2020-2025;

c) Bottom-up costing across all PAHO entities for 2020-2021;

d) Funding levels to date in 2018-2019; and

e) Strategic budgeting decisions by the Member States and the PASB Director.

21. For 25 Member States, the proposed budget allocations respected the maximum +/−10% range of change with respect to current budget space. In just a few cases, adjustments exceeding +/−10% were made for specific reasons: *a)* key countries Belize and Honduras are expecting significant increased voluntary contributions that should be accommodated in the next biennium so the budget space allocated corresponds to the upper limit suggested by the budget policy for 2025; *b)* for the remaining Member States, changes are well within the maximum limits of the budget policy, though they exceed the +/-10% to accommodate to funding realities; *c)* the budget allocation for all overseas territories and Participating States except Puerto Rico were kept close to the 2018-2019 existing allocations, taking into account that they also receive direct support from the Eastern Caribbean Office (ECC), the Caribbean Subregional Coordination Office, or PAHO/WHO country offices as assigned.[5]

22. The total allocation to the country level is proposed to increase by 5% as per the Budget Policy. The subregional level is being reduced by $2.3 million from its 2018-2019 level. The subregional level is largely financed with corporate flexible funding. For the

[5] ECC Office serves Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, as well as the UK territories of Anguilla, Montserrat, Turks and Caicos and British Virgin Islands, and also the French Departments of the Americas. The PAHO/WHO Office of Jamaica also serves Bermuda and Cayman Islands; the PAHO/WHO Office of Trinidad and Tobago also serves Aruba, Curaçao and Sint Maarten, as well as the Netherlands Territories. The Caribbean Subregional Mechanism provides support throughout the Caribbean in liaison with existing non-PAHO subregional organizations and partners.

2020-2021 biennium, in the context of reduced flexible funding, prioritization was given to funding the country level, resulting in shifts from subregional to country budgets.

23. Table 3 presents proposed budgets by country and territory.

Table 3. Proposed PAHO Program Budget 2020-2021: Budget by Country/Territory and Functional Level (US$ thousands)

Country/Territory	Abbrev.	PB 18-19 Approved Budget	Proposed Budget Space 20-21	Difference
		[a]	[b]	[c]=[b−a]
Member State				
Antigua and Barbuda	ATG	600.0	700.0	100.0
Argentina	ARG	6,330.0	6,500.0	170.0
Bahamas	BHS	2,700.0	2,890.0	190.0
Barbados	BRB	600.0	700.0	100.0
Belize	BLZ	2,200.0	5,000.0	2,800.0
Bolivia	BOL	10,200.0	11,320.0	1,120.0
Brazil	BRA	22,900.0	18,600.0	(4,300.0)
Canada	CAN	550.0	500.0	(50.0)
Chile	CHL	4,300.0	4,700.0	400.0
Colombia	COL	10,000.0	11,500.0	1,500.0
Costa Rica	CRI	3,100.0	3,600.0	500.0
Cuba	CUB	6,900.0	6,900.0	0.0
Dominica	DMA	600.0	660.0	60.0
Dominican Republic	DOM	6,590.0	6,700.0	110.0
Ecuador	ECU	5,400.0	7,700.0	2,300.0
El Salvador	SLV	5,500.0	5,600.0	100.0
Grenada	GRD	600.0	600.0	0.0
Guatemala	GTM	12,900.0	13,000.0	100.0
Guyana	GUY	6,000.0	6,800.0	800.0
Haiti	HTI	40,630.0	32,500.0	(8,130)
Honduras	HND	10,800.0	14,000.0	3,200.0
Jamaica	JAM	4,800.0	5,500.0	700.0
Mexico	MEX	10,800.0	9,500.0	(1,300.0)
Nicaragua	NIC	13,000.0	12,500.0	(500.0)
Panama	PAN	5,700.0	5,700.0	0.0

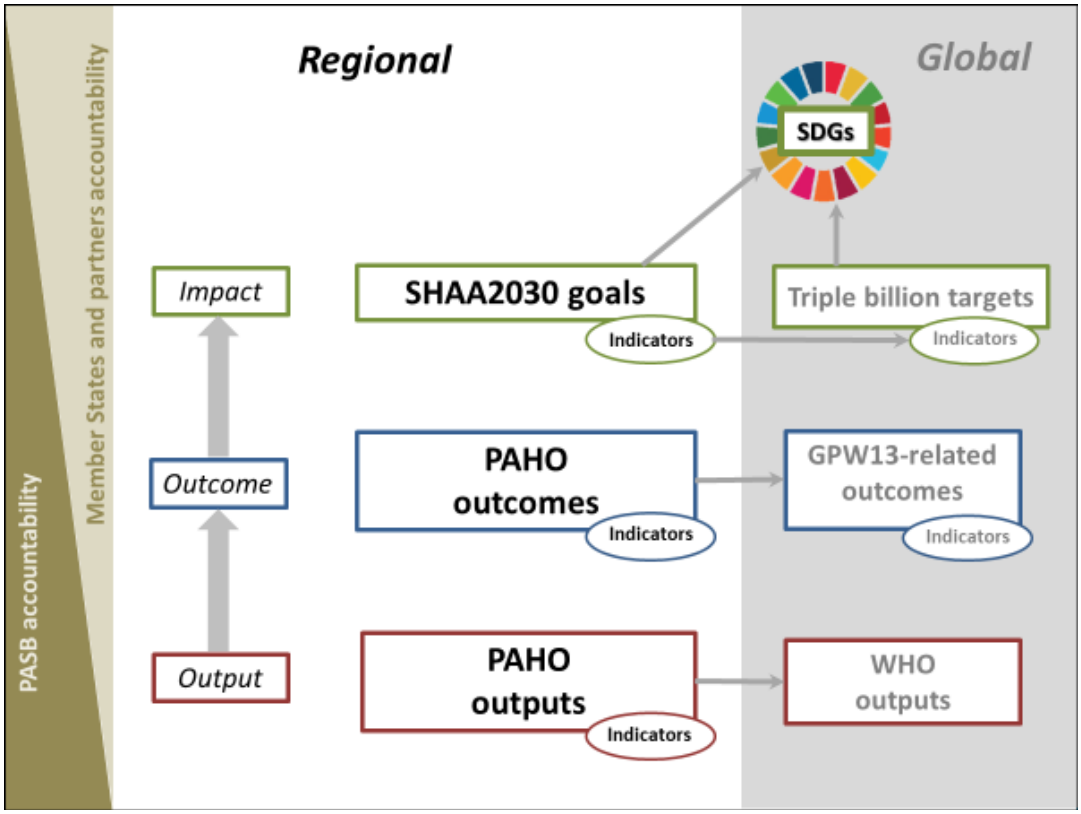
Country/Territory	Abbrev.	PB 18-19 Approved Budget	Proposed Budget Space 20-21	Difference
		[a]	[b]	[c]=[b−a]
Paraguay	PRY	8,900.0	9,400.0	500.0
Peru	PER	11,250.0	11,600.0	350.0
Saint Kitts and Nevis	KNA	500.0	590.0	90.0
Saint Lucia	LCA	600.0	660.0	60.0
Saint Vincent and the Grenadines	VCT	700.0	700.0	0.0
Suriname	SUR	4,800.0	5,280.0	480.0
Trinidad and Tobago	TTO	4,100.0	4,500.0	400.0
United States of America	USA	490.0	500.0	10.0
Uruguay	URY	4,200.0	4,200.0	0.0
Venezuela	VEN	7,230.0	8,500.0	1,270.0
Eastern Caribbean				
Office of Eastern Caribbean Countries	ECC	6,000.0	7,000.0	1,000.0
Associate Members				
Aruba	ABW	120.0	350.0	230.0
Curaçao	CUW	120.0	250.0	130.0
Puerto Rico	PRI	340.0	500.0	160.0
Sint Maarten	SXM	120.0	350.0	230.0
Participating States				
French Departments		300.0	350.0	50.0
Netherlands territories		120.0	200.0	80.0
United Kingdom territories		2,180.0	1,500.0	(680.0)
Total Country Level		**245,770.0**	**250,100.0**	**4,330.0**
Total Subregional Level		**22,700.0**	**20,400.0**	**(2,300.0)**
Total Regional Level		**351,130.0**	**349,500.0**	**(1,630.0)**
TOTAL Base Programs		**619,600.0**	**620,000.0**	**400.0**
Special Programs		**56,000.0**	**30,000.0**	**(26,000.0)**
GRAND TOTAL		**675,600.0**	**650,000.0**	**(25,600.0)**

Budget Alignment with WHO Outcomes

24. PAHO maintains its commitment to be in alignment with the WHO 13th General Programme of Work (GPW13) *(8)* and the WHO Programme Budget 2020-2021. From the programmatic perspective, alignment facilitates technical collaboration, monitoring, and reporting between the regional and global levels. From the budgetary perspective, alignment eases the transfer, implementation, and reporting of funds and streamlines administrative processes between the two organizations.

25. Like the regional outcomes, the outputs have been structured so that no PAHO output responds to more than one output in the WHO framework. In this way, it will be possible to aggregate the budget from the bottom up and have a budget that is translatable into the WHO programmatic results chain. Figure 1 illustrates this relationship.

Figure 1. PAHO and WHO Results Chain



Financing the Program Budget

Base Programs

26. The base programs of the PAHO Program Budget 2020-2021 will be financed through *a)* assessed contributions from Member States, Participating States, and Associate Members; *b)* budgeted miscellaneous revenue (e.g., interest earned on bank deposits); *c)* other PAHO financing sources, including voluntary contributions and special funds; and *d)* funding allocated by the World Health Organization to the Region of the Americas (consisting of both WHO flexible funding and voluntary contributions). PAHO assessed contributions and miscellaneous revenue are made available for use on the first day of the biennium, based on the assumption that Member States will pay their quota contributions per the approved scale of assessed contributions (any quota contributions not paid on a timely basis enter into arrears, and thus remain receivables). Other sources of PAHO financing, such as voluntary contributions, are made available when the respective agreement is fully executed (signed). Funding from WHO is made available upon receipt of individual award (grant) distributions or a written communication from the WHO Director-General.

27. Based on the zero-growth scenario for assessed contributions, the share of each source of financing is as follows in 2020-2021: assessed contributions, 31%; miscellaneous revenue, 3%; other sources of PAHO financing, 31%; and WHO allocation to the Americas, 35%. Table 4 shows the expected financing of PB20-21 compared with that of PB18-19.

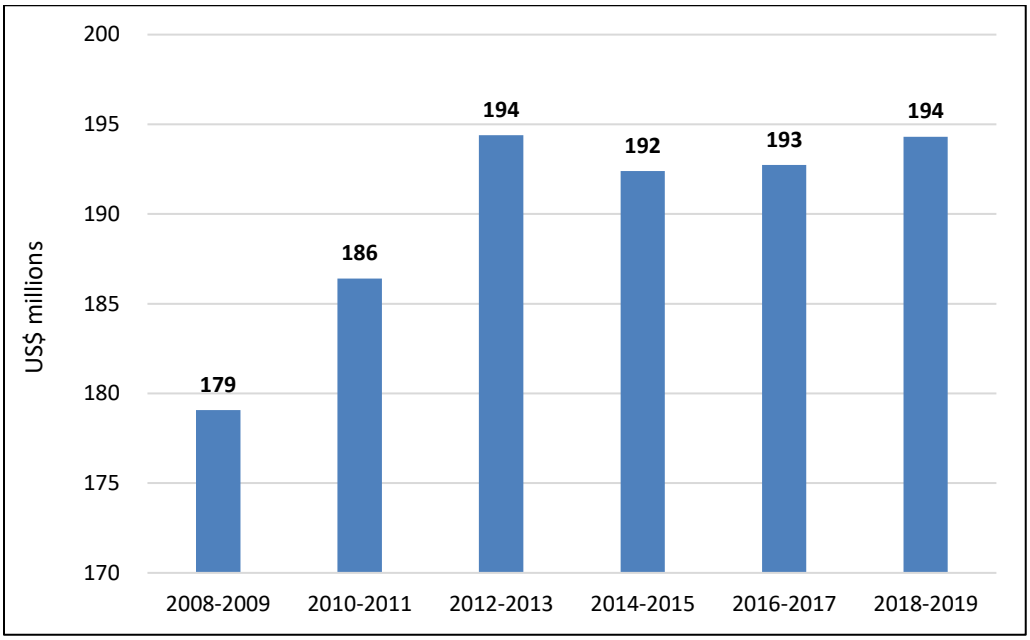
Table 4. Proposed PAHO Program Budget 2020-2021 by Financing Sources Compared with PAHO Program Budget 2018-2019, Base Programs Only (US$)

Source of financing	2018-2019	2020-2021	Increase (decrease)
PAHO net assessed contributions*	194,300,000	194,400,000	100,000
PAHO budgeted miscellaneous revenue	20,000,000	17,000,000	(3,000,000)
PAHO voluntary contributions and other sources	215,200,000	192,800,000	(22,400,000)
WHO budget allocation to the Americas	190,100,000	215,800,000	25,700,000
TOTAL	**619,600,000**	**620,000,000**	

* The PAHO Program and Budget 2018-2019 (Official Document 354) included gross assessed contributions and deducted the adjustment for tax equalization (see Table 3). PASB will continue to include net assessed contributions in this table, since the net contributions depict the true amounts of assessed contributions expected from the Member State quotas for each biennium.

a) **Assessed contributions:** In the 2018-2019 biennium, the proposed assessed contributions from Member States, Participating States, and Associate Members amounted to $194.3 million. PAHO assessed contributions have not grown since 2012-2013, as shown in Figure 2. Having zero nominal growth in net Member State contributions has implied an effective reduction in the Organization's flexible resources, since staff and activity costs have increased while assessed contributions have remained the same. This situation has increased dependency on voluntary contributions and limited the Bureau's ability to address funding gaps. To address this challenge, Annex A presents three proposed growth scenarios for assessed contributions—0%, 3%, and 6% growth—for consideration by Member States.

Figure 2. PAHO Assessed Contributions, 2008-2009 through 2018-2019



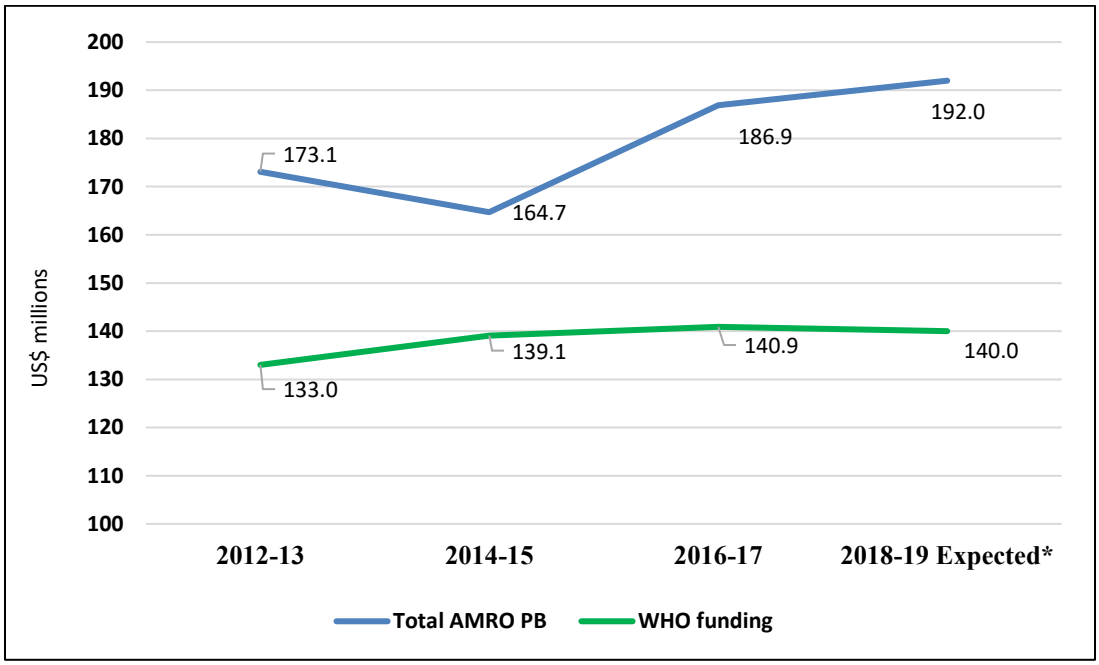
b) **Budgeted miscellaneous revenue.** This amount corresponds to the estimated income earned in the previous biennia from interest on the Organization's investments. Based on the most up-to-date information at the time of presenting this budget proposal, miscellaneous revenue is expected to be $17 million, similar to the amount in 2018-2019.

c) **PAHO voluntary contributions and other sources.** This component includes voluntary contributions (VC) that are mobilized directly by PAHO ($111.8 million), as well as revenue from program support costs and any other income that finances the Program Budget ($81 million). The VC figure has been adjusted downward to reflect resource mobilization expectations, based on latest historical data and forecasts, and to accommodate a larger WHO budget component.

d) **WHO allocation to the Americas.** The draft proposed WHO Programme Budget 2020-2021 sets the total allocation to the Region of the Americas at $215.8 million, representing a 12.4% increase over 2018-2019 ($192 million). This allocation corresponds to 35% of the PAHO budget for base programs and can only be financed by WHO flexible funds and voluntary contributions mobilized by WHO.

28. Despite the growth of the WHO budget, PAHO has failed to benefit from any additional funding from the global level. The WHO AMRO budget has increased 25% relative to 2012-2013, yet WHO funding for the Americas has only gone up 5% during that same period. Thus, the increase in the WHO budget has only widened the overall funding gap for PAHO (Figure 3).

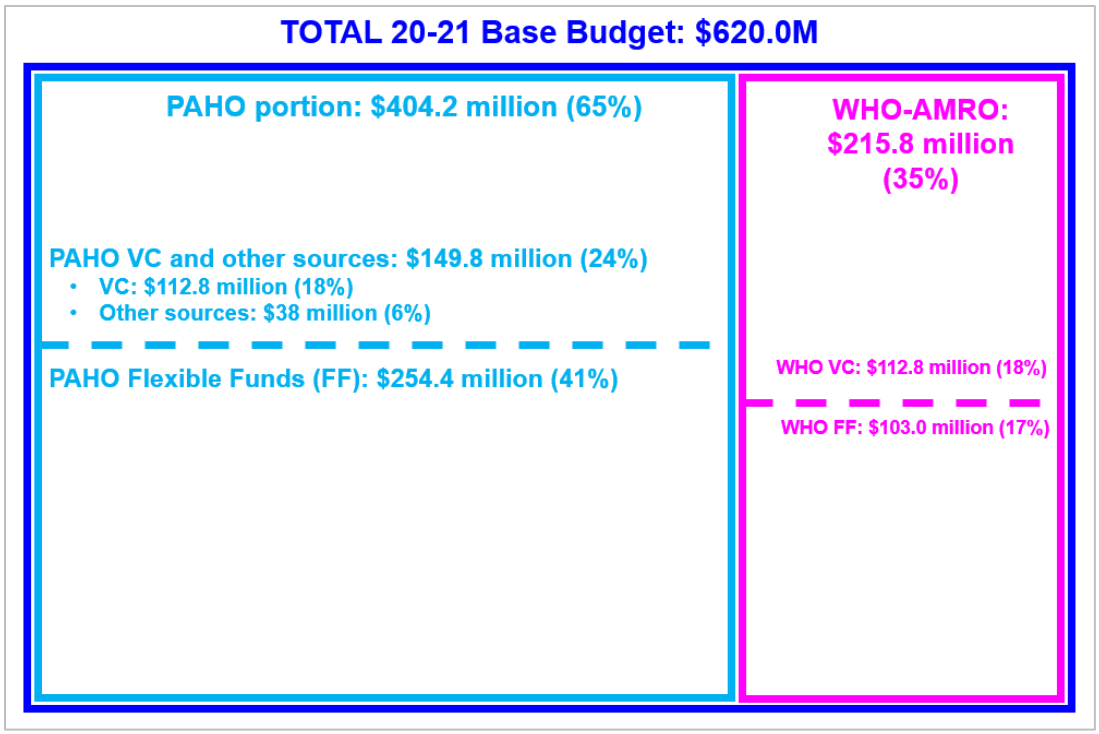
Figure 3. Total WHO Budget and Funding Allocations for the Americas, 2012-2013 through 2018-2019 (Expected)



* Expected amounts are based on historical levels received in the last two biennia.

29. In order to provide Member States with an overview of how the PB20-21 will be funded, Figure 4 illustrates the four main funding components of the PAHO budget using estimated figures for the next biennium. These figures are subject to change.

Figure 4. PAHO Base Budget Funding Estimates



Note: All figures are estimates. VC figures are requirements, not funding. All percentages are in relation to the total base budget of $620 million; percentages do not sum to total because of rounding.

30. "Flexible funds" (FF) is a term used in PAHO and WHO. It includes all sources of funds that PASB can use in a completely or highly flexible manner to finance its programs. These types of funds include PAHO and WHO assessed contributions, PAHO miscellaneous revenue, and revenue generated from cost recovery mechanisms such as Project Support Costs (PSC) in PAHO and WHO. Though more limited in flexibility, funds from the WHO Core Voluntary Contributions Account (CVCA) are also considered flexible funds.

Special Programs

31. This budget segment includes components related to the Hemispheric Program for the Eradication of Foot-and-Mouth Disease, outbreak and crisis response, the Smart Hospitals initiative, and polio eradication maintenance. Outbreak and crisis response and polio eradication maintenance have a strong WHO funding component, and some of their actions that were traditionally allocated outside of base programs are being incorporated back into the WHO Programme Budget. The Hemispheric Program for the Eradication of Foot-and-Mouth Disease is expected to continue with similar financing as in 2018-2019. The Smart Hospitals initiative is fully financed by voluntary contributions, and the $9 million is an indicative placeholder pending confirmation of expected funding for next biennium.

Perspectives on Resource Mobilization: Challenges and Opportunities

32. As this is the first biennium of a new Strategic Plan, it is an opportunity for the Organization to realign its resource mobilization strategy to support the achievement of its goals for the next six years. In order to meet the targets of the 2020-2021 biennium, PAHO will need to mobilize voluntary contributions that correspond to 28% of PAHO's component of the approved budget. Additionally, WHO will need to make available voluntary contributions that correspond to 52% of WHO's AMRO budget.

33. The Region of the Americas is largely composed of countries with upper-middle-income economies. This context requires a shift in the resource mobilization strategy for health goals, opening more opportunities for national voluntary contributions, flexible voluntary contributions from Member States, and South-South triangular cooperation funding modalities. PASB will work to increase the predictability of voluntary contributions and to enhance accountability and efficiency in the implementation of funds. An entity-based resource mobilization planning process and the Bureau's Project Management Framework for Voluntary Contributions are tools being applied in the Organization to support resource mobilization efforts, to continue the diversification of the funding base, and to enhance relationships with current funding partners by guaranteeing the optimal implementation of funds and the achievement of common objectives.

34. The 2030 Agenda for Sustainable Development stresses the need for the health sector to engage in a more intersectoral approach to address the complex health context of our Region. The Agenda also presents an opportunity to mobilize resources outside the health sector by expanding the dialogue with other sectors within countries, as well as with non-state actors, in particular the private sector.

National Voluntary Contributions

35. National voluntary contributions (NVCs) are provided by national governments to finance specific in-country initiatives that are aligned with PAHO's existing mandates. Typically, NVCs are provided as part of national technical cooperation agreements. Since most of these contributions are planned, implemented, and reported at national level, they fall outside the governance of the PAHO Program Budget, although they are strictly managed following PAHO financial rules and regulations and are subject to accounting in financial reports. The programmatic results of national technical cooperation agreements are reported as part of the strategic achievements of the Organization. The level of NVCs has fluctuated greatly in recent years, making it difficult to predict the exact level of this funding modality for 2020-2021.

Programmatic Context

Overview: Embarking on the First Biennium of the Strategic Plan 2020-2025

36. The Program Budget 2020-2021 is the first of three PBs to implement the Strategic Plan 2020-2025. It contributes directly to the targets in the SP20-25, the SHAA2030, and the Sustainable Development Goals (SDGs) through a bottom-up sequenced relationship, and it is also informed by the recommendations of the recent Commission on Equity and Health Inequalities in the Americas and the High-level Commission for Universal Health. In addition, PB20-21 will provide the regional response to the commitments in the WHO 13th General Programme of Work and WHO Programme Budget 2020-2021. Considering the above, there are high expectations for the work to be completed during this biennium.

37. During the period covered by the SP14-19, the Region celebrated important progress in improving health and well-being in its populations, with increased health-adjusted life expectancy, reduced maternal and child mortality, reduced mortality due to dengue and road traffic injuries, and elimination of priority communicable diseases in targeted countries. Underpinning all these gains has been the commitment of Member States to achieve universal health and to strengthen health systems based on primary health care. The Region also continued to build capacities to prevent, prepare for, and respond to health emergencies and disasters. This Program Budget reflects the need to preserve ongoing commitments and protect gains in these areas. These gains have been made possible by sustained economic development in the Region and continued investment in health, but they are subject to the risk that development and investment may stagnate, or that stakeholders may become complacent and cease to prioritize health interventions.

38. This Program Budget also seeks to address remaining challenges from the previous Strategic Plan 2014-2019. The findings of the 2016-2017 End-of-Biennium Assessment Report showed that there are areas where the Region is lagging, particularly in the reduction of health inequities *(9)*. Closing the remaining gaps is paramount in order to truly put "equity at the heart of health." Accordingly, emphasis will be placed on intersectoral initiatives to address the social and environmental determinants of health and on strengthening health services that are better targeted to reach populations and groups in conditions of vulnerability. A key component of this effort is investment in information systems that increase the availability and use of information that is disaggregated by subnational level, sex, ethnic identity, and other characteristics. The end-of-biennium report also found that the Region had not advanced sufficiently in reducing mortality due to poor quality of care and premature mortality due to noncommunicable diseases, homicide, and suicide. Addressing these health challenges and their risk factors and determinants is an ongoing concern and will be a key feature of the Organization's work in 2020-2021.

39. Finally, considering the evolving regional and global context, responding to new and emerging public health challenges will be critical for this Program Budget. These challenges include many known ones, such as outbreaks of malaria, yellow fever, and

measles that have occurred in recent years; antimicrobial resistance; the health effects of climate change; and addressing the specific health needs of migrants, particularly migrant women, adolescents, and children. The Organization will continue its work to build and strengthen resilient health systems to prevent and prepare countries for unforeseen events of potential international concern, such as new epidemic diseases, outbreaks, and natural disasters.

40. In support of these efforts, PAHO will continue to engage in high-level political dialogue in order to foster the development of strong health systems based on primary health care. The Organization will also continue to implement the agreed strategies for universal health, health promotion, and essential public health functions among others, and to better address the social determinants of health to improve health and well-being. Finally, PASB will continue to promote inter-programmatic work, ensure the efficient functioning of the Organization, and strive to deliver results at country level in line with country priorities.

Results-Based Management

41. Although the Program Budget 2020-2021 includes important changes in the results chain compared to the 2018-2019 biennium, the overall Results-based Management (RBM) approach remains the same. PAHO will continue to fully implement RBM and to ensure transparency and accountability in monitoring and reporting of results. As indicated above, the highest level of accountability for the PAHO PB20-21 will be the outcomes in the SP20-25. The 28 outcomes have a duration of six years and will be supported by outputs with a duration of two years, specific to each Program Budget. The outputs defined by the PAHO PB20-21 will contribute to the achievement of the WHO PB20-21 outputs. The PAHO Program Budget contains 102 outputs that will be measured through 148 output indicators. These elements are defined below:

a) **Outcomes**[6] are collective or individual changes in the factors that affect the health of populations, to which the work of the Member States and PASB will contribute. These include, but are not limited to, increased national capacity, increased service coverage or access to services, and/or reduction of health-related risks. Member States are responsible for achieving outcomes in collaboration with PASB and other PAHO partners. Progress made toward achieving outcomes will be assessed with corresponding indicators that measure changes at national or regional level.

b) **Outputs** are changes in national systems, services, and tools derived from the collaboration between PASB and PAHO Member States, for which they are jointly responsible. These outputs include, but are not limited to, changes in national policies, strategies, plans, laws, programs, services, norms, standards, and/or guidelines. The outputs will be assessed with a defined set of output indicators that will measure progress.

[6] As defined in the Proposed Strategic Plan of the Pan American Health Organization 2020-2025, currently being considered in PAHO's Governing Bodies cycle.

42. The Proposed Program Budget contains indicative baseline and target figures for all indicators. It is important to note that the baseline and target figures are based on projections by the Bureau. The baselines and targets will need to be validated following the end-of-biennium assessment of the PB18-19, in order to allow for a more accurate assessment of the 2020-2021 results.

43. The Proposed Program Budget was developed using a bottom-up and corporate approach. Initial input was received from Member States through the national prioritization exercises that were conducted for the SP20-25, the results of which serve as the priorities for the entire six-year period. PASB entities then conducted an exercise of bottom-up costing based on the prioritization results in order to develop the preliminary figures. These initial figures were adjusted taking into consideration a corporate perspective and the strategic priorities of PASB Executive Management.

Accountability for Performance

44. PAHO will continue its commitment to the highest levels of accountability and transparency through the monitoring, assessment, and reporting of the PB20-21. Performance monitoring and assessment are essential for the proper management of the Program Budget and to guide necessary revisions to policies and programs. The monitoring of the implementation of the PB20-21 will be conducted through the following steps:

a) internal monthly financial reviews by PASB Executive Management (EXM), and provision of monthly monitoring reports to entity managers at all levels;

b) internal PASB performance monitoring and assessment (PMA) reviews at the end of each semester (six months);

c) quarterly updating of the PAHO Program Budget web portal to allow public access to information on PB20-21 financing and implementation, disaggregated by country; and

d) joint assessment by PASB and Member States upon completion of the biennium (end-of-biennium assessment), to be reported to Member States through Governing Bodies in 2022.

45. The internal monthly financial reviews allow PASB senior management to monitor funding and implementation by level and by funding source. Emphasis is placed on resource mobilization efforts and resource allocation to implement the approved PB and operational plans. Monthly monitoring reports facilitate the identification of areas requiring action and inform decisions by EXM and entity managers.

46. The PMA reviews provide a means of tracking and appraising progress made toward the achievement of results—particularly progress in delivering products and services, which are PASB's more specific contribution to the achievement of outputs. To that end, these reviews facilitate corrective actions and the reprogramming and reallocation of resources during implementation. This process also allows PASB to identify and analyze the impediments and risks encountered, together with the actions required to ensure achievement of results.

47. The PAHO Program Budget web portal enhances information sharing with Member States and partners on the financing and implementation of the approved PB.[7] The portal is updated quarterly and mirrors the financial information presented in the WHO web portal.

48. The joint end-of-biennium assessment provides a comprehensive appraisal of the Organization's performance during the biennium by assessing the progress toward achieving the impact and outcome targets in the PAHO Strategic Plan and the rate of achievement of the PB outputs. PASB will continue to enhance the joint assessment process with Member States based on lessons learned and best practices. A compendium of indicators will be developed to guide the assessment and to ensure cohesiveness and consistency.

49. To improve transparency and accountability at country level, a new section of the PB presents country budgets and prioritization results with a view to highlighting the main scope of work to be performed at country level by PASB. This elevates the profile of PAHO's country work and provides part of the basis for future reporting on country-level achievements.

Prioritization of Outcomes

50. Region-wide consultations were conducted with national health authorities in 47 countries and territories (as of the date of publication for the 57th Directing Council) to apply the PAHO-adapted Hanlon method to the SP20-25 outcomes. The consolidated regional results identify areas where the Organization's efforts are needed the most in the 2020-2025 period and where PAHO technical cooperation clearly adds value. The regional results serve to guide the Bureau in the allocation of resources available to the Organization and in targeting resource mobilization efforts. The high-level proposal of the overall budget by outcomes presented in this PB20-21 takes into consideration the prioritization results as well as other factors, including historic budget and funding trends, implementation levels, and efficiency efforts, among others. Individual results inform planning and implementation of the biennial work plans of each country and territory.

[7] The purpose of the financial information in the Program Budget portal is for reference only. The information is not audited, as its periodicity is shorter than routine audit schedules, therefore it can be subject to changes.

51. The aggregated results of the national prioritization consultations are shown in Table 5. In accordance with the methodology used, 25 technical outcomes are grouped into three priority tiers: high, medium, and low.[8] The consolidated results show that countries and territories collectively prioritize technical cooperation largely in areas that are oriented to noncommunicable diseases, risk factors (for both noncommunicable and communicable diseases), health emergencies, and access to health services. In accordance with the approved PAHO-adapted Hanlon method, the priority tiers do not indicate the importance of a result but rather the level of technical cooperation that countries and territories expect from PASB. The Bureau will continue working toward the achievement of all outcomes and outputs that are part of mandates approved by Member States.

Table 5. From the PAHO Strategic Plan 2020-2025: Aggregate Results from National Prioritization Exercises

Priority Tier	Outcome No.	Outcome
High	5	Access to services for NCDs and mental health conditions
	13	Risk factors for NCDs
	12	Risk factors for communicable diseases
	25	Health emergencies detection and response
	23	Health emergencies preparedness and risk reduction
	14	Malnutrition
	1	Access to comprehensive and quality health services
	24	Epidemic and pandemic prevention and control
Medium	4	Response capacity for communicable diseases
	8	Access to health technologies
	2	Health throughout the life course
	10	Increased public health financing
	20	Integrated information systems for health
	16	Intersectoral action on mental health
	7	Health workforce
	17	Elimination of communicable diseases
	11	Strengthened financial protection
Low	9	Strengthened stewardship and governance
	3	Quality care for older people
	6	Response capacity for violence and injuries
	18	Social and environmental determinants
	19	Health promotion and intersectoral action
	15	Intersectoral response to violence and injuries
	21	Data, information, knowledge, and evidence
	22	Research, ethics, and innovation for health

[8] Outcomes 26, 27, and 28 were excluded due to the corporate nature of their scope.

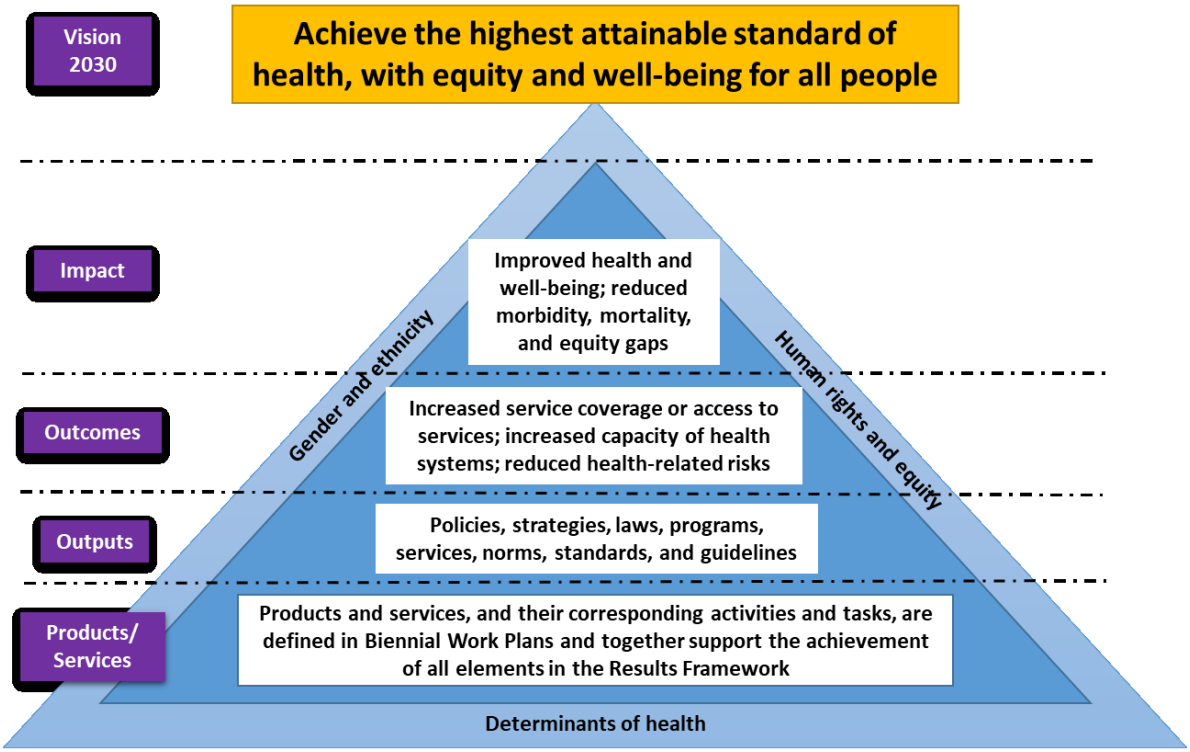
Risks Assessment for the 2020-2021 biennium

52. Because the corporate risks and opportunities were recently developed for the SP20-25, a new set of risks has not been considered for the 2020-2021 biennium alone. Thus, for the PB20-21, the risks are identical to those included in the SP20-25 being considered concurrently with this document. For the 2022-2023 biennium, an updated set of corporate risks may be included, as well as lessons learned from implementation during the 2020-2021 biennium.

Proposed PAHO Program Budget 2020-2021 Outputs and Indicators

53. Under the programmatic framework of the SP20-25, the Strategic Plan establishes the results at impact and outcome level, while the Program Budgets establish the outputs (Figure 5). Outputs are the main programmatic component of the PAHO Program Budget 2020-2021 and spell out PAHO's contribution to the achievement of the outcomes. Although PAHO's results chain differs from that of WHO's GPW13 and its Programme Budgets, the Region's outputs are mapped to WHO's outputs in order to facilitate programmatic and budgetary alignment, management of resources, and reporting. PAHO's outputs will contribute directly to the achievement of the global outcomes and outputs.

Figure 5. Theory of Change for the Strategic Plan 2020-2025



54. The Program Budget 2020-2021 contains 102 outputs and 148 output indicators. Consistent with the spirit of the WHO GPW13 and PAHO SP20-25, the outputs were developed considering the need to promote an inter-programmatic approach to technical cooperation that breaks down organizational silos. For the 2020-2021 biennium, there has also been an attempt to streamline and reduce the number of outputs and indicators compared to the 2018-2019 biennium, for which there were 132 outputs and 171 indicators. The development of indicators considered existing reference documents (global and regional strategies and plans of action) and followed the Region's best practices in the development of SMART (Specific, Measurable, Attainable, Relevant and Time-bound) indicators.

55. The following section presents the outputs and indicators for the 2020-2021 biennium under each of the SP20-25 outcomes, along with the key technical cooperation interventions that will be required in order to achieve these results. Budget figures have been provided for each outcome, and the regional aggregate results of the prioritization exercises conducted for the SP20-25 are also presented.

Outcome 1: Access to comprehensive and quality health services

Outcome		Proposed budget	Priority tier
Increased response capacity[9] of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services[10] that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health		$25,500,000	High
Outputs (OPT)			
1.1	**Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery, including public health**		
	OPT Indicator 1.1.a: Number of countries and territories implementing the Integrated Health Service Delivery Networks (IHSDNs) framework	**Baseline [2019]** 20	**Target [2021]** 25
	OPT Indicator 1.1.b: Number of countries and territories implementing an action plan to improve resolution capacity of the first level of care, within the Integrated Health Service Delivery Networks (IHSDNs) framework	**Baseline [2019]** N/A	**Target [2021]** 10
1.2	**Countries and territories enabled to improve quality of care in health service delivery**		
	OPT Indicator 1.2.a: Number of countries and territories implementing strategies and/or plans of action to improve quality of care in health service delivery	**Baseline [2019]** N/A	**Target [2021]** 15

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

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

Key Technical Cooperation Interventions
• Implement tools for the organization and management of comprehensive health services networks focused on people, families, and communities. • Develop strategies to improve access and the resolution capacities of the first level of care, care throughout the life course, and the essential public health functions. • Strengthen capacities for the implementation of the proposed Regional Quality Strategy for comprehensive health services with a focus on populations in conditions of vulnerability. • Strengthen inter-programmatic coordination and articulation to address health problems in the health services network. • Develop strategies aimed at improving the overall performance and health outcomes of the health services network.

Outcome 2: Health throughout the life course

Outcome	Proposed budget	Priority tier
Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability	$42,000,000	Medium

Outputs (OPT)			
2.1	**Countries and territories enabled to implement the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030**		
	OPT Indicator 2.1.a: Number of countries and territories that are implementing a national plan in alignment with the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030	**Baseline [2019]** 0	**Target [2021]** 15
2.2	**Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered**		
	OPT Indicator 2.2.a: Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level	**Baseline [2019]** 9	**Target [2021]** 11
	OPT Indicator 2.2.b: Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence	**Baseline [2019]** 3	**Target [2021]** 10
	OPT Indicator 2.2.c: Number of countries and territories implementing regular maternal and perinatal death reviews and audits	**Baseline [2019]** 5	**Target [2021]** 12

	OPT Indicator 2.2.d: Number of countries and territories that conduct periodic developmental assessment as part of their services for children	**Baseline [2019]** 7	**Target [2021]** 10
	OPT Indicator 2.2.e: Number of countries and territories implementing strategies to increase access to responsive and quality health services for adolescents	**Baseline [2019]** 13	**Target [2021]** 20
2.3	**Countries and territories enabled to implement strategies or models of care focusing on populations living in conditions of vulnerability**		
	OPT Indicator 2.3.a: Number of countries and territories that have set equity-based targets for access and coverage in at least one population living in conditions of vulnerability	**Baseline [2019]** 0	**Target [2021]** 6

Key Technical Cooperation Interventions

- Update national plans of action based on the SDGs and the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030, and create and strengthen strategic alliances to contribute to these agendas and to the strengthening of universal access to health.
- Support the implementation and evaluation of the coverage of evidence-based interventions to reduce preventable morbidity and mortality and promote health and well-being, and advocate for the application of the life course approach in policies and legislation.
- Improve the quality and use of strategic information, with emphasis on universal access and coverage for women, children, and adolescents, by promoting the implementation of guidelines and standards and strengthening the competencies of human resources. Strengthen information systems to monitor and evaluate quality of care and the use of cost-effective interventions, with special emphasis on the measurement of inequities. Promote operational research through local and regional networks to improve the epidemiological surveillance of sentinel events and the management of plans, strategies, and programs.
- Develop and implement integrated and multisectoral actions for the health of women, mothers, newborns, children, adolescents, and adults in accordance with global and regional mandates.

Outcome 3: Quality care for older people

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

Outputs (OPT)

3.1	**Countries and territories enabled to deliver integrated people-centered services across the continuum of care that responds to the needs of older persons**		
	OPT Indicator 3.1.a: Number of countries and territories that implement comprehensive assessments of older persons at the first level of care	**Baseline [2019]** 6	**Target [2021]** 10

Key Technical Cooperation Interventions
• Enable Member States to develop capacity to assess and improve the health system response to aging and to provide quality, comprehensive, and integrated care for older people. • Promote effective integration of social and health care that helps ensure sustainability of coverage and universal access to health for older persons, including long-term care for those who need it. • Strengthen health services for older persons at the first level of care and as a component of integrated health services networks in order to provide equitable access to comprehensive, continuous, and quality care that responds to the needs of older people, with a special focus on maintaining their functional capacity and preventing care dependence.

Outcome 4: Response capacity for communicable diseases

Outcome	Proposed budget	Priority tier
Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases	$68,000,000	Medium

Outputs (OPT)			
4.1	**National health systems enabled to deliver and expand coverage of key quality services and interventions for HIV, sexually transmitted infections (STIs), tuberculosis (TB), and viral hepatitis (VH), through sustainable policies, up-to-date normative guidance and tools, and generation and use of strategic information**		
	OPT Indicator 4.1.a: Number of countries and territories implementing national norms and standards aligned with PAHO and WHO guidelines on HIV and STIs	**Baseline [2019]** HIV/STIs: 3	**Target [2021]** HIV/STIs: 10
	OPT Indicator 4.1.b: Number of countries and territories implementing national norms and standards aligned with PAHO and WHO guidelines on TB	**Baseline [2019]** TB: 15	**Target [2021]** TB: 25
	OPT Indicator 4.1.c: Number of countries and territories implementing national norms and standards aligned with PAHO and WHO guidelines on VH	**Baseline [2019]** VH: 4	**Target [2021]** VH: 10
4.2	**Countries and territories enabled to effectively manage cases of arboviral diseases**		
	OPT Indicator 4.2.a: Number of countries and territories implementing the new arboviral disease guidelines for patient care in the Region of the Americas	**Baseline [2019]** 0	**Target [2021]** 10

4.3	**Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems**		
	OPT Indicator 4.3.a: Number of NID-endemic countries and territories that follow PAHO recommendations on development of integrated plans to reduce the burden of NIDs through their health systems	**Baseline [2019]** 7	**Target [2021]** 10
4.4	**Countries and territories enabled to strengthen their political, technical, operational, and regulatory platform to reduce or eliminate malaria incidence**		
	OPT Indicator 4.4.a: Number of countries and territories that have adopted PAHO/WHO-recommended malaria policies	**Baseline [2019]** 19/19	**Target [2021]** 19/19
4.5	**Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan (under development) to reach unvaccinated and under-vaccinated populations**		
	OPT Indicator 4.5.a: Number of countries and territories with DPT3 immunization coverage of at least 95% that are implementing strategies to reach unvaccinated and under-vaccinated populations	**Baseline [2019]** 11	**Target [2021]** 35
	OPT Indicator 4.5.b: Number of countries and territories generating evidence to support decisions on the introduction or post-introduction of new vaccines	**Baseline [2019]** 20	**Target [2021]** 24
4.6	**Countries and territories supported in implementing the Integrated Management Strategy (IMS) for Arboviral Diseases**		
	OPT Indicator 4.6.a: Number of countries and territories that have conducted IMS-arbovirus evaluations	**Baseline [2019]** 2	**Target [2021]** 8

Key Technical Cooperation Interventions

- Provide guidance and technical cooperation to strengthen the capacity of integrated health services networks in the prevention, surveillance, early detection, treatment, control, and care of HIV, STIs, hepatitis, tuberculosis, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases, with a focus on the first level of care.
- Promote intersectoral and multilevel approaches to improve equitable access to quality health care through prevention, surveillance, early detection, treatment, control, and care for HIV, STIs, hepatitis, tuberculosis, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases.
- Develop and implement capacity-building approaches (trainings, web-based modules, and other adult learning tools) for prevention, surveillance, early detection, treatment, control, and care for HIV, STIs, hepatitis, tuberculosis, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases.

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

Outcome	Proposed budget	Priority tier
Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs)[11] and mental health conditions[12]	$19,500,000	High

Outputs (OPT)			
5.1	**Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages**		
	OPT Indicator 5.1.a: Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease	**Baseline [2019]** TBD[13]	**Target [2021]** TBD
5.2	**Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments**		
	OPT Indicator 5.2.a: Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments	**Baseline [2019]** TBD[14]	**Target [2021]** TBD
5.3	**Countries and territories enabled to provide quality, people-centered mental health services, based on primary health care strategies and comprehensive essential mental health service packages**		
	OPT Indicator 5.3.a: Number of countries and territories with comprehensive mental health services integrated into primary health care in at least 50% of health care facilities	**Baseline [2019]** 21	**Target [2021]** 26
5.4	**Countries and territories enabled to strengthen mental health information systems to monitor and report on the basic mental health indicators**		
	OPT Indicator 5.4.a: Number of countries and territories that collect, analyze, and report basic mental health indicators within the national health information systems	**Baseline [2019]** 21	**Target [2021]** 26

[11] The four main types of NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory disease.
[12] Mental health conditions include mental, neurological, and substance use disorders.
[13] Data for this indicator is expected to be available in late 2019.
[14] Data for this indicator is expected to be available in late 2019.

5.5	**Countries and territories enabled to improve access to health and health equity for people with disabilities**		
	OPT Indicator 5.5.a: Number of countries and territories that have defined a priority list of assistive devices and products	**Baseline [2019]** 1	**Target [2021]** 3

Key Technical Cooperation Interventions

- Strengthen health systems, improve integrated service delivery, scale up appropriate interventions, and improve surveillance for noncommunicable diseases, mental health, disabilities, and substance use disorders. Equity, access, and quality will continue to be strong drivers to ensure that everyone benefits from screening and early detection, diagnosis, treatment, rehabilitation, and palliative care, in particular the most disadvantaged, marginalized, and hard-to-reach populations.
- Strengthen integrated approaches to implementing, scaling up, and evaluating evidence-based and cost-effective interventions for noncommunicable diseases, disabilities, mental health, and substance use, including, among others, the package of essential noncommunicable disease interventions for primary health care and technical packages such as "HEARTS" and the WHO Mental Health Gap Action Programme (mhGAP).
- Improve access to health services by people with disabilities, including access to rehabilitation/habilitation services and assistive devices.
- Improve country capacity for data collection, analysis, surveillance, and monitoring of NCDs and their risk factors, disabilities and rehabilitation, and mental health conditions (including neurological disorders and substance use disorders).

Outcome 6: Response capacity for violence and injuries

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

Outputs (OPT)

6.1	**Countries and territories enabled to increase health service response capacity for road traffic injuries**		
	OPT Indicator 6.1.a: Number of countries and territories that have a single emergency care access number with full national coverage	**Baseline [2019]** 15	**Target [2021]** 18
6.2	**Countries and territories enabled to develop national standard operating procedures, protocols, and/or guidelines to strengthen the health system response to violence**		
	OPT Indicator 6.2.a: Number of countries and territories that are implementing national standard operating procedures, protocols, and/or guidelines for the health system response to violence, aligned with PAHO and WHO guidelines	**Baseline [2019]** TBD[15]	**Target [2021]** TBD

[15] The baseline and target for this indicator will be defined based on updated data that is currently being collected from countries by PAHO/WHO for the Global Status Report on the Prevention of violence against children (to be available in late 2019 or early 2020).

Key Technical Cooperation Interventions
• Strengthen the health system response to victims of violence in all its forms, road traffic injuries, and other unintentional injuries. • Strengthen emergency care and trauma care for victims of road traffic injuries and other unintentional injuries, with a focus on employing best-practice measures such as having a single emergency number, a trauma registry, and formal certification for prehospital providers. • Build capacity of health care providers to prevent and respond to victims of violence, mitigate consequences, and reduce reoccurrence, with a special focus on violence against women, youth violence, and violence in migrant populations. • Implement and evaluate evidence-based and cost-effective interventions for violence against children, using INSPIRE, a set of strategies shown to successfully reduce violence against children.

Outcome 7: Health workforce

Outcome		Proposed budget	Priority tier
Adequate availability and distribution of a competent health workforce		$14,000,000	Medium
Outputs (OPT)			
7.1	**Countries and territories have formalized and initiated implementation of a national policy on human resources for health**		
	OPT Indicator 7.1.a: Number of countries and territories that are implementing a national policy on human resources for health	**Baseline [2018]** 10	**Target [2021]** 24
7.2	**Countries and territories have developed inter-professional teams at the first level of care with combined capacities for integrated care**		
	OPT Indicator 7.2.a: Number of countries and territories with a norm that defines the capacities and scope of practices of inter-professional teams at the first level of care	**Baseline [2018]** 14	**Target [2021]** 23

Key Technical Cooperation Interventions
• Work with countries to articulate high-level coordination mechanisms between health, education, labor, and other sectors to reinforce strategic planning and regulation for human resources for health (HRH) to meet health system requirements and population needs. • Promote increased public investment and financial efficiency in HRH (as part of the goal of at least 30% of the public budget for health dedicated to the first level of care by 2030), and strengthen HRH information systems to better inform planning and decision making. • Implement strategies to maximize, upgrade, and regulate the competencies of inter-professional health teams to ensure their optimal utilization, in particular at the first level of care and including community health workers and caregivers. • Develop tools, capacities, and evidence to promote the transformation of health professional education toward the principles of social accountability and inter-professional education, with special emphasis on training for priority specialties, primary health care, and public health.

Outcome 8: Access to health technologies

Outcome	Proposed budget	Priority tier
Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage	$35,400,000	Medium

Outputs (OPT)			
8.1	**Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies**		
	OPT Indicator 8.1.a: Number of countries and territories with updated national policies on access, quality, and use of medicines and other health technologies	**Baseline [2019]** 9	**Target [2021]** 15
	OPT Indicator 8.1.b: Number of countries and territories with intellectual property policies and health policies to promote R&D and access to affordable health products	**Baseline [2019]** 6	**Target [2021]** 8
8.2	**Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products**		
	OPT Indicator 8.2.a: Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool	**Baseline [2019]** 9	**Target [2021]** 18
8.3	**Countries and territories enabled to improve affordability and access to medicines and other health technologies**		
	OPT Indicator 8.3.a: Number of countries and territories with a comprehensive multisource/generic medicines strategy	**Baseline [2019]** 5	**Target [2021]** 7
	OPT Indicator 8.3.b: Number of countries and territories with a comprehensive pricing strategy for medicines and other health technologies	**Baseline [2019]** 4	**Target [2021]** 7
8.4	**Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services**		
	OPT Indicator 8.4.a: Number of countries and territories implementing a national plan to strengthen access to radiological services and radiation safety	**Baseline [2019]** 11	**Target [2021]** 23

	OPT Indicator 8.4.b: Number of countries and territories implementing a national plan to strengthen access to pharmaceutical services	**Baseline [2019]** 3	**Target [2021]** 5
	OPT Indicator 8.4.c: Number of countries and territories implementing a national plan to strengthen access to quality blood services	**Baseline [2019]** 9	**Target [2021]** 15
	OPT Indicator 8.4.d: Number of countries and territories implementing a national plan to strengthen access to transplant services	**Baseline [2019]** 7	**Target [2021]** 13
8.5	**Countries and territories enabled to improve supply chain management of quality-assured and safe health products**		
	OPT Indicator 8.5.a: Number of countries and territories implementing plans to manage and oversee the essential medicines supply chain, including planning, forecasting, and availability	**Baseline [2019]** 2	**Target [2021]** 7
8.6	**Countries and territories enabled to improve antibiotic use and monitoring in support of the implementation of national plans for containment of antimicrobial resistance**		
	OPT Indicator 8.6.a: Number of countries and territories that have a strategy/mechanism for antibiotic sales estimation and that enforce antibiotic sales under prescription	**Baseline [2019]** 3	**Target [2021]** 5
8.7	**Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, and management, and for rational use of medicines and other health technologies**		
	OPT Indicator 8.7.a: Number of countries and territories with mechanisms for health technology assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies	**Baseline [2019]** 3	**Target [2021]** 7

Key Technical Cooperation Interventions

- Promote and update policies, norms, and strategies that ensure timely access to and rational use of safe, affordable, quality-assured, clinically effective, and cost-effective health technologies, including medicines and vaccines.
- Provide cooperation to strengthen national and subregional regulatory systems, as well as capacities to manage and oversee medical product supply chains and to ensure quality of affordable health technologies, through national and regional strategies such as the regional procurement mechanisms.
- Work with countries to ensure access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services.
- Foster regional networks and other collaborative mechanisms to strengthen capacities, information sharing, and work sharing to improve governance and oversight of national health and regulatory authorities regarding the selection, incorporation, regulation, and use of medicines and other health technologies.

Outcome 9: Strengthened stewardship and governance

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

Outputs (OPT)			
9.1	**Countries and territories enabled to implement the essential public health functions**		
	OPT Indicator 9.1.a: Number of countries and territories implementing a strategy and/or plan of action to improve the essential public health functions	**Baseline [2019]** N/A	**Target [2021]** 10
	OPT Indicator 9.1.b: Number of countries and territories with the national health authority enabled to address ethical issues in public health	**Baseline [2019]** 5	**Target [2021]** 8
9.2	**Countries and territories enabled to monitor and evaluate health systems transformation strategies for universal health**		
	OPT Indicator 9.2.a: Number of countries and territories with mechanisms for monitoring and evaluating progress toward universal health using PAHO's framework	**Baseline [2019]** N/A	**Target [2021]** 10
9.3	**Policy options, tools, and technical guidance provided to countries to improve the regulation of the provision and financing of health services**		
	OPT Indicator 9.3.a: Number of countries and territories implementing regulatory frameworks for the provision and financing of health services	**Baseline [2019]** 0	**Target [2021]** 10
9.4	**Countries and territories enabled to develop and implement legislative frameworks for universal access to health and universal health coverage**		
	OPT Indicator 9.4.a: Number of countries and territories that have established, reviewed, and/or updated health-related legislation and regulatory frameworks in support of universal access to health and universal health coverage, human rights, and other health-related matters	**Baseline [2019]** 0	**Target [2021]** 5
9.5	**Policy options, tools, and technical guidance provided to countries and territories for increasing equitable access to comprehensive, timely, quality health services and financial protection for migrant populations**		
	OPT Indicator 9.5.a: Number of countries and territories implementing interventions and actions to promote and protect the health and well-being of the migrant population within national health policies, plans, and programs	**Baseline [2019]** TBD[16]	**Target [2021]** TBD

[16] Information to determine the baseline and target will be available in late 2019.

Key Technical Cooperation Interventions
• Adapt and implement tools for the monitoring and evaluation of barriers to access and factors that influence access to health care in the Americas. • Support countries in the development of policies and interventions that address institutional and organizational determinants of access to health care. • Provide technical cooperation to strengthen health systems' capacity to deliver integrated and comprehensive public health actions. • Develop and implement a tool to evaluate the essential public health functions.

Outcome 10: Increased public financing for health

Outcome	Proposed budget	Priority tier
Increased and improved sustainable public financing for health, with equity and efficiency	$4,000,000	Medium

Outputs (OPT)			
10.1	**Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health coverage**		
	OPT Indicator 10.1.a: Number of countries and territories implementing financial strategies to increase fiscal space for health	**Baseline [2019]** N/A	**Target [2021]** 12
	OPT Indicator 10.1.b: Number of countries and territories implementing strategies to enhance pooling of resources for universal health	**Baseline [2019]** N/A	**Target [2021]** 12
	OPT Indicator 10.1.c: Number of countries and territories implementing systems for improved resource allocation for universal health	**Baseline [2019]** N/A	**Target [2021]** 12
	OPT Indicator 10.1.d: Number of countries and territories with institutional capacity to produce health accounts using the System of Health Accounts (SHA) 2011 methodology	**Baseline [2019]** 12	**Target [2021]** 20

Key Technical Cooperation Interventions
• Develop fiscal space to invest in health and advance toward the reference target for public expenditure on health of 6% of gross domestic product (GDP). • Prioritize investments in the first level of care within Integrated Health Service Delivery Networks, with a people-, family-, and community-centered approach. • Establish solidarity-based pooling arrangements for efficient and equitable use of diverse sources of public financing. • Develop systems for purchasing and payment to suppliers that promote efficiency and equity in the allocation of strategic resources. • Develop tools and capabilities in health economics and health financing, including financial indicators for resource tracking and policy decision-making.

Outcome 11: Strengthened financial protection

Outcome		Proposed budget	Priority tier
Strengthened protection against health-related financial risks and hardships for all persons		$4,100,000	Medium
Outputs (OPT)			
11.1	**Countries and territories enabled to implement strategies to strengthen financial protection in health**		
	OPT Indicator 11.1.a: Number of countries and territories implementing specific strategies to eliminate direct payments at the point of service	**Baseline [2019]** N/A	**Target [2021]** 17
Key Technical Cooperation Interventions			
• Develop financing strategies to eliminate direct payments that constitute a barrier to access to health services at the point of service, increasing equity. • Develop financial protection against impoverishing or catastrophic expenditure, with new public financing for health. • Implement or advance in reforms toward solidarity-based pooling mechanisms to replace direct payment as a financing mechanism, combat segmentation, and increase solidarity and efficiency.			

Outcome 12: Risk factors for communicable diseases

Outcome		Proposed budget	Priority tier
Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action		$26,000,000	High
Outputs (OPT)			
12.1	**Countries and territories enabled to improve awareness and understanding of antimicrobial resistance (AMR) through effective communication, education, and training**		
	OPT Indicator 12.1.a: Number of countries and territories that have campaigns on antimicrobial resistance and rational use aimed at the general public and at professional sectors	**Baseline [2019]** 20	**Target [2021]** 30
12.2	**Countries and territories enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infection through effective sanitation, hygiene, and infection prevention measures**		
	OPT Indicator 12.2.a: Number of countries and territories with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities	**Baseline [2019]** 10	**Target [2021]** 18

12.3	**High-level political commitment sustained and effective coordination in place at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals**		
	OPT Indicator 12.3.a: Number of countries and territories with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance	**Baseline [2019]** 7	**Target [2021]** 20
12.4	**Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance**		
	OPT Indicator 12.4.a: Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance	**Baseline [2019]** 21	**Target [2021]** 31
12.5	**Countries and territories enabled to identify and address HIV, TB, STIs, and VH social determinants and risk factors through multisectoral action, with the participation of public and private sectors and engagement of civil society**		
	OPT Indicator 12.5.a: Number of countries and territories implementing the Engage-TB approach	**Baseline [2019]** 0	**Target [2021]** 15
12.6	**Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions**		
	OPT Indicator 12.6.a: Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs	**Baseline [2019]** 0	**Target [2021]** 2
12.7	**Countries and territories enabled to implement international standards and strategies for food safety to prevent and mitigate foodborne illnesses, including infections produced by resistant pathogens, with a One Health approach**		
	OPT Indicator 12.7.a: Number of countries and territories that have in place or under implementation intersectoral mandatory risk-based regulatory mechanisms, food monitoring and foodborne surveillance systems, or any other practice to protect public health from foodborne diseases, with a One Health approach	**Baseline [2019]** 5	**Target [2021]** 10
12.8	**Countries and territories enabled to implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach**		
	OPT Indicator 12.8.a: Number of countries and territories that have programs to prevent or mitigate zoonotic diseases	**Baseline [2019]** 21	**Target [2021]** 35
12.9	**Countries and territories enabled to implement actions for eliminating vector-borne transmission of *T. cruzi* by the main or secondary vector**		
	OPT Indicator 12.9.a: Number of countries and territories with integrated territorial actions for prevention, control, and/or surveillance of vector-borne transmission of *Trypanosoma cruzi*	**Baseline [2019]** 13	**Target [2021]** 17

Key Technical Cooperation Interventions
• Develop a methodology and web platform for surveillance on stigma and discrimination in health services directed toward men who have sex with men (MSM) and other key and vulnerable populations (transgender women, sex workers, and other populations) and support coordination of ministries of health with community and civil society organizations for the implementation of surveys. • Implement strategies for control of domestic infestation by the main triatomine vector species or by the substitute vector. • Foster implementation of antimicrobial stewardship and infection prevention and control programs aimed at containing antimicrobial resistance and implement a pilot project to monitor AMR in bloodstream infections. • Provide technical cooperation and support Member States to develop and implement effective strategies to increase vaccination coverage, especially for hard-to-reach populations and communities, and continue activities to control, eradicate, and eliminate vaccine-preventable diseases. • Develop and implement interventions to strengthen national food safety systems, with a multisectoral approach, to prevent foodborne illnesses, including infections produced by resistant pathogens. • Increase access to interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach.

Outcome 13: Risk factors for NCDs

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

Outputs (OPT)			
13.1	**Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests**		
	OPT Indicator 13.1.a: Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions	**Baseline [2019]** 4	**Target [2021]** 9
	OPT Indicator 13.1.b: Number of countries and territories implementing policies to reduce physical inactivity and promote physical activity	**Baseline [2019]** 9	**Target [2021]** 16
	OPT Indicator 13.1.c: Number of countries and territories implementing policies to reduce salt/sodium consumption in the population	**Baseline [2019]** 13	**Target [2021]** 17
	OPT Indicator 13.1.d: Number of countries and territories implementing fiscal policies and/or regulatory frameworks on food marketing and/or front-of-package labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer	**Baseline [2019]** 8	**Target [2021]** 12

	OPT Indicator 13.1.e: Number of countries and territories implementing policies to regulate the marketing, sales, and availability of unhealthy food and drink products in schools	**Baseline [2019]** 12	**Target [2021]** 14
	OPT Indicator 13.1.f: Number of countries and territories implementing policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply	**Baseline [2019]** 0	**Target [2021]** 6
	OPT Indicator 13.1.g: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement	**Baseline [2019]** 9	**Target [2021]** 18

Key Technical Cooperation Interventions

- Enable countries to improve legislation and multisector policies that address the major risk factors for NCDs.
- Support the drafting, enactment, design, implementation, and evaluation of tobacco control policies consistent with the WHO FCTC, with emphasis on the four WHO "best buys" (increase tobacco taxes, establish smoke-free environments in all indoor public places and workplaces, establish mandatory large and graphic health warnings on tobacco packaging, and ban tobacco advertising, promotion, and sponsorship), and strengthen surveillance systems for tobacco.
- Implement the WHO SAFER package to reduce harmful use of alcohol, together with strengthening advocacy, evidence, and monitoring of alcohol consumption, harms, and policies.
- Support the development and implementation of policies, protocols, and technical tools to reduce salt content in processed and ultra-processed food, guidance on salt policies, and interventions to reduce salt consumption in the population.
- Support plans, policies, interventions, and surveillance to eliminate industrially produced trans-fatty acids, in line with the regional plan of action for the elimination of industrially produced trans-fatty acids.

Outcome 14: Malnutrition

Outcome	Proposed budget	Priority tier
Malnutrition in all its forms reduced	$6,000,000	High

Outputs (OPT)

14.1	**Countries and territories enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals**		
	OPT Indicator 14.1.a: Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals	**Baseline [2019]** 28	**Target [2021]** 34
	OPT Indicator 14.1.b: Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices	**Baseline [2019]** 4	**Target [2021]** 10

	OPT Indicator 14.1.c: Number of countries and territories implementing policies to prevent stunting in children under 5 years of age	**Baseline [2019]** 22	**Target [2021]** 25

Key Technical Cooperation Interventions

- Enable countries to address malnutrition in all its forms by strengthening intersectoral nutrition policies, consistent with achieving the WHO Global Targets 2025 and the nutrition targets of the Sustainable Development Goals.
- Develop updated guidance and tools for assessing, managing, and counselling on infant and young child feeding and nutrition and on overweight in children.
- Provide guidance to countries in conducting surveys for the assessment of nutritional status of children under 5 years of age.
- Guide countries in developing sustainable programs for implementation of Baby-Friendly Hospital Initiative (BFHI) programs in accordance with revised WHO/UNICEF guidance and the health systems approach.

Outcome 15: Intersectoral response to violence and injuries

Outcome	Proposed budget	Priority tier
Improved intersectoral action to contribute to the reduction of violence and injuries	$3,000,000	Low

Outputs (OPT)

15.1	**Countries and territories enabled to strengthen multisectoral policies and legislation that promote road safety and lower associated risk factors**		
	OPT Indicator 15.1.a: Number of countries and territories that have road safety laws or regulations on all five key risk factors: speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints	**Baseline [2017]** 0	**Target [2021]** 3
15.2	**Capacity of key sectors strengthened to prevent violence through multisectoral collaboration**		
	OPT Indicator 15.2.a: Number of countries and territories that have a national multisectoral coalition/task force to prevent and respond to violence that includes the health sector	**Baseline [2017]** TBD[17]	**Target [2021]** TBD

Key Technical Cooperation Interventions

- Advance evidence-based practices in violence prevention, road safety, and injury prevention.
- Improve legislation that lowers risk factors for road safety (for example, speed limits, drink-driving limits, and laws on use of seat belts, helmets, and child restraints) and risk factors for violence (for example, laws limiting access to firearms and laws against corporal punishment, among others).
- Implement cost-effective interventions for road safety, including the WHO technical package Save LIVES, a set of prioritized interventions to reduce road traffic deaths and injuries.

[17] The baseline and target for this indicator will be defined based on updated data that is currently being collected from countries by PAHO/WHO for the Global Status Report on the Prevention of violence against children (to be available in late 2019 or early 2020).

- Support the establishment of national multisector agencies for road safety with the authority and responsibility to make decisions, administer resources, and coordinate actions across relevant government sectors.
- Improve multisector collaboration and strengthen multisector plans for addressing violence in all its forms, with emphasis on youth violence, violence against women, and violence against children.
- Improve the quality and use of data on violence to generate evidence-based policies and programming.

Outcome 16: Intersectoral action on mental health

Outcome	Proposed budget	Priority tier
Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions[18] and suicide, and diminished stigmatization, through intersectoral action	$4,500,000	Medium

Outputs (OPT)			
16.1	**Countries and territories enabled to strengthen multisectoral policies and legislation for mental health in line with PAHO/WHO policies**		
	OPT Indicator 16.1.a: Number of countries and territories implementing policies and legislative frameworks to promote and improve mental health	**Baseline [2019]** 15	**Target [2021]** 20
16.2	**Countries and territories enabled to develop suicide prevention plans**		
	OPT Indicator 16.2.a: Number of countries and territories with national multisectoral policies aimed at the prevention of suicide across the life course and addressing its risk factors and social determinants	**Baseline [2019]** 11	**Target [2021]** 16

Key Technical Cooperation Interventions

- Enable countries to address mental health conditions (including suicide and substance abuse) through a multisector approach, by supporting the development of multisector collaborations between mental health, social services, education, and other government sectors.
- Strengthen mental health and substance use policies and plans with the aim of integrating mental health care into general health care. This includes operational planning, capacity building, and attention to special programs such as suicide prevention, and protecting and promoting the human rights of people with mental health conditions.

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

Outcome 17: Elimination of communicable diseases

Outcome	Proposed budget	Priority tier
Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases	$21,000,000	Medium

Outputs (OPT)			
17.1	**Countries and territories enabled to provide early diagnosis, treatment, case investigation, and response toward malaria elimination and prevention of reestablishment**		
	OPT Indicator 17.1.a: Number of countries and territories implementing PAHO/WHO-recommended interventions in active foci and areas at risk of reestablishment of malaria	**Baseline [2019]** 22/34	**Target [2021]** 30/34
17.2	**Countries and territories enabled to accelerate, expand, or maintain interventions for the elimination of NIDs, HIV, STIs, TB, and viral hepatitis as public health problems**		
	OPT Indicator 17.2.a: Number of countries and territories implementing PAHO's policies and frameworks for diseases targeted for elimination	**Baseline [2019]** 0	**Target [2021]** 10
17.3	**Implementation of the plan of action to eliminate perinatal transmission of hepatitis B**		
	OPT Indicator 17.3.a: Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours	**Baseline [2019]** 24	**Target [2021]** 28
17.4	**Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)**		
	OPT Indicator 17.4.a: Number of countries and territories with official status as foot-and-mouth disease (FMD) free, with or without vaccination, in accordance with the timeline and expected results established in the PHEFA Action Plan 2011-2020	**Baseline [2019]** 11	**Target [2021]** 12
17.5	**Maintenance of regional surveillance system for monitoring of acute flaccid paralysis**		
	OPT Indicator 17.5.a: Number of countries and territories that have met at least three of the indicators for monitoring the quality of epidemiological surveillance of acute flaccid paralysis cases	**Baseline [2017]** 2	**Target [2021]** 13
17.6	**Implementation of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023**		
	OPT Indicator 17.6.a: Number of countries and territories that have met at least four of the indicators for monitoring the quality of epidemiological surveillance of suspected measles, rubella, and congenital rubella syndrome cases	**Baseline [2017]** 18	**Target [2021]** 20

17.7	**Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus)**		
	OPT Indicator 17.7.a: Number of endemic countries and territories with screening and diagnosis of Chagas implemented for all newborns of mothers tested positive (for Chagas disease) during prenatal care	**Baseline [2019]** 5	**Target [2021]** 19
17.8	**Countries and territories enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs**		
	OPT Indicator 17.8.a: Number of countries and territories implementing plans of action to strengthen prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs	**Baseline [2019]** 30	**Target [2021]** 35

Key Technical Cooperation Interventions

- Strengthen innovative and intensified disease surveillance, diagnosis, and clinical case management of NIDs (including treatment) that tackles several diseases affecting at-risk populations living in conditions of vulnerability.
- Develop integrated plans of action for the control and elimination of multiple NIDs and malaria.
- Strengthen collaboration with maternal and child health and antenatal care platforms for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis B virus, and Chagas (EMTCT+) and possible expansion to other communicable diseases.
- Increase access of at-risk and exposed people to quality rabies immune globulin and rabies human vaccine.
- Scale up effective interventions based on surveillance, rapid response, and the achievement of homogenous vaccination coverage to maintain elimination efforts for vaccine-preventable diseases, such as measles, rubella, and polio.

Outcome 18: Social and environmental determinants

Outcome	Proposed budget	Priority tier
Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability	$13,000,000	Low

Outputs (OPT)

18.1	**Countries and territories enabled to address the social determinants of health**		
	OPT Indicator 18.1.a: Number of countries and territories that have developed national, subnational, or local health policies, plans, programs, and projects that address the social determinants of health and inequities	**Baseline [2019]** 5	**Target [2021]** 7
18.2	**Countries and territories enabled to address environmental determinants of health including air quality, chemical safety, climate change, and water and sanitation**		
	OPT Indicator 18.2.a: Number of countries and territories with water safety plans, policies, and/or programs in place and aligned with the WHO guidelines	**Baseline [2019]** 3	**Target [2021]** 7

	OPT Indicator 18.2.b: Number of countries and territories with sanitation safety plans, policies, and/or programs in place and aligned with the WHO guidelines	**Baseline [2019]** 2	**Target [2021]** 5
	OPT Indicator 18.2.c: Number of countries and territories that incorporate health protection and prevention interventions in their outdoor air quality plans, policies, and/or programs, following the WHO guidelines	**Baseline [2019]** 3	**Target [2021]** 8
	OPT Indicator 18.2.d: Number of countries and territories that incorporate health protection and prevention interventions in their chemical management plans, policies, and/or programs, following the WHO Chemicals Road Map, including implementation of the Minamata Convention	**Baseline [2019]** 4	**Target [2021]** 8
	OPT Indicator 18.2.e: Number of countries and territories with health adaptation plans on climate change in place	**Baseline [2019]** 2	**Target [2021]** 9
	OPT Indicator 18.2.f: Number of countries and territories that incorporate health protection and prevention interventions in their household air quality plans, policies, and/or programs to reduce emissions from cooking, following the WHO guidelines	**Baseline [2019]** 0	**Target [2021]** 13
18.3	**Countries and territories enabled to prevent key occupational diseases**		
	OPT Indicator 18.3.a: Number of countries and territories that apply guidelines and implement surveillance systems to prevent, diagnose, and record chronic kidney disease of nontraditional causes (CKDnT) and/or key pneumoconioses	**Baseline [2019]** 3	**Target [2021]** 7

Key Technical Cooperation Interventions

- Build capacity in countries at the subnational and local levels to implement policies that address the social determinants of health through intersectoral work.
- Strengthen the stewardship capacity of appropriate national and subnational authorities to address environmental determinants of health through assessment, policy development, and assurance in four technical areas: air pollution, chemical safety, climate change, and water, sanitation, and hygiene. This will be implemented through four overarching initiatives:
    - improving the performance of environmental public health programs;
    - measuring progress on environmental public health in the Americas through the SDGs;
    - building environmentally sustainable and resilient health care services;
    - enhancing community resilience to the environmental determinants with negative public health implications.
- Build capacity of countries to prevent, diagnose, and record occupational diseases.

Outcome 19: Health promotion and intersectoral action

Outcome		Proposed budget	Priority tier
Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action		$7,000,000	Low
Outputs (OPT)			
19.1	**Countries and territories enabled to adopt, review, and revise laws, regulations, and policies to create healthy settings, including schools, universities, housing, and workplaces**		
	OPT Indicator 19.1.a: Number of countries and territories that produce annual progress reports on health promotion in at least two categories of healthy settings	**Baseline [2019]** 11	**Target [2021]** 15
19.2	**Countries and territories enabled to develop and/or strengthen city and municipal government capacities to include health promotion as a priority**		
	OPT Indicator 19.2.a: Number of countries and territories that have capacity-building programs to enable local-level governments to integrate health promotion in their planning	**Baseline [2019]** 7	**Target [2021]** 17
19.3	**National, subnational, and local governance mechanisms used to address health determinants, applying the Health in All Policies approach**		
	OPT Indicator 19.3.a: Number of countries and territories that have established an intersectoral mechanism at national or subnational and local government levels to address the determinants of health, applying the Health in All Policies approach	**Baseline [2019]** 6	**Target [2021]** 10
19.4	**Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector**		
	OPT Indicator 19.4.a: Number of countries and territories implementing a national health promotion policy[19]	**Baseline [2019]** 10	**Target [2021]** 11
	OPT Indicator 19.4.b: Number of countries and territories implementing mechanisms that facilitate the participation of community organizations and leaders in public health programs	**Baseline [2019]** 10	**Target [2021]** 14

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

Key Technical Cooperation Interventions
• Implement the Health in All Policies approach at all levels of government to promote health and well-being, with an emphasis on action at the local level. • Develop and implement regional criteria and guidance for Healthy Schools and Healthy Municipalities. • Build country capacity for the incorporation of health promotion within health services and systems, based on the principles of primary health care. • Support countries to strengthen mechanisms that enable community participation and civil society engagement.

Outcome 20: Integrated information systems for health

Outcome	Proposed budget	Priority tier
Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau	$16,000,000	Medium

Outputs (OPT)			
20.1	**Countries and territories enabled to develop and implement national plans for strengthening information systems for health (IS4H) that are based on assessments**		
	OPT Indicator 20.1.a: Number of countries and territories that have conducted an assessment and developed a plan to strengthen information systems for health (IS4H)	**Baseline [2019]** 12	**Target [2021]** 23
20.2	**Countries and territories enabled to adopt and implement national plans of action for strengthening the quality and coverage of vital statistics**		
	OPT Indicator 20.2.a: Number of countries and territories implementing an updated plan of action for strengthening the quality and coverage of vital statistics	**Baseline [2019]** 21	**Target [2021]** 39
20.3	**Countries and territories enabled to adopt and implement digital health strategies**		
	OPT Indicator 20.3.a: Number of countries and territories implementing a digital health strategy aligned with the WHO global strategy	**Baseline [2019]** 6	**Target [2021]** 17

Key Technical Cooperation Interventions
• Collaborate with Member States to assess country information systems for health, using the IS4H Maturity Model assessment tool, and facilitate monitoring of health indicators through the management of information systems for health. • Develop and/or reinforce Member State information systems for health to ensure interoperability in all processes, including, but not limited to, data governance, data collection and archiving, inter-institutional data exchange, eHealth, monitoring and evaluation, reporting, policies, and laws regarding use of health-related data.

- Build capacity for inter-institutional exchange of data; governance and leadership models; mechanisms for data collection; standardized health data that include disaggregated data at the national and subnational levels; and standards and processes that permit the measurement, monitoring, and ongoing improvement of high-quality information, as well as informed policy and decision making.

Outcome 21: Data, information, knowledge, and evidence

Outcome	Proposed budget	Priority tier
Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels	$19,000,000	Low

Outputs (OPT)			
21.1	**Countries and territories enabled to generate and apply scientific evidence for health**		
	OPT Indicator 21.1.a: Number of countries and territories integrating scientific evidence on health into practices, programs, or policies, using standardized methodologies	**Baseline [2019]** 9	**Target [2021]** 13
21.2	**Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health**		
	OPT Indicator 21.2.a: Number of countries and territories with mechanisms (policies, standards, tools, etc.) in place for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health	**Baseline [2019]** 11	**Target [2021]** 27
	OPT Indicator 21.2.b: Number of PASB policies, standards, tools, etc., for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health	**Baseline [2019]** 3	**Target [2021]** 7
21.3	**Countries and territories enabled to generate, analyze, and present health-related information, including on SDG 3**		
	OPT Indicator 21.3.a: Number of countries and territories that generate and disseminate reports on SDG 3 indicators, disaggregated by relevant stratifiers	**Baseline [2019]** 0	**Target [2021]** 8

Key Technical Cooperation Interventions

- Develop and/or scale up institutional capacities within Member States for the systematic and transparent uptake of evidence to inform policy and decision making, and implement standardized evidence mechanisms derived from global science, local data, and specific contextual knowledge to improve policy, systems, and services.
- Build capacity to collect, analyze, disseminate, and use data disaggregated by regional, national, and subnational levels to monitor progress toward the regional goals for health priorities.

- Increase the availability and use of scientific and technical literature in the four main languages of the Region in order to facilitate more equitable access to information and foster knowledge sharing among Member States.

Outcome 22: Research, ethics, and innovation for health

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

Outputs (OPT)			
22.1	**Countries and territories enabled to conduct research for health based on national health priorities**		
	OPT Indicator 22.1.a: Number of countries and territories with a defined policy framework for research for health, including public health and health systems research	**Baseline [2019]** 6	**Target [2021]** 14
22.2	**Countries and territories enabled to address priority ethical issues related to research for health**		
	OPT Indicator 22.2.a: Number of countries and territories with the national health authority enabled to address ethical issues and establish effective mechanisms for ethics oversight of research	**Baseline [2019]** 10	**Target [2021]** 15
22.3	**Countries and territories enabled to increase the production and dissemination of relevant health research**		
	OPT Indicator 22.3.a: Number of countries and territories that have increased the number of health research publications that respond to priority research agendas and the SDGs	**Baseline [2019]** 6	**Target [2021]** 12
22.4	**Countries and territories enabled to build institutional capacities and competent research networks and teams, with increased funding for research that is relevant to public health and health systems strengthening**		
	OPT Indicator 22.4.a: Number of countries and territories reporting updated data on funding flows to the WHO Global Observatory on Health Research and Development	**Baseline [2019]** 13	**Target [2021]** 16

Key Technical Cooperation Interventions

- Conduct an assessment of each country's research ethics system, provide technical assistance for the development of a framework to ensure that human subjects research is ethical, establish effective mechanisms for ethics oversight, and strengthen capacities for ethics analysis and ethical decision making in public health.
- Develop institutional capacities for public health research to strengthen the implementation, monitoring, and evaluation of health policies, programs, and practice to improve health and reduce health inequalities.

- Support and assess national innovations for health geared toward strengthening health systems and advancing toward universal health; monitor and evaluate the governance of research for health, including assessments of investments and returns; and develop and implement norms, standards, and recommendations for these purposes.

Outcome 23: Health emergencies preparedness and risk reduction

Outcome	Proposed budget	Priority tier
Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector	$21,500,000	High

Outputs (OPT)			
23.1	**All-hazards emergency preparedness capacities in countries and territories assessed and reported**		
	OPT Indicator 23.1.a: Number of States Parties completing annual reporting on the International Health Regulations (2005)	**Baseline [2019]** 33	**Target [2021]** 35
	OPT Indicator 23.1.b: Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector	**Baseline [2019]** 20	**Target [2021]** 35
23.2	**Countries and territories enabled to strengthen capacities for emergency preparedness**		
	OPT Indicator 23.2.a: Number of countries with national action plans developed for strengthening International Health Regulations (2005) core capacities	**Baseline [2019]** 10	**Target [2021]** 19
	OPT Indicator 23.2.b: Number of countries and territories with full-time staff assigned to health emergencies	**Baseline [2019]** 23	**Target [2021]** 30
23.3	**Countries and territories operationally ready to assess and manage identified risks and vulnerabilities**		
	OPT Indicator 23.3.a: Number of countries and territories that have conducted simulation exercises or after-action review	**Baseline [2019]** 12	**Target [2021]** 20
23.4	**Countries and territories enabled to improve the safety and security of integrated health services networks**		
	OPT Indicator 23.4.a: Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services	**Baseline [2019]** 28	**Target [2021]** 35

23.5	**Countries and territories enabled to implement the most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment**		
	OPT Indicator 23.5.a: Number of countries and territories that include criteria for disaster mitigation and climate change adaptation in the planning, design, construction, and operation of health services	**Baseline [2019]** 10	**Target [2021]** 15

Key Technical Cooperation Interventions

- Provide technical cooperation to countries to ensure that they have the capacities for all-hazard health emergency and disaster risk management, including the core capacities needed to fulfill their responsibilities under the International Health Regulations (IHR), and address the priorities for action in the Sendai Framework for Disaster Risk Reduction. Emphasis will be placed on strengthening the leadership role of national health authorities with respect to preparedness, monitoring, and response; supporting the development and implementation of national multi-hazard preparedness and response plans; and identifying and implementing inclusive strategies, particularly for groups in conditions of vulnerability, among others.
- Support countries in the adoption and monitoring of benchmarks for health emergencies and disaster preparedness; coordinate with States Parties in their efforts to prepare and submit the IHR State Party Annual Report to the World Health Assembly and conduct simulation exercises, after-action reviews, and voluntary assessment of country core capacities.
- Promote and facilitate the implementation of disaster risk reduction actions, including the Safe Hospitals initiative and the eventual expansion of the Smart Hospitals initiative to other Member States, in order to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in conditions of vulnerability. In this regard, emphasis will be placed on completing implementation of the Plan of Action for Disaster Risk Reduction 2016-2021 and on the special project on Smart Hospitals in the Caribbean, expected to be completed by December 2021.
- Increase the operational readiness of countries and territories in high-risk conditions through actions such as the updating and establishment of coordination procedures based on current subregional, regional, and global systems and partnerships for humanitarian health assistance. This includes establishing efficient and effective response teams, Incident Management Systems, and adapted tools for the coordination of international humanitarian assistance in the health sector, as well as interoperable health emergency response through expansion and strengthening of Emergency Medical Teams and other mechanisms.

Outcome 24: Epidemic and pandemic prevention and control

Outcome	Proposed budget	Priority tier
Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens	$16,500,000	High

Outputs (OPT)			
24.1	**Research agendas, predictive models, and innovative tools, products, and interventions available for high-threat health hazards**		
	OPT Indicator 24.1.a: Number of tools implemented for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface	**Baseline [2019]** 1	**Target [2021]** 3
	OPT Indicator 24.1.b: Number of strategies in place at PAHO for deployment and use of the most effective package of control measures, including management and logistics for stockpiles	**Baseline [2019]** 10	**Target [2021]** 12
24.2	**Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale**		
	OPT Indicator 24.2.a: Number of countries and territories with an operational surveillance and response system for influenza and other respiratory viruses	**Baseline [2019]** 23	**Target [2021]** 25
	OPT Indicator 24.2.b: Number of countries and territories with strategies in place to detect and respond to high-threat infectious pathogens	**Baseline [2019]** 23	**Target [2021]** 28
24.3	**Countries and territories enabled to mitigate the risk of the emergence/reemergence of high-threat infectious pathogens**		
	OPT Indicator 24.3.a: Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to emerging and high-threat pathogens	**Baseline [2019]** 10	**Target [2021]** 20
	OPT Indicator 24.3.b: Number of countries and territories performing regular monitoring/auditing of infection prevention and control practices in referral care facilities	**Baseline [2019]** 25	**Target [2021]** 28

Key Technical Cooperation Interventions

- Improve knowledge and information sharing on emerging and reemerging high-threat infectious hazards; enhance surveillance and response for epidemic diseases, including establishing and/or working through networks (e.g., laboratory, biosafety and biosecurity, clinical management, infection prevention and control, and epidemiological surveillance networks) to strengthen countries' capacities and contribute to global mechanisms and processes, in accordance with IHR provisions. PASB will also manage regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.

- Support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans designed to respond to major epidemics, including epidemiological surveillance, laboratory strengthening and networking, case management and infection control, and intersectoral coordination to address the needs of populations in conditions of vulnerability.
- Improve capacities for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface, to monitor their level of occurrence and enable a more effective response.

Outcome 25: Health emergencies detection and response

Outcome		Proposed budget	Priority tier
Rapid detection, assessment, and response to health emergencies		$25,000,000	High
Outputs (OPT)			
25.1	**Potential health emergencies rapidly detected, and risks assessed and communicated**		
	OPT Indicator 25.1.a: Median number of days between substantiated onset of public health event and date information first received or detected by PAHO	**Baseline [2019]** 47 days	**Target [2021]** 30 days
	OPT Indicator 25.1.b: Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24 hours	**Baseline [2019]** 40%	**Target [2021]** 70%
	OPT Indicator 25.1.c: Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision makers, in any format, starting within one week of grading or of posting on the Event Information Site (EIS)	**Baseline [2019]** 90%	**Target [2021]** 90%
25.2	**Acute health emergencies rapidly responded to, leveraging relevant national and international capacities**		
	OPT Indicator 25.2.a: Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threat, in which PASB meets performance standards	**Baseline [2019]** 70%	**Target [2021]** 90%
25.3	**Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings**		
	OPT Indicator 25.3.a: Percentage of protracted-emergency countries in which PASB meets performance standards	**Baseline [2019]** 70%	**Target [2021]** 90%

25.4	**Standing capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action**		
	OPT Indicator 25.4.a: Number of PAHO/WHO Representative Offices that meet minimum readiness criteria	**Baseline [2019]** 27	**Target [2021]** 27

Key Technical Cooperation Interventions

- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. In cases of graded and protracted emergencies, PASB will provide data management, analytics, and reporting platforms to produce and disseminate timely standardized information products for all these events, including updated situational analysis, risk assessment, and mapping of available health resources and response capacities. PASB will also work to improve the evidence base in order to inform national and international decision making, thus contributing to timely risk assessments, response monitoring, and field investigations. This will be achieved through the development of public health indicators for emergencies and disasters and technical cooperation to build data management and epidemiology capacities for these events.
- Monitor for signals of potential threats and coordinate surveillance networks to establish early warning systems. For all signals involving high-threat pathogens or clusters of unexplained deaths in high-vulnerability countries, PASB will initiate an on-site risk assessment within 72 hours of detection. PASB will also publish risk assessments for all public health events requiring publication for the use of the National IHR Focal Points on the Event Information Site within 48 hours of the completion of the assessment.
- Enhance PASB's capacity to monitor and coordinate emergency response, with a strong focus on ensuring continued and optimal operation of the PAHO Emergency Operations Center (EOC) and on the ability to establish and operate Incident Management Systems (IMS) at national, subregional, and regional levels. Concerted efforts will also be directed toward strengthening PAHO's response capacity, including surge capacity response mechanisms, such as its regional health response team and the Global Outbreak Alert and Response Network (GOARN), to allow for the implementation of WHO's critical functions in humanitarian emergencies. PASB will also ensure that relevant policies, processes, and mechanisms are in place to guarantee that essential operations support and logistics will be established and emergency supplies distributed to points of service within 72 hours of grading for all graded risks and events.
- Provide timely, effective, and efficient technical and operations support to countries to ensure that emergency-affected populations have access to an essential package of life-saving health services. This includes, but is not limited to, establishment of comprehensive IMS and coordination of health emergency partners on the ground within 72 hours of grading for all graded risks and events, development of a strategic response and joint operations plan, and provision of operational support and critical specialized health logistics services, as required (including fleet, accommodation, facilities, security, information and communications technology, and effective supply chain management), for all graded and protracted emergencies.

Outcome 26: Cross-Cutting Themes: Equity, Ethnicity, Gender, and Human Rights

Outcome			Proposed budget
Strengthened country leadership and capacity to advance health equity and gender and ethnic equality in health, within a human rights framework			$7,000,000
Outputs (OPT)			
26.1	**Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work**		
	OPT Indicator 26.1.a: Number of outcomes in which PASB is advancing health equity, gender and ethnic equality, and human rights	**Baseline [2019]** 23	**Target [2021]** 28
	OPT Indicator 26.1.b: Mechanisms in place to monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB	**Baseline [2019]** 1	**Target [2021]** 3
26.2	**Countries and territories enabled to implement policies, plans, and strategies to advance health equity**		
	OPT Indicator 26.2.a: Number of countries and territories implementing policies, plans, and strategies to advance health equity	**Baseline [2019]** 16	**Target [2021]** 25
26.3	**Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health**		
	OPT Indicator 26.3.a: Number of countries and territories implementing policies, plans, and programs to advance gender equality in health	**Baseline [2019]** 18	**Target [2021]** 25
26.4	**Countries and territories enabled to implement policies, plans, and programs to advance ethnic equality in health**		
	OPT Indicator 26.4.a: Number of countries and territories implementing policies, plans, and programs to advance ethnic equality in health	**Baseline [2019]** 10	**Target [2021]** 23
26.5	**Countries and territories enabled to establish and implement health-related policies, plans, and/or laws to advance the right to health and other health-related rights**		
	OPT Indicator 26.5.a: Number of countries and territories using human rights norms and standards in the formulation and implementation of health-related policies, plans, programs, and legislation	**Baseline [2019]** 18	**Target [2021]** 28
26.6	**Countries and territories enabled to establish formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights**		
	OPT Indicator 26.6.a: Number of countries and territories implementing formal accountability mechanisms for health equity, gender and ethnic equality in health, and human rights	**Baseline [2019]** 6	**Target [2021]** 12

Key Technical Cooperation Interventions
• Strengthen health sector leadership for health equity, with priority setting at the highest level of health sector decision making; advocacy for normative and policy frameworks that promote health equity and equality, in which human rights play a steering role; institutionalization of inclusive governance structures; creation of enabling environments for broad intersectoral collaboration; and adequate and sustainable human and financial resource allocation for health equity. • Strengthen capacity at all levels to identify and address health inequities and inequalities and their drivers, and to address them in the planning and implementation of all health sector actions as well as through intersectoral engagement, in order to advance equitable, gender- and culturally sensitive approaches to health within a human rights framework. • Promote inclusive governance by ensuring strong and effective social participation of all relevant groups at all levels. • Implement evidence-based monitoring and evaluation that is equity-focused, gender- and culturally sensitive, and based on respect for human rights.

Outcome 27: Leadership and governance

Outcome		Proposed budget	
Strengthened PASB leadership, governance, and advocacy for health		$78,500,000	
Outputs (OPT)			
27.1	**Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020-2025 and drive health impact at the country level, based on strategic communications and in accordance with the SHAA 2030**		
	OPT Indicator 27.1.a: Number of countries and territories with a current Country Cooperation Strategy	**Baseline [2019]** 25	**Target [2021]** 41
	OPT Indicator 27.1.b: Proportion of agenda items of PAHO Governing Bodies aligned with the SP20-25	**Baseline [2019]** 95%	**Target [2021]** 95%
	OPT Indicator 27.1.c: Number of PAHO/WHO Representative Offices implementing a communication plan that is aligned with the PAHO Communications Strategic Plan 2018-2022	**Baseline [2019]** 5	**Target [2021]** 27
27.2	**The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation**		
	OPT Indicator 27.2.a: Proportion of corporate risks for which mitigation plans are approved	**Baseline [2019]** 50%	**Target [2021]** 90%
	OPT Indicator 27.2.b: Proportion of completed internal audits with an overall rating of “satisfactory” or “partially satisfactory – some improvement needed”	**Baseline [2019]** 80%	**Target [2021]** 90%

	OPT Indicator 27.2.c: Time taken to address fraud and corruption as well as staff misconduct issues	**Baseline [2019]** Estimated at 7.5 months	**Target [2021]** 6 months
	OPT Indicator 27.2.d: Proportion of personnel who believe that PAHO has a strong ethical culture	**Baseline [2019]** TBD[20]	**Target [2021]** TBD
27.3	**Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships**		
	OPT Indicator 27.3.a: Proportion of outcomes rated as "high" priority (tier 1) that are more than 90% funded at the end of the biennium	**Baseline [2019]** N/A[21]	**Target [2021]** TBD
	OPT Indicator 27.3.b: Number of technical outcomes with at least 50% of their non-flexibly funded budget ceilings covered by voluntary contributions	**Baseline [2019]** N/A	**Target [2021]** TBD
27.4	**Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate planning, performance monitoring and assessment, and on responding to country priorities**		
	OPT Indicator 27.4.a: Proportion of countries and territories where output and outcome indicators are evaluated jointly with the national health authorities	**Baseline [2018]** 75%	**Target [2021]** 100%[22]
27.5	**PAHO's corporate culture and personnel engagement strengthened through improved management practices and internal communications**		
	OPT Indicator 27.5.a: PAHO's overall score on the personnel engagement survey	**Baseline [2019]** 3.69/5.0	**Target [2021]** 4.0/5.0

Key Technical Cooperation Interventions

- Champion and advocate for universal health by supporting Member States through strengthened country presence, multisectoral engagement, global health diplomacy, and South-South and triangular cooperation with a country focus approach.
- Increase managerial transparency, accountability, and risk management, and promote and enforce ethical behavior at all levels of the Organization.
- Implement mechanisms, processes, and procedures to further consolidate a Results-based Management approach across the Organization.
- Reinforce strategic partnerships to ensure that health is prominently positioned within political and development agendas at all levels and implement new approaches to external relations and resource mobilization.
- Strengthen the effectiveness and impact of PAHO's mission and visibility through increased communications capacity at all organizational levels.

[20] To be determined following the completion of a survey.

[21] Given the change in the programmatic structure between the Strategic Plan 2014-2019 and the Strategic Plan 2020-2025, a baseline that is comparable with the target cannot be established until 2021.

[22] Recent experience with joint assessments has shown that 100% is an ambitious target due to unforeseen circumstances in countries that may prevent them from completing the assessment. Nevertheless, the commitment of PAHO's joint accountability is to reach 100%.

Outcome 28: Management and administration

Outcome		Proposed budget	
Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources		$96,500,000	
Outputs (OPT)			
28.1	**Sound financial practices and oversight managed through an efficient and effective internal control framework**		
	OPT Indicator 28.1.a: Unmodified audit opinion issued each financial year	**Baseline [2019]** Yes	**Target [2021]** Yes
28.2	**Effective and efficient management and development of human resources to attract, recruit, and retain talent for successful program delivery**		
	OPT Indicator 28.2.a: Percentage of post descriptions that have been reprofiled or updated within the last five years	**Baseline [2019]** 32%	**Target [2021]** 40%
28.3	**Effective, innovative, and secure digital platforms and services aligned with the needs of users, corporate functions, technical programs, and health emergencies operations**		
	OPT Indicator 28.3.a: Percentage of PASB entities storing 100% of their documents on secure cloud-based corporate platforms	**Baseline [2019]** TBD	**Target [2021]** TBD
28.4	**Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care**		
	OPT Indicator 28.4.a: Percentage of requested vaccines and supplies delivered to Member States within the planned time frame	**Baseline [2019]** 70%	**Target [2021]** 85%

Key Technical Cooperation Interventions

- Reduce manual processes in transaction management and accounting through fuller utilization of newly available functionality of the PASB Management Information System (PMIS).
- Ensure systematic implementation of the People Strategy, including by strengthening alignment of human resources with the goals set out in the Strategic Plan 2020-2025, fostering talent at every level, strengthening accountability for results through improved performance management, strengthening leadership skills, building an enabling work environment, and enabling human resources functions that value staff.
- Ensure full implementation of cloud-based, mobile-enabled corporate systems, including systematic upgrading of required infrastructure and user-friendly, readily accessible user training.
- Streamline procurement administration to fully automate routine mechanical processes and improve focus on understanding customer needs and meeting customer expectations.
- Improve safety and security of PASB facilities through efficient implementation of the Master Capital Investment Plan.

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Annex A. Scenarios and Justification for an Increase in Assessed Contributions

1. The last net increase in assessed contributions (AC) of the Pan American Health Organization (PAHO) was in 2012-2013 (see Figure 2 in the main document, showing PAHO assessed contributions over the biennia). Because the costs of human resources, goods, and services all increase annually, while voluntary contributions have not increased significantly, the Organization's financial resources to deliver technical cooperation to its Member States have effectively decreased over the past three biennia. Meanwhile, the Pan American Sanitary Bureau (PASB or the Bureau) receives near-constant requests for increased technical cooperation from PAHO Member States to respond to identified, evidence-based health needs. Although the Bureau has and will continue to strive to "do more with less," the situation cannot be sustained indefinitely.

2. At the same time, PASB is conscious of the need for cost containment on the part of Member State governments, as well as the Bureau itself. Additionally, the changes to the Organization of American States (OAS) scale of assessed contributions approved in 2018 and reflected in the PAHO Scale of Assessed Contributions for 2020-2021 (Document CE164/15) mean that the vast majority of PAHO Member States will already be paying increased quota contributions as of the 2021 fiscal year.

3. Keeping all of the above in mind, PASB presents for Member State consideration three scenarios for determining the level of assessed contributions for the Program Budget 2020-2021, as shown in Table 1.[1]

Table 1. Level of PAHO Assessed Contributions for 2020-2021 under Three Scenarios (US$ millions)

	Latest approved amount (2018-2019)	Scenario 1: no increase	Scenario 2: 3% increase	Scenario 3: 6% increase
Assessed contributions	194.4	194.4	200.2	206.1
Amount of increase over 2018-2019	N/A	0	+5.8	+11.7

4. The Bureau believes that the combined technical cooperation mandate of the Strategic Plan of the Pan American Health Organization 2020-2025 and the Program Budget of the Pan American Health Organization 2020-2021 provides ample evidence of the programmatic needs in the Region of the Americas and of the great demands placed on PASB by its Member States to deliver timely, high-quality, and evidence-based technical cooperation that reflects cutting-edge best practices and knowledge transfer.

[1] PASB is requesting an increase in assessed contributions for the net amount, which is the actual quota amount that the Member States agree to contribute.

5. Member States have established a "top tier" of health outcomes for the Region, several of which depend largely on flexible funding. These strategic priorities concern access to services for NCDs and mental health conditions; risk factors for NCDs; risk factors for communicable diseases; health emergencies detection and response; health emergencies preparedness and risk reduction; malnutrition; access to comprehensive and quality health services; and epidemic/pandemic prevention and control. At the same time, other lower priorities that are nonetheless important also depend almost exclusively on flexible funding (e.g., healthy aging).

6. It is important to recognize that with the "graduation" of a number of PAHO Member States to the ranks of middle- and high-income countries, it is increasingly difficult to raise voluntary contributions for these countries. This in turn increases the reliance on flexible funds, chiefly assessed contributions.

7. In financial terms, the proposed scenarios 2 and 3 would allow the Bureau to partially offset the large cost increases it has faced in recent biennia, ensuring that it can maintain the minimum technical staff headcount needed to deliver the services required by Member States. On the administrative side, the Bureau has explored and will continue to explore every avenue to minimize costs and realize efficiencies.

8. When considering increases of assessed contributions, Member States often ask what the Bureau would stop doing if the increase were not approved. Assessed contributions, because they are the most flexible source of funds available to the Organization, are used to: *a)* help fill critical funding gaps for programs of direct relevance to Member States that do not attract voluntary contribution funding; *b)* maintain gains in areas that lose attractiveness for donors; *c)* provide seed funding to support current, emerging, or overlooked public health issues or populations; *d)* complement voluntary contribution funding to increase the outreach of specific actions; *e)* maintain the Organization's independence and ability to advance the regional public health agenda as opposed to specific elements that constitute the focus of donors; and *f)* maintain a sustainable, adequate workforce at all levels of the Organization, as funding for staffing is often not accepted as part of proposals to donors.

9. Accordingly, the following are specific examples of situations the Organization will likely face in 2020-2021 if there is no increase of assessed contributions:

a) Several PAHO/WHO Representative Offices will be unable to maintain quality human resources capacity covering the range of technical cooperation demanded by Member States. Despite the best efforts of PASB to prioritize country offices in the allocation of resources, many face funding gaps of over 20% versus planned amounts. This Program Budget shows an increased allocation of budget space to PWR Offices for 2020-2021; the AC increase is needed to help fill this space. The

Country Pages in Annex B of this document are intended to provide an overview of the Organization's priority interventions at country level.

b) Several of the above-mentioned strategic priorities are currently underfunded because they depend heavily on flexible funding. The absence of an AC increase would mean that this situation continues and indeed worsens in real financial terms for these areas that Member States consistently identify as priorities.

c) For noncommunicable diseases and their risk factors, flexible funding provides most of the financing available. NCDs have a high profile in public health agendas due to their morbidity, mortality, and impact on health systems and household incomes. Yet the topic remains largely overlooked by donors, who tend to favor interventions with short-term, immediately visible impact. If the AC increase is not granted, PAHO will be limited in its ability to continue supporting Member States to implement the high-level mandates on noncommunicable diseases and related plans of action. As costs rise, maintaining minimum adequate levels of flexible funds allows for the continued provision of technical cooperation, including assistance in capacity building, policy development, service strengthening, surveys, and reporting on progress.

d) "Equity at the heart of health" will be difficult to achieve without increased assessed contributions. Corporate funding from PAHO is needed to place equitable access to health on the high-level agendas of countries. Without these needed interventions, it will be impossible to reach the disease elimination targets to which Member States have committed in the Sustainable Health Agenda for the Americas 2018-2030 and related mandates.

e) Maintaining public health gains requires PAHO corporate funds. To take just one example, malaria is considered a relatively well-funded public health issue; it has received voluntary contribution financing that has shown high impact in the Region. However, actions to protect gains and prevent the reintroduction of malaria are largely unfunded. With current funding, only one of the 15 non-endemic countries that continues to be vulnerable to the reintroduction of malaria can receive financial support from voluntary contributions. With increased flexible funding, PAHO will be able to meet Member States' demands for support in maintaining the significant public health gains in the Region.

f) PAHO's efforts to strengthen the health workforce in countries across the Region are almost entirely financed with flexible funds. Currently, there is a 50% funding gap versus identified needs. Without the proposed AC increase, PAHO will be severely restricted in its ability to implement strategies to guide national policies on human resources for health, as called for by the regional Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage (Resolution CD56.R5).

g) Elimination of cholera in Haiti will only be achieved if no confirmed cases are reported in the next three years, counting from January 2019. However, donors are already reducing their funding for surveillance and laboratory activities, starting

in 2020. Without additional flexible funds, PAHO's ability to support technical actions that were financed with voluntary contributions in Haiti will be curtailed.

h) Flexible funds allow PAHO to detect, verify, assess, and respond to health emergencies in a timely and effective manner. In an era of increased frequency and gravity of health emergencies and natural disasters, it is essential that PAHO maintain a strong regional health emergency and risk assessment system. To maintain this system at its current level will require an increase in flexible funding, which finances over 80% of the program.

i) Finally, an increase in assessed contributions would at least partly offset increases in the cost of staff and activities due to inflation, as is done in the OAS.[2]

[2] See Organization of American States Resolution AG/RES.1 (LIII-E/18) section III.B.1.a.: "including the adjustment for cost of living and inflation, as appropriate."

Annex B. Country Pages

1. This new section provides a short overview for each country or territory in line with the Pan American Health Organization (PAHO) goal of highlighting country-level impact. Each one-page summary includes the following elements:

a) PAHO budget allocated to the country or territory for the 2020-2021 biennium

b) Key indicators (see below)

c) Brief health situation analysis for the country or territory

d) PAHO key interventions for the 2020-2021 biennium

e) National prioritization results

2. The following key indicators are included in all country pages:

a) Population: Total population of the country/territory.
Source: Most recent year available at the following link:
https://data.worldbank.org/indicator/SP.POP.TOTL.
When no information is available at this site, official information provided by the PAHO/WHO Representative Office in the country/territory has been used.

b) GDP per capita: Gross domestic product per capita in constant 2010 US$.
Source: Most recent year available at the following link:
https://data.worldbank.org/indicator/NY.GDP.PCAP.KD.
When no information is available at this site, official information provided by the PAHO/WHO Representative Office in the country/territory has been used.

c) SHIe+: The new Sustainable Health Index Expanded Plus (SHIe+) for the country/territory.
Source: PAHO Budget Policy, paragraphs 15-22, and Annex B:
https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=49746-cd57-5-e-budget-policy&category_slug=cd57-en&Itemid=270&lang=en.
This new index is also found in the Strategic Plan 2020-2025, paragraphs 89-93:
https://www.paho.org/hq/index.php?option=com_docman&view=document&alias=50290-cd57-od359-e-strategic-plan-paho&category_slug=cd57-en&Itemid=270&lang=en.

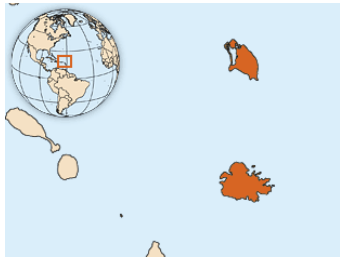
ANTIGUA AND BARBUDA

BUDGET 2020-2021: US$ 700,000

KEY INDICATORS

- **Population:** 96,286 (2018)
- **GDP per capita (constant 2010 US$):** $15,062 (2018)
- **SHIe+:** 0.796

Country Office website:
https://www.paho.org/ecc/



HEALTH SITUATION IN BRIEF

- The health system is financed primarily through public taxation and levies in support of the Medical Benefits Scheme.
- Premature deaths from NCDs are of concern. Of a total of 493 deaths in 2012, NCDs were responsible for 58% or 288 deaths (156 males, 132 females). The three leading causes of death were cancer, heart disease, and diabetes.
- The government supports a 132-bed mental health hospital. The main diagnoses of patients discharged from this hospital in 2011 were drug-induced disorders (21%), schizophrenia, schizotypal, and delusional disorders (39%), and mood disorders (20%). All primary health care centers have access to mobile mental health teams to conduct home visits and community care.
- Approximately 15,000 residents have private health insurance, largely provided through their employers.
- Between 2003 and 2010, more than 60% of adults over 20-year-old screened in community clinics were overweight or obese. In 2012, 29.3% of adults were overweight and 36.5% were obese.
- Dengue is endemic in the country. In 2013, a cluster of six cases of chikungunya was confirmed. The first case of Zika virus was confirmed in 2016.
- Antimicrobial resistance has emerged as a challenge for disease management, particularly methicillin-resistant *Staphylococcus aureus* (MRSA).
- In 2012, malignant neoplasms were ranked as having the highest mortality, with cervical cancer among the leading causes of death in this category.
- The Ministry of Health is investing in strengthening the health system and response to emergencies through its surveillance system and is implementing its Chemical Emergency Preparedness and Response Plan.
- In 2014, childhood malnutrition was reported at 2.9% among children under age 5 attending public health clinics.

PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance for the transitioning of the Medical Benefits Scheme into a National Health Insurance program.
- Strengthen policies and legislation on mental health and NCD risk factors (e.g., tobacco, childhood obesity) to promote equitable access to interventions for mental health and NCDs.
- Reduce risk factors for noncommunicable diseases by implementing selected Global HEARTS modules, and strengthen monitoring of the NCD global commitments with a view to achieving the NCD global targets for 2025.
- Conduct national consultation on existing International Health Regulations (IHR) capacities and on development of an action plan to address identified gaps.
- Provide technical guidance and build capacity for the implementation and introduction of HPV vaccine and for antimicrobial resistance surveillance.
- Provide technical assistance for rebuilding of the Hanna Thomas Hospital in Barbuda following the passage of Hurricane Irma in 2017 and for the mass casualty training that took place in 2019.
- Provide technical assistance for the revision and updating of the Maternal and Child Health Manual and build capacity for certification of a baby-friendly hospital.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 14.** Malnutrition in all its forms reduced

ARGENTINA

BUDGET 2020-2021: US$ 6.5 million

KEY INDICATORS

- **Population:** 44,494,502 (2018)
- **GDP per capita (constant 2010 US$):** $10,040 (2018)
- **SHIe+:** 0.713

Country Office website:
https://www.paho.org/arg/

HEALTH SITUATION IN BRIEF

- Argentina's health system is federal, segmented, and fragmented; 60% of coverage is provided by trade unions (*obra social*), 5% is private, and 35% is public, under the Program for the Expansion of Effective Universal Health Coverage. The country manufactures drugs and biologicals and makes purchases through the Strategic Fund. The National Drug, Food, and Medical Technology Administration is one of the eight reference entities in the Region; a technology assessment administration is being created.
- National seroprevalence of *Trypanosoma cruzi* infection is 2.5% in pregnant women and 5.7% in children. Syphilis is on the rise; several provinces are working to eliminate vertical transmission of syphilis, hepatitis B, human immunodeficiency virus (HIV), and Chagas disease.
- The first autochthonous cases of chikungunya and Zika appeared in 2016. An outbreak of hantavirus occurred in 2018-2019, with person-to-person transmission. In 2019, a joint external evaluation was conducted within the framework of the International Health Regulations (IHR), and a yellow fever risk map was produced.
- By law (2018), 20 compulsory vaccines are guaranteed free of charge, and national coverage is high but falling; subnational coverage varies. In 2019, malaria elimination was certified. Tuberculosis prevalence is 26.5 cases per 100,000 population. Around 129,000 people have HIV, 80% know their diagnosis, and 83% receive antiretrovirals. Between 2016 and 2018, 5,000 patients were treated with direct action drugs for hepatitis C out of an estimated population of 332,000 with the infection.
- Leading causes of death: cardiovascular disease, tumors, infections, and external causes. Some 13% of the population has a disability certificate. Implementation of the national mental health law (2010) is behind schedule. The country has not ratified the Framework Convention on Tobacco Control. Alcoholic beverage consumption stands at 9.3 liters of pure alcohol per person per year, the highest in the Region.
- Consolidated public health expenditure as a percentage of GDP in 2015 was 7.1%: 3.8% at the national level; 2.8% at the provincial level; and 0.5% at the municipal level. In 2018, the country began creating health accounts.
- Some 66% of adults and 10% of children are overweight, and the consumption of ultra-processed foods and prevalence of a sedentary lifestyle, hypertension, and diabetes have risen. Progress is being made in policies for the elimination of trans fats and the reduction of sodium consumption.
- The country has 25,751 health facilities, and primary health care is being strengthened with integrated health service networks through scalable provincial projects. There are 3.6 physicians and 3.2 hospital beds per 1,000 population, with unequal distribution and shortages in certain specialties (family physicians and nurses), hindering achievement of a responsive integrated health service network. Maternal mortality in 2016 was 3.6 per 10,000 live births, with differences of up to 8 times between provinces. The infant mortality rate that same year was 9.7 per 1,000 live births.

KEY PAHO/WHO INTERVENTIONS

- Strengthen policies, standards, strategies, and capacities to ensure timely access and rational use of affordable quality-assured health technologies, with emphasis on the regulatory system and oversight, redefining adequate financing, and with strategies to lower drug prices.
- Strengthen the capacity to measure health inequalities and reduce inequities, tackling the social determinants of health in an intersectoral manner, with a focus on maternal and child health, Chagas disease, syphilis, HIV, tuberculosis, and hepatitis.
- Strengthen policies, strategies, plans, and capacities in connection with the IHR, following the recommendations of the 2019 joint external evaluation.
- Support surveillance and monitoring, strengthening policies, strategies, plans, and capacities to achieve primary health care and a responsive integrated health service network to ensure high vaccination coverage and equitable access for people with hepatitis B and C, tuberculosis, Chagas disease, HIV, and syphilis.
- Strengthen primary health care with a responsive integrated health service network and monitoring of quality, equity, and efficiency in addressing noncommunicable diseases and their risk factors, mental health, and palliative care, with a human rights, gender, and equity approach. Improve the mechanisms for tackling mental health and psychoactive substance use in the community, in compliance with the current legal framework.
- Increase health system efficiency and reduce out-of-pocket expenditure using the information from the health accounts.
- Strengthen policies, regulations, oversight, capacities, and social engagement to prevent overweight and obesity in the population.
- Increase social engagement in health to contribute to the achievement of the 2030 Agenda for Sustainable Development.

TOP TIER PRIORITIZATION RESULTS

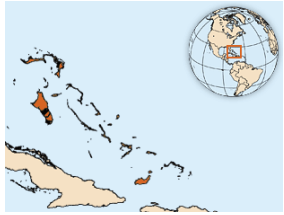
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogen
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health

BAHAMAS

BUDGET 2020-2021: US$ 2.89 million

KEY INDICATORS

- **Population:** 385,640 (2018)
- **GDP per capita (constant 2010 US$):** $27,484 (2017)
- **SHIe+:** 0.719



Country Office website:
https://www.paho.org/bah

HEALTH SITUATION IN BRIEF

- Advances include increased life expectancy; improved strategic planning and policy making; legislative initiatives; decreased maternal and infant mortality rates; high immunization coverage (> 90% DPT3 coverage); decreased HIV/AIDS incidence linked to comprehensive prevention and control strategies that include a universal "test and treat" policy; and expanded access to mental health services at the primary health care level.
- The main public health challenges are noncommunicable diseases, which are the leading causes of mortality and morbidity, and high population prevalence of NCD risk factors. Increasing prevalence of violence and injuries is a growing public health concern.
- The National Health Insurance Programme (NHIP) was implemented in 2017 as a pathway to universal health, with ongoing strategy proposals for implementing a sustainable financing model. Currently, 15% of the population (55,000 people) are enrolled in the NHIP.
- The health sector is more oriented to curative and hospital-based care than to disease prevention. There is a need to strengthen governance, improve health information management systems, emphasize health promotion, and expand services for mental health and for persons with disabilities.
- The geographic dispersal of inhabitants across many islands and cays requires duplication of infrastructure, services, human capital, and systems. This poses challenges for all sectors, including the health sector.

PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation to promote breastfeeding, improve diets tailored to women, and establish baby-friendly hospitals, workplaces, and other settings.
- Advocate for policies to reduce consumption of sugar-sweetened beverages and energy-dense, nutrient-poor products.
- Strengthen capacities to generate and analyze health data to provide evidence for decision making and policy making and assess the impacts of policies, systems, and practices.
- Enhance competencies and capacities for the regulation of actors, mechanisms, and critical resources that influence health access and outcomes; strengthen capacity to implement the essential public health functions; involve strategic actors; promote transparency; and improve access to public health services and interventions.
- Encourage intersectoral action with whole-of-government and whole-of-society approaches, led by the Ministry of Health, to reduce risk factors for NCDs, implement the WHO Framework Convention on Tobacco Control, strengthen health promotion throughout the life course, reduce environmental risks to health, conduct mass media campaigns, and implement school and workplace programs.
- Advocate for advancement toward universal health by mobilizing complementary national resources from the private sector and other sectors; establish solidarity-based financial pooling arrangements; promote efficiency and equity in allocation of strategic resources; and monitor and evaluate health financing performance.
- Promote integrated information systems to increase timely access to health data and strategic information for policy and decision making.
- Provide technical guidance to improve health equity for people living with disabilities through a greater response capacity for mental health conditions and the strengthening of NCD surveillance systems.
- Collaborate with education, labor, and other sectors to strengthen planning and regulation of human resources to better address health system requirements and population needs; encourage development of national policies on human resources for health, with priority to interprofessional teams at the first level of care that include community health workers and caregivers.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 21.** Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels
- **Outcome 9.** Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 7.** Adequate availability and distribution of a competent health workforce

BARBADOS

BUDGET 2020-2021: US$ 700,000

KEY INDICATORS

- **Population:** 286,641 (2018)
- **GDP per capita (constant 2010 US$):** $16,612 (2017)
- **SHIe+:** 0.622

Country Office website:
https://www.paho.org/ecc

HEALTH SITUATION IN BRIEF

- Health expenditure represents 10.6% of public spending.
- The cost of treating NCDs and disability in the country is estimated at US$ 100 million per year. Prevention costs $2.5 million per year, and out-of-pocket expenses are estimated at $140 million per year.
- 80% of men and women present at least one risk factor for NCDs (Health of the Nation Survey, 2015).
- Multisectoral disaster management plans are activated when necessary.
- The island is vulnerable to hurricanes, and its main environmental challenges include indoor and outdoor air quality, vector-borne diseases, solid waste disposal, the relative scarcity of water, deforestation, and soil erosion.
- 14.4% of children are obese (Global School-based Student Health Survey, 2012). Two-thirds of adults are overweight, and one-third are obese (Health of the Nation Survey, 2011).
- Although health care delivery was satisfactory in 2015 with regard to comprehensiveness, coverage, and accessibility, there was an identified need to reform the health financing structure and to make the health care delivery system more efficient.
- A Health Information Policy and Legislative Notes and a Health Data Dictionary have been developed. Greater integration and expansion in the use of information and communications technology is proposed.

PAHO/WHO KEY INTERVENTIONS

- Provide technical support for assessment of the cost and efficiency of health services delivery with a view to development of a national health insurance program.
- Expand equitable health care services to address noncommunicable diseases and mental health conditions through implementation of Global HEARTS modules and by addressing gaps in reaching the NCD global targets for 2025.
- Strengthen policies and legislation addressing NCD risk factors through obesity polices and taxation of sugar-sweetened beverages.
- Provide technical assistance to develop the health sector disaster management response plan and support disaster-related trainings such as Mass Casualty Management (MCM), Emergency Care and Treatment (ECAT), and Basic Life Support (BLS).
- Provide technical guidance to develop and support implementation of a risk communication strategy and strengthen surveillance capacities in areas such as entomological surveillance and drinking water supply systems.
- Build national capacity for postnatal support services and baby-friendly initiatives.
- Provide technical assistance to support Barbados's certification for the elimination of mother-to-child transmission of HIV and congenital syphilis.
- Provide technical support for an assessment of the information system for health and for the development and implementation of a national eHealth strategy.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau

BELIZE

KEY COUNTRY

BUDGET 2020-2021: US$ 5 million

KEY INDICATORS

- **Population:** 383,071 (2018)
- **GDP per capita (constant 2010 US$):** $4,310 (2018)
- **SHIe+:** 0.472

Country Office website:
https://www.paho.org/blz

HEALTH SITUATION IN BRIEF

- Diabetes, cardiovascular diseases, cancers, and chronic respiratory diseases are now responsible for approximately 40% of deaths annually. Injuries and external causes account for 28%.
- Communicable diseases, including HIV and acute respiratory tract infections, are responsible for approximately 20% of deaths annually.
- There were 2,966 reported cases of dengue in 2017.
- In 2016, 48.1% of adult men and 61.2% of adult women were overweight or obese.
- Life expectancy at birth was 70.8 years in 2018 (males 68.1, females 73.8).
- The maternal mortality ratio decreased from 37 per 100,000 live births in 2010 to 28 per 100,000 in 2015.
- Infant mortality decreased from 16.3 per 1,000 live births in 2010 to 14.5 per 1,000 in 2017.
- MMR vaccine coverage was 90% in children up to 1 year of age in 2017.
- The rate of exclusive breastfeeding has increased gradually, reaching 33.2% in 2016.
- Prevalence of current tobacco use in adolescents was 12% in 2014.
- Adequate provision of human resources for health remains a challenge in the country.

PAHO/WHO KEY INTERVENTIONS

- Enhance health worker capacity and community participation to improve quality of health services for screening and early detection, diagnosis, management, and palliative care of NCDs, including mental health disorders and violence.
- Enhance country capacity for prevention, surveillance, and response to emerging and reemerging pathogens, including laboratory networks, within the context of the IHR.
- Support policy advocacy to create an enabling environment for intersectoral coordination, collaboration, and resource sharing among public and private stakeholders to address social and environmental determinants of NCDs.
- Assess current health system progress toward developing an integrated model of care and strengthen primary care services, using a primary health care-based approach toward universal health.
- Strengthen health system capacity to address all hazards, strengthen disaster risk management, and build climate-resilient health facilities.
- Strengthen prevention, surveillance, early detection, and treatment of mental health disorders, substance use disorders, and violence, with a focus on vulnerable groups.
- Strengthen human resources for universal health within the context of the three lines of action of the regional Strategy on Human Resources for Universal Access to Health and Universal Health Coverage.
- Strengthen integrated health services networks to prevent and control communicable diseases (including sexually transmitted infections, HIV/AIDS, viral hepatitis, tuberculosis, and zoonotic, foodborne, waterborne, neglected, vector-borne, and vaccine-preventable diseases) and combat antimicrobial resistance.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 7.** Adequate availability and distribution of a competent health workforce
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases

BOLIVIA

KEY COUNTRY

BUDGET 2020-2021: US$ 11.32 million

KEY INDICATORS

- **Population:** 11,353,142 (2018)
- **GDP per capita (constant 2010 US$):** $2,560 (2018)
- **SHIe+:** 0.499

Country Office website:
https://www.paho.org/bol/

HEALTH SITUATION IN BRIEF

- Between 2005 and 2016, income distribution improved, as measured by the Gini coefficient (decreasing from 0.58 to 0.46), while public health expenditure as a percentage of GDP increased from 2.8% to 4.5%.
- Between 2005 and 2016, births attended by skilled personnel rose from 60.8% to 89.8%, and mortality in children under 5 fell from 67.6 to 29 per 1,000 live births. In 307 of the country's 339 municipalities, there are a total of 2,710 medical offices that, since 2013, have given 25% of the country's population free access to *Mi Salud*, a primary care-based program that provides care to each household and family.
- The country is making satisfactory progress toward the elimination of rabies transmitted by dogs.
- In 2019, it passed the Cancer Law, which will improve cancer prevention and control.
- The country has created and is deploying a Risk Management Unit to optimize the emergency and disaster response.

PAHO/WHO KEY INTERVENTIONS

- Provide technical assistance to establish a unified health system.
- Support national capacity building to improve the quality of care provided by maternal and child health programs.
- Participate in the institutionalization and strengthening of the Unified Intercultural Community and Family Health System (SAFCI) and the *Mi Salud* program.
- Support the design and execution of canine rabies vaccination campaigns to eliminate rabies transmitted by dogs within the next two years.
- Participate in the technical definition of strategic priorities in cancer prevention, control, and surveillance.
- Provide technical support for the design and deployment of the Risk Management Unit with its three programs: disasters, environmental health, and emergency coordination center.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies

BRAZIL

BUDGET 2020-2021: US$ 18.6 million

KEY INDICATORS

- **Population:** 209,469,333 (2018)
- **GDP per capita (constant 2010 US$):** $11,026 (2018)
- **SHIe+:** 0.518

Country Office website:
www.paho.org/bra

HEALTH SITUATION IN BRIEF

- In 2017, the crude death rate was 6.3 deaths per 1,000 population (7.2 in males, 5.5 in females). The most frequent causes were ischemic heart disease (89.9 per 100,000 population), stroke (52.2), Alzheimer's disease and other dementias (39.1), infections of the lower respiratory tract (34), chronic obstructive pulmonary disease (COPD) (31.4), homicide (29), and diabetes mellitus (27.6). The infant mortality rate was 13.4 per 1,000 live births; mortality in children under 5, 15.6 per 1,000 live births; and maternal mortality, 64.5 per 100,000 live births.
- Polio was successfully eliminated and the incidence of diphtheria, tetanus, rotavirus, and invasive pneumococcal disease reduced. In 2018, measles outbreaks were reported in the northern region of the country (Roraima, Amazon, and Pará), with the reestablishment of endemic transmission in 2019.
- Dengue incidence is trending upward. In 2014, the first cases of chikungunya cases were detected, and in 2015, Zika cases. An increase in yellow fever transmission has been observed, with high case-fatality, and Chagas transmission has also increased – in both cases linked to vector-borne transmission in the Amazon region.
- HIV/AIDS: In 2014, the HIV prevalence rate in the population aged 15-49 held steady (0.6% overall, 0.4% in females, 0.7% in males).
- In 2014, the prevalence of hypertension was 23.4%; chronic back problems, 8.5%; depression, 7.6%; arthritis, 6.4%; diabetes, 6.2%.

PAHO/WHO KEY INTERVENTIONS

- Provide political leadership, as well as programmatic, technical, and administrative coordination of technical cooperation, with emphasis on results-based management, monitoring, and evaluation.
- Contribute to the development of national governance and management capacity in the three areas of the unified health system through care networks based on primary health care and the expansion of equitable access and coverage marked by equity and quality, including the aspects of public financing and social participation.
- Participate in the definition of policies, programs, and services with a gender, racial, and ethnic approach in program areas related to immunization and the life course.
- Promote national capacity building in the prevention and control of communicable diseases of national and international concern, in the response to public health emergencies, and in the preparation, interpretation, and ongoing use of the products of health situation analysis for decision-making and management at the different levels of the unified health system.
- Promote relationship-building among the various sectors linked with the social and environmental determinants of physical and mental health to manage risks that affect the health and quality of life of populations, as well as noncommunicable diseases.
- Promote the development of guidelines, strategies, and mechanisms for effective implementation of policies for managing work and education in health in keeping with the needs of the unified health system, promoting intersectoral and interfederative synergies.
- Provide equitable access to safe and effective quality medicines and health technologies and strengthen research and the production of timely and useful evidence for decision-making.

TOP TIER PRIORITIZATION RESULTS

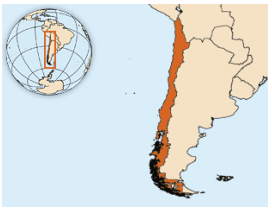
The results of the prioritization exercise were not presented.

CHILE

BUDGET 2020-2021: US$ 4.7 million

KEY INDICATORS

- **Population:** 18,729,160 (2018)
- **GDP per capita (constant 2010 US$):** $15,130 (2018)
- **SHIe+:** 0.688



Country Office website:
https://www.paho.org/chi

HEALTH SITUATION IN BRIEF

- In 2016, external causes were the leading cause of death in the population between 1 and 54 years of age, led by road traffic crashes.
- Nutritional and metabolic disorders are trending upwards and require more complex action.
- Out-of-pocket health expenditure is estimated at 33% of total health expenditure; drugs were the main expenditure category.
- In 2018, 4,000 new HIV cases were detected, a 6% increase over 2017.
- Mental health problems are the main source of disease burden; 23.2% of potential years of life lost to disabilities or death are attributable to neuropsychiatric conditions. In the case of children aged 1-9, 30.3% of potential years of life lost to disabilities or death are attributable to these conditions, and this proportion increases to 38.3% in young people aged 10-19. The suicide rate in adolescents (aged 15-19) is 6.8 per 100,000 population.
- The government has proposed comprehensive health system reform that includes the creation of a universal health plan.
- Infant mortality in Chile was 6.9 per 1,000 live births in 2017. The national fertility rate in women aged 10-19 is 21.17 births per 1,000 women each year.

PAHO/WHO KEY INTERVENTIONS

- Provide technical assistance to improve coverage rates and promote optimal hypertension and diabetes control.
- Strengthen health team management and evaluation capacity for implementing and monitoring the national cancer plan.
- Promote dialogue and intersectoral coordination to increase access to public health interventions and improve their quality to serve the population grappling with psychoactive substance abuse and harmful alcohol consumption.
- Provide technical assistance and facilitate the sharing of experiences and intersectoral dialogue to promote public policies that foster a healthy diet throughout the life course.
- Promote compliance with the Framework Convention on Tobacco Control (2005).
- Provide technical assistance and facilitate the sharing of experiences to strengthen regulatory capacity and promote policies for equitable access to drugs and other health technologies.
- Develop key components for implementation of a strategic plan for the prevention of HIV, AIDS, and sexually transmitted infections.
- Strengthen capacity for the prevention and reduction of morbidity and mortality from neglected, waterborne, and vector-borne diseases.
- Develop national capacity to improve mechanisms for the prevention and mitigation of risks related to food safety.
- Provide technical assistance to consolidate intersectoral mechanisms for mitigating the risk of antimicrobial resistance and preventing its spread.
- Provide technical assistance for the design and implementation of key interventions for improving the health system's response to the needs of people with mental health disorders.
- Conduct studies on catastrophic and impoverishing health expenditure and promote dialogue to develop policy options for reducing out-of-pocket health expenditure.
- Provide technical assistance for the launch and implementation of the Strong Families program.
- Provide technical assistance for the design and implementation of key interventions for integral development in early childhood and children's health care.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral
- **Outcome 16**. Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability

COLOMBIA

BUDGET 2020-2021: US$ 11.5 million

KEY INDICATORS

- **Population:** 49,648,685 (2018)
- **GDP per capita (constant 2010 US$):** $7,698 (2018)
- **SHIe+:** 0.558

Country Office website:
https://www.paho.org/col

HEALTH SITUATION IN BRIEF

- The HIV epidemic is concentrated in major cities. Some 86% of cases are reported, and an estimated 150,116 people had HIV in 2017.
- In 2018, the General Social Security Health System (SGSSS) achieved 94.7% coverage. Service delivery is mainly private (97%).
- In 2017, the country had 33.52 physicians and nurses per 10,000 population, with an estimated human talent density of 65.54 per 10,000 population. According to the National Registry of Healthcare Talent, in 2019 nearly 600,000 people are registered for technical or professional health practice.
- Between 2005 and 2017, the maternal mortality ratio fell from 70.1 to 50.1 deaths per 100,000 live births. Neonatal mortality declined from 9.87 to 6.94 deaths per 1,000 live births, or a 30% reduction. Gaps in access and quality of care still remain, chiefly in ethnic communities, the Afro-descendant population, and the scattered rural population.
- In 2016, the leading causes of death were diseases of the circulatory system (31.7%), other noncommunicable diseases (25.4%), and neoplasms (19.8%). According to data from the National Health Mental Survey (2015), which employed the Symptom Representation Questionnaire (SRQ) for Adolescents, Young Adults, and Adults, 12.2% of adolescents have an indicator of psychopathology, and 52.9 %, one or more symptoms of anxiety.
- According to Colombia's Office of Immigration, as of March 2019, 1,228,827 Venezuelans seeking permanent residence were registered. PAHO/WHO directs the work of the health sector group at the country level, with the co-direction of the Ministry of Health and Social Protection (MSPS).
- According to the Quality of Life Survey 2018, the prevalence of tobacco use in adults is 8.7%, or more than 3 million Colombians.
- Some 80% of mortality from malnutrition in children under 5 is concentrated in the 50% of the population with a higher percentage of people with unmet basic needs and the 50% of the population with a lower percentage of access to improved water sources.

PAHO/WHO KEY INTERVENTIONS

- Strengthen cooperation strategies for the elimination, prevention, or control of the leading communicable diseases, with emphasis on malaria, HIV, tuberculosis, neglected infectious diseases, and zoonotic diseases.
- Support implementation of a national initiative for strengthening functional integration of the integrated health services network, based on the current health care model (MAITE).
- Support the human resources strategy within the framework of universal health and its plan of action and strengthen technical and managerial capacity for the prevention and control of communicable and noncommunicable diseases and their risk factors.
- Strengthen surveillance and response capacity with respect to maternal, neonatal, and infant morbidity and mortality, and reduce preventable deaths, based on the social determinants and the recommendations of WHO, prioritizing indigenous, Afro-descendant, and scattered rural populations.
- Characterize the programs for community-based home care for mental health disorders, and support implementation of the comprehensive health care roadmaps to ensure comprehensive care for noncommunicable diseases and palliative care.
- Contribute to the improvement of health sector emergency preparedness, response, and recovery capacity through a multi-threat approach.
- Guarantee the existence of installed capacity for implementing plans of action for noncommunicable diseases that include strategies for tackling the health determinants. Support implementation of the Framework Convention on Tobacco Control.
- Provide technical cooperation for the implementation of plans of action for tackling the social and environmental determinants of health.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 7.** Adequate availability and distribution of a competent health workforce
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 18.** Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability

COSTA RICA

BUDGET 2020-2021: US$ 3.6 million

KEY INDICATORS

- **Population:** 4,999,441 (2018)
- **GDP per capita (constant 2010 US$):** $9,893 (2018)
- **SHIe+:** 0.659

Country Office website:
https://www.paho.org/cor/

HEALTH SITUATION IN BRIEF

- The country is one of the regional leaders in terms of health indicators (maternal and infant mortality rates and life expectancy).
- The country's challenges include the need to develop and integrate information systems as useful instruments for health surveillance and the planning and management of services.
- On-site mortality from traffic accidents steadily increased from 2012 to 2017, climbing from 7.14 to 9.86 per 100,000 population.
- Health administration is marked by a number of structural dysfunctionalities that weaken the Ministry of Health as the governing agency. This is reflected in the Ministry's weak influence in health service planning, delivery, and financing, among other areas.
- Suicide and self-inflicted injuries have been the leading cause of death in the population aged 10-24 since 1990 and are among the three leading causes of death in the population aged 15-49.
- Overweight and obesity have increased in all the age groups. In 1996, 14.9% of school-age children were overweight; in 2016, 20% were overweight and 14% obese.
- There are inequities in the distribution and management of human resources in the health sector.
- Between 2006 and 2016, the population aged 60 and over more than doubled, increasing from 5.7% to 9.74%.

PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation for implementation of the information system for health (IS4H) initiative to measure the maturity of these systems and promote use of the information.
- Jointly with the Road Safety Council, support implementation of the Road Safety Plan for Motorcyclists and initiatives to promote safe mobility in the country's cantons.
- Support the Ministry of Health in the preparation and implementation of the plan to improve its leadership and the essential public health function.
- Cooperate with the Technical Secretariat of Mental Health in the development of the National Plan for the Prevention of Senile Dementias and promote establishment of the WHO Mental Health Gap Action Program (mhGAP).
- Support intersectoral dialogue to promote front-of-package labeling to reduce the consumption of ultra-processed and hypercaloric products.
- Provide technical cooperation to implement the national plan, based on the Regional Strategy on Human Resources for Health.
- Support the Ministry of Health and the Costa Rican Social Security Fund (CCSS) in the implementation of the National Plan on Healthy Aging and advocate for strategies that promote self-care and the maintenance of functional capacity.
- Collaborate with the Ministry of Health and the CCSS in the governance and strengthening of primary health care and the creation of health services networks.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 15.** Improved intersectoral action to contribute to the reduction of violence and injuries
- **Outcome 9.** Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 16**. Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 7.** Adequate availability and distribution of a competent health workforce
- **Outcome 3.** Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability

CUBA

BUDGET 2020-2021: US$ 6.9 million

KEY INDICATORS

- **Population:** 11,338,138 (2018)
- **GDP per capita (constant 2010 US$):** $6,665 (2017)
- **SHIe+:** 0.798

Country Office website:
https://www.paho.org/cub

HEALTH SITUATION IN BRIEF

- Circulation of the dengue virus continues, primarily serotypes 2, 3, and 4. In 2016, 1,836 cases were reported, 29 of them severe; in 2017, 1,248 cases, and in 2018, 2,128 cases, with no deaths. In March 2016, Zika was introduced by an imported case. By the end of 2016, 245 cases of this disease had been reported; in 2017, 1,384; and 2018 ended with 873. No cases of chikungunya have been detected since 2013.
- The tuberculosis notification rate has risen in recent years, increasing from 6.1 per 100,000 population in 2016 to 6.3 in 2017 and 2018. HIV prevalence in the population aged 15-49 climbed from 0.1% to 0.29% in the period 2011-2017. In 2018, 181 cases of hepatitis C were diagnosed, for a rate of 1.6 cases per 100,000 population.
- Some 20.4% of people are aged 60 or over and an aging population trend has been observed.
- The national system has 150 hospitals, 110 intensive care units, 120 municipal intensive care units, 449 polyclinics, 111 dental clinics, 131 maternity homes, 12 research institutes, 690 medical libraries, 155 nursing homes, 293 adult day care centers, 52 geriatric services, and 30 psychoeducational medical centers.
- The infant mortality rate (children under 1 year) held steady in 2018 for the 11th consecutive year at less than 5 deaths per 1,000 live births; in the past two years it has stood at 4. The maternal mortality rate in 2018 was 43.8 deaths per 100,000 live births, rising from 39.1 in 2017. One of the challenges is to continue the use of an intersectoral approach to tackle the causes that prevent greater reduction in maternal mortality.
- The prevalence of diabetes mellitus and hypertension is trending sharply upward. In the period 2010-2018, the prevalence of diabetes mellitus jumped from 40.4 per 1,000 population to 64.3. In 2018, the prevalence of hypertension was 225.2 per 1,000 population nationally, rising from 202.7 in 2010.
- Provincial vaccination coverage has been kept above 98.9%.
- Major hurricanes regularly ravage the country, directly impacting people's lives and well-being, with the risk of jeopardizing the national health system's response capacity. There is also the threat of major earthquakes in the country's southeastern region, which are considered likely to result in wide-scale social disruption.

PAHO/WHO KEY INTERVENTIONS

- Strengthen national and local capacity for the surveillance, prevention, and control of communicable diseases with epidemic and pandemic potential.
- Achieve greater and better response capacity in national and local integrated health services networks for the prevention, surveillance, early detection, treatment, and management of communicable diseases, including vaccine-preventable diseases.
- Contribute to strengthening the health system's capacity to provide comprehensive, quality care for older persons nationwide by involving other sectors.
- Support the initiatives of national and local integrated health services networks, especially at the first level of care, to improve access to equitable, quality services that take gender and family and community characteristics into account.
- Contribute to the promotion of healthier lifestyles through a comprehensive care strategy focused on the individual, the family, and the community, with special attention to vulnerable groups.
- Improve the quality of services and increase intersectoral action in the prevention, surveillance, early detection, and treatment of noncommunicable diseases and mental health disorders, together with patient rehabilitation.
- Contribute by developing strategies and plans to guarantee access to essential drugs, health technologies, vaccines and inputs, and blood and organ transplantation services by strengthening the country's national drug program and regulatory authorities.
- Strengthen disaster risk management capacity, as well as emergency and epidemic preparedness and response to achieve a resilient national health system.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogen
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 3.** Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector

DOMINICA

BUDGET 2020-2021: US$ 660,000

KEY INDICATORS

- **Population:** 71,625 (2018)
- **GDP per capita (constant 2010 US$):** $6,417 (2018)
- **SHIe+:** 0.661

Country Office website:
https://www.paho.org/ecc

HEALTH SITUATION IN BRIEF

- In 2017, there were zero deaths from maternal mortality; teen pregnancies were 10% of total births. Overweight was 3.5%, obesity 2.1%, underweight 0.3%, and stunting 0.7% among children 0 to 5 years of age. According to the Global School-based Student Health Survey in 2009, 25% of all students ages 13-15 were overweight. Vaccine coverage was 94% for DPT3 and 96% for BCG. Vaccination Week in the Americas activities are implemented every year. An adolescent health and development policy and action plan and a school nutrition policy have been developed. Work has begun on a family health policy and action plan, and a child nutrition policy has been developed.
- Human resources capacity has been affected by migration. Activities have been implemented to strengthen health system services, including the training of 27 community health aides.
- The radiology unit was assessed, and a medical physicist visited to follow up on the recommendations.
- Noncommunicable diseases are the leading causes of mortality and morbidity. Diabetes had a prevalence rate of 17.7% in 2010, and hypertension 32.1%. Fifty percent of admissions to the inpatient mental health care facility are for substance abuse. Psychosocial and Stanford self-management trainings have been conducted.
- There were five cases of tuberculosis in 2018; TB protocols have been developed and health care workers trained. The HIV incidence rate was 0.3 per 1,000 population in 2018, and the National HIV and AIDS Strategic Plan 2019-2024 has been updated. Leptospirosis and vector awareness programs have been implemented.
- A National Disaster Plan and National Climate Change Adaptation Policy have been developed.
- Outbreaks include leptospirosis in 2010-2011, with 41 cases and 4 deaths; chikungunya in 2014, with 3,771 cases; and Zika virus in 2016, with 1,263 cases (including 2 suspected cases of Guillain-Barré Syndrome).
- Tropical Storm Erica (2015) and Hurricane Maria (2017) caused socioeconomic consequences and reduced health system response capacity. Emergency Care and Treatment (ECAT) and Incident Command Systems (ICS) trainings were held, and the National Disaster Plan was updated.

PAHO/WHO KEY INTERVENTIONS

- Strengthen the health system to advance toward universal health coverage and universal access through the assessment of health systems and services to aid in the development of policies and standardized operating procedures.
- Strengthen family health throughout the life course by introducing the HPV vaccine into the Expanded Program on Immunization and reintroducing the WHO Baby-Friendly Initiative.
- Reduce morbidity and mortality due to noncommunicable diseases through implementation of the chronic care model and strengthening of the NCD global commitments to achieve the NCD global targets for 2025.
- Strengthen the integration of mental health into primary health care through technical support for the mental health policy and psychological first aid.
- Provide technical support for the development of a communicable disease outbreak plan/manual and for strengthening surveillance programs on severe acute respiratory infection (SARI) and antimicrobial resistance (AMR).
- Provide technical assistance for the development of alcohol policy and tobacco legislation related to NCDs.
- Strengthen capacity for monitoring progress toward elimination of mother-to-child transmission of HIV and congenital syphilis and elimination of tuberculosis.
- Provide support for the development of a human resources for health plan that aligns with the National Strategic Plan for Health to deliver the required package of services.
- Provide technical support for the finalization and a simulation of the National Disaster Plan.
- Provide technical assistance to strengthen the capacity of health systems to prevent epidemics through SARI and AMR training.
- Support the strengthening of health emergencies and disaster management and reduce environmental threats and risks through simulation of the National Disaster Plan and provision of Emergency Care and Treatment training and Health Emergency Operation Center training.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies

DOMINICAN REPUBLIC

BUDGET 2020-2021: US$ 6.7 million

KEY INDICATORS

- **Population:** 10,627,165 (2018)
- **GDP per capita (constant 2010 US$):** $7,751 (2018)
- **SHIe+:** 0.601

Country Office website:
https://www.paho.org/dor/

HEALTH SITUATION IN BRIEF

- The prevention and reduction of noncommunicable diseases requires an intersectoral approach to adopt standards and actions for dealing with the key risk factors in the population, such as those related to smoking and food labeling.
- In 2017, the maternal mortality ratio was 104.4 per 100,000 live births, and the infant mortality rate was of 21.4 per 1,000 live births. Neonatal mortality was 15.4 per 1,000 live births.
- The two leading causes of overall mortality in the over-45 age group are ischemic heart diseases and cerebrovascular diseases. The most widespread health problem is hypertension (23.8% in men and 19.1% in women).
- The Ministry of Public Health is the regulatory body of the National Health System (SNS) and is represented at the subnational level by the provincial health bureaus. The National Health Service is responsible for the delivery of services under the separation of duties principle stipulated by Law 123-15 on the administrative and functional decentralization of the Regional Health Services (SRS).
- The country has not had any sustained increase in national health expenditure since 2011, and in 2017 public health expenditure was 2.9% of GDP, far from the global target of 6%.
- Traffic crashes are a public health concern. According to the WHO 2018 global status report on road safety, in 2016 mortality from this cause in the country was 34.6 deaths per 100,000 population, making the Dominican Republic first in the continent and fifth in the world in terms of traffic-related mortality.
- In 2018, 76% of the population was enrolled in the family health insurance system. Of this group, 35.4% were covered by the subsidized regimen and 40.6% by the contributory regimen, which is conducive to providing access to health care for the population, especially groups in conditions of vulnerability.
- In 2018 the country introduced the Comprehensive Health Record (EIS) where the clinical history of each patient can be registered and consulted online, resulting in better and faster medical care, and enhanced coordination of the integrated health services networks.

PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation for the development of national plans and policies on the prevention of noncommunicable diseases.
- Facilitate intersectoral coordination to develop school health initiatives in highly vulnerable areas, which promote a healthy diet and physical exercise.
- Provide technical guidance and promote mechanisms to develop the integrated health services networks by strengthening primary care, in order to provide comprehensive, quality health services focused on people, families, and communities.
- Provide technical cooperation in reforming mental health care toward a community care model focused on the individual and their needs, and supported by the strategy in WHO's action plan to close mental health gaps (mhGAP).
- Promote an intersectoral dialogue and initiatives to develop plans and programs for the rehabilitation and care of people with disabilities.
- Provide technical cooperation to develop mechanisms for the equitable allocation of funds to the integrated health services networks.
- Provide technical guidance and support the activities included in the national action plan on road safety.
- Provide technical cooperation to develop systems for the early detection and primary and secondary prevention of domestic violence in communities in conditions of vulnerability.
- Provide technical guidance for the development of strategies and initiatives that will help improve the quality of maternal and neonatal care and adherence to national protocols.
- Provide technical guidance on strengthening information systems to comply with standards for vital statistics, clinical management, and accountability.
- Provide technical support to build the Ministry of Health's institutional capacity to analyze and disseminate health-related evidence for decision-making.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 6.** Improved response capacity for comprehensive, quality health services for violence and injuries
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 20**. Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau

ECUADOR

BUDGET 2020-2021: US$ 7.7 million

KEY INDICATORS

- **Population:** 17,084,357 (2018)
- **GDP per capita (constant 2010 US$):** $5,185 (2018)
- **SHIe+:** 0.624

Country Office website:
https://www.paho.org/ecu/

HEALTH SITUATION IN BRIEF

- In 2008, a new Constitution laid the foundations for a new health system based on three pillars: the State as guarantor of the right to health, a system based on primary health care, and the creation of an integrated public network that offers free health services.
- The national prevalence of chronic malnutrition was 23.9% in 2014, with a marked difference between the 19.7% of urban areas and the 31.9% of rural areas. The national prevalence of overweight and obesity in the adult population (aged 19-59) was 64% (national average).
- Since 2016, the Ministry of Public Health has had an epidemiological surveillance system (SIVE) that collects epidemiological data on priority diseases and is responsible for compliance with the International Health Regulations. It also has a system for reporting data on hospital discharges, morbidity, etc.
- In 2014, the country had 20.4 physicians and 10.1 nurses per 10,000 population. There are few specialists, however, and they are distributed inequitably (urban areas: 29 per 10,000 population; rural areas: 5.4 per 10,000 population).
- National vaccination coverage in 2018 was 83% for the first dose of the triple viral vaccine, 85% for the third dose of the pentavalent vaccine, and 85% for the polio vaccine.
- Malaria transmission plummeted from 2002 to 2014 (from 106,642 cases in 2001 to 241 in 2014). Case numbers have increased since 2015, reaching 1,701 in 2018, concentrated on five provinces.
- In 2014, diseases of the circulatory system were responsible for 23% of deaths; neoplasms, 17%; external causes, 13%; and diseases of the respiratory system, 10%. That year, noncommunicable diseases were the leading cause of premature mortality in people aged 30-69. Among external causes, suicide was one of the leading causes of death in the country, with a rate of 11.22 per 100,000 population among males and 3.2 among females.
- Total government health expenditure as a percentage of GDP increased from 1.2% in 2007 to 2.96% in 2016, with out-of-pocket expenditure accounting for 50.79% of total health expenditure.

PAHO/WHO KEY INTERVENTIONS

- Cooperate in the design and implementation of methodologies and studies to develop the financial management model.
- Improve the design and implementation of policies, strategies, and tools for reducing nutritional risk factors.
- Collaborate in the development of strategies to guarantee the sustainability of the system.
- Provide assistance in the development of a strategy to improve the information system for comprehensive monitoring of the country's health situation.
- Collaborate in implementation of the regional strategy on human resources for universal health coverage.
- Collaborate to increase vaccination coverage in remote populations and communities, and maintain the control, eradication, and elimination of vaccine-preventable diseases.
- Cooperate in the development of technical and technology tools for integrating health services networks.
- Improve treatment services for mental disorders and disorders associated with the use of psychoactive substances.
- Strengthen technical capacity for monitoring catastrophic health expenditures.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 7.** Adequate availability and distribution of a competent health workforce
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons

EL SALVADOR

BUDGET 2020-2021: US$ 5.6 million

KEY INDICATORS

- **Population:** 6,420,744 (2018)
- **GDP per capita (constant 2010 US$):** $3,511 (2018)
- **SHIe+:** 0.548

Country Office website:
https://www.paho.org/els

HEALTH SITUATION IN BRIEF

- Chronic noncommunicable diseases have steadily increased and today constitute a major burden for the health system, with a growing need for hospitalization and a greater number of deaths.
- Chronic kidney disease is a serious health problem in El Salvador and the third leading cause of death in adults of both sexes, with a hospital case-fatality rate of 12.6%.
- The prevalence of diabetes in people over 20 stands at 12.5%, and the prevalence of hypertension in that same population, at 37%.
- Despite lower rates of violence in the country compared with previous years, violence remains a problem and is a real obstacle to the implementation of sustainable development initiatives, in addition to threatening the health of the population.
- In 2018, the country vaccinated 81% of children under 1 and 85% of children under 4 against measles.
- With 1,234 new HIV/AIDS cases reported in 2018, new cases continue to decline, with a 3.9% decrease over 2017.
- Some 55.5% of the 3,615 reported cases of tuberculosis are in the incarcerated population. Case numbers in the rest of the population fell by 12% in comparison with 2017.
- In 2018, the country completed two consecutive years with zero autochthonous cases of malaria and two imported cases.
- The maternal mortality ratio was 31.1 deaths per 100,000 live births in 2017. In 2018, the reported mortality rate in children under 5 was 10.9 per 1,000 live births; in 2017, mortality in children under 1 stood at 9.2 per 1,000 live births, and neonatal mortality, at 5.5.

PAHO/WHO KEY INTERVENTIONS

- Support implementation of the national plan for an integrated approach to noncommunicable diseases in 2018-2021.
- Participate in the intersectoral dialogue and support the promotion of front-of-package food labeling to reduce salt/sodium intake.
- Support the implementation of a baseline study on disabilities associated with road safety and interpersonal violence for decision-making in health.
- Support the development of a national policy on road safety and reducing the impact of traffic crashes on health.
- Develop long-term alternatives for tackling violence in the country, understood as a public health problem, including the factors that foster it.
- Support improvement of the Ministry of Health's drug management and supply system.
- Support the formulation of a health promotion plan that includes interventions throughout the life course.
- Support the preparation of an intersectoral family- and community-centered work plan for adolescent health care.
- Support national policy-making that addresses the double burden of malnutrition (undernutrition and overweight or obesity) in the country.

TOP TIER PRIORITIZATION RESULTS

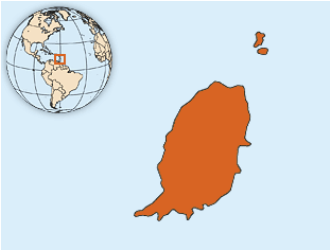
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 15.** Improved intersectoral action to contribute to the reduction of violence and injuries
- **Outcome 6.** Improved response capacity for comprehensive, quality health services for violence and injuries
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 14.** Malnutrition in all its forms reduced

GRENADA

BUDGET 2020-2021: US$ 600,000

KEY INDICATORS

- **Population:** 111,454 (2018)
- **GDP per capita (constant 2010 US$):** $9,206 (2018)
- **SHIe+:** 0.617



Country Office website:
https://www.paho.org/ecc

HEALTH SITUATION IN BRIEF

- Chronic noncommunicable diseases have become the leading cause of premature avoidable death and disease.
- Vaccination coverage for the antigens administered ranges from 95% to 100%.
- Between 2008 and 2014, direct disbursements (out-of-pocket expenditure) accounted for 47% of total health expenditure.
- Disaster preparedness and response capacity has improved since the devastation caused by Hurricanes Ivan and Emily.
- Primary health care has been expanded to increase access to care.
- According to the 2011 STEPS survey, 58.7% of adults were overweight while 25.2% were obese, with a higher prevalence in women.
- The national health insurance program is designed to be an effective model for achieving universal health coverage that guarantees access and equity to the population.
- There have been no cases of mother-to-child transmission of HIV since 2010.

PAHO/WHO KEY INTERVENTIONS

- Expand equitable health care services to address noncommunicable diseases and mental health conditions through implementation of Global HEARTS modules and by addressing gaps in reaching the NCD global targets for 2025.
- Provide technical guidance on operationalizing surveillance for health care-associated infections and antimicrobial resistance and scaling up the Cervical Cancer Prevention Program.
- Facilitate the development and implementation of a national health insurance plan that will strengthen protection against health-related financial risks and hardships for all persons and advance toward attainment of universal health.
- Strengthen national capacity for a disaster-resilient health sector by addressing gaps in the implementation of the regional Plan of Action for Disaster Risk Reduction 2016-2021.
- Promote the integration of mental health into primary health care through intersectoral action and strengthening of mental health service delivery through the mhGAP program.
- Strengthen policies and legislation addressing NCD risk factors, such as anti-tobacco legislation and taxation of sugar-sweetened beverages.
- Build national capacity to evaluate effectiveness of the current integrated health services networks (IHSNs) and identify areas that can be strengthened, with emphasis on primary health care, to advance toward universal health.
- Strengthen capacity to achieve certification of elimination of mother-to-child transmission of HIV and congenital syphilis, and to monitor progress toward the elimination of tuberculosis through surveillance, diagnosis, treatment, and care.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action

GUATEMALA

KEY COUNTRY

BUDGET 2020-2021: US$ 13.0 million

KEY INDICATORS

- **Population:** 17,247,807 (2018)
- **GDP per capita (constant 2010 US$):** $3,160 (2018)
- **SHIe+:** 0.333

Country Office website:
https://www.paho.org/gut/

HEALTH SITUATION IN BRIEF

- The country faces a double burden of significant malnutrition (undernutrition and overweight/obesity) that contributes to development of noncommunicable diseases throughout life.
- The country's health information system requires the adoption of a single reporting form. It currently has unintegrated vertical program modules that contribute to a lack of timely information for health policy development.
- The epidemiological surveillance system must be strengthened for the recording, reporting, and analysis of reportable diseases to guarantee the necessary complete and timely coverage.
- The most disadvantaged population groups in terms of health indicators are rural and mountain dwellers in the northern, central, and northwestern altiplano region and the southwest, which have a high proportion of indigenous people living in poverty and extreme poverty in remote areas.
- Immunization coverage fell in the last 5-year period but rebounded in 2017, with 81% for the tuberculosis vaccine (BCG), 81% for the polio vaccine (polio3), and 86% for the triple viral vaccine.
- The country is highly vulnerable to natural disasters (volcanic eruptions, earthquakes, and extreme climate phenomena, such as floods, prolonged droughts, and hurricanes).
- Intersectoral coordination must be strengthened to address noncommunicable diseases, especially their risk factors (healthy spaces and lifestyles, violence prevention, and deaths from external causes), which continue to grow.
- It is estimated that at least 4 million Guatemalans, particularly in rural areas, lack access to basic health services. Public health expenditure represents only 1.8% of GDP and the country has the highest out-of-pocket health expenditure in the Region (56%).

PAHO/WHO KEY INTERVENTIONS

- Support implementation of the primary health care model to improve the quality of nutritional care and surveillance to prevent malnutrition in all its forms.
- Promote development of an integrated health information system in the country that starts at the local and regional level with human resources education and training in basic epidemiology and information analysis and produces timely data for proper analysis for decision-making.
- Support the development of multidisciplinary, multisectoral strategic plans to strengthen country capacity for surveillance, prevention, control, and response to pandemic and epidemic diseases, within the framework of the International Health Regulations.
- Promote primary health care as the strategy for universal access to health to contribute to the reduction of inequalities and inequities in women's, children's, and adolescents' health.
- Strengthen the regulatory functions of the Ministry of Public Health's Department of Drug Registration and Control and participate in vaccine, drug, and input procurement mechanisms through the PAHO/WHO Strategic Fund and Revolving Fund, which promote access and quality.
- Strengthen Ministry of Health rapid response teams for risk management by giving them the capacity to multiply the knowledge acquired in health activities during natural disasters.
- Provide technical assistance to national counterparts for application of the legal framework (promotion of healthy eating, tobacco control, alcohol consumption, etc.) to reduce the risk factors for noncommunicable diseases through the health-in-all-policies approach, health diplomacy, and intersectoral action.
- Improve and increase health service response capacity by implementing the integrated health services network strategy based on primary health care, which promotes a comprehensive, continuous, integrated, equitable, and quality health system with human resources trained in primary health care that meets the needs and expectations of the population.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogen
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases

GUYANA

BUDGET 2020-2021: US$ 6.8 million

KEY INDICATORS

- **Population:** 779,004 (2018)
- **GDP per capita (constant 2010 US$):** $3,966 (2018)
- **SHIe+:** 0.548

Country Office website:
https://www.paho.org/guy

HEALTH SITUATION IN BRIEF

- Outbreaks of measles, yellow fever, and diphtheria in bordering countries have made it necessary to intensify vaccination activities.
- Incidence of postpartum hemorrhage has decreased from 56% in 2018 to 13% in 2019. However, maternal deaths from indirect causes have increased.
- 32% of all deaths in Guyana are caused by coronary heart disease (2018).
- There is a 30% unmet need for family planning (2017).
- Life expectancy at birth has increased to 68.6 years (2018).
- Suicide decreased from 44.2 per 100,000 population in 2014 to 18.9 per 100,000 in 2018.
- Overweight and obesity in children under age 5 decreased from 4.7% in 2005 to 0.6% in 2013 and 0.3% in 2015.
- The Guyana Women's Health and Life Experiences Survey 2019 confirmed that women in suburban areas experience a high lifetime prevalence of 29% for intimate partner violence.
- A remapping survey in 2019 shows that 8 of 10 regions in Guyana are endemic for lymphatic filariasis.

PAHO/WHO KEY INTERVENTIONS

- Strengthen surveillance and disease management through screening and detection, verification, information management, and vaccination of at-risk populations to address disease control and prevention for people in all age groups.
- Provide technical support to the Ministry of Public Health for implementation of the Guyana NCD Strategic Plan to reduce the most common risk factors for the leading NCDs: cardiovascular disease, cancer, diabetes, and chronic respiratory disease.
- Strengthen the country's capacity for improvement of health services networks to prevent and reduce morbidity, disability, and mortality related to communicable diseases by ensuring access to interventions throughout the life course and by giving particular attention to the specific needs of groups in conditions of vulnerability.
- Provide technical support for strengthening primary health care service delivery, focusing on the organization and management of quality people-, family-, and community-centered health services delivery.
- Collaborate with the Ministry of Public Health, UN agencies, and other key stakeholders to develop intersectoral policies and plans that focus on promotion of mental health and on prevention, surveillance, early detection, and treatment of mental health and substance use disorders and their risk factors throughout the life course.
- Assess and evaluate the health system on progress in nutrition throughout the life course, which includes exclusive breastfeeding for the first six months, application of the new national Food-based Dietary Guidelines, and progress in implementing policies for reduced consumption of sugar-sweetened beverages by children and adolescents.
- Promote and strengthen programs and policies for the prevention of violence and injuries, and build country capacity in this area through Peer Helper training.
- Increase access to interventions targeting the elimination of neglected infectious diseases and zoonotic diseases.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 16**. Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 15.** Improved intersectoral action to contribute to the reduction of violence and injuries
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases

HAITI

KEY COUNTRY

BUDGET 2020-2021: US $32.5 million

KEY INDICATORS

- **Population:** 11,123,176 (2018)
- **GDP per capita (constant 2010 US$):** $730 (2018)
- **SHIe+:** 0.000

Country Office website:
https://www.paho.org/hai

HEALTH SITUATION IN BRIEF

- In 2016, 42% of direct health expenditure came from households (out-of-pocket), a situation that indicates a lack of financial protection against health risks. In 2016-2017, almost two out of three poor patients (58%) did not consult health professionals for financial reasons.
- The health services network consists of 10 health departments and 42 district health units, with more than 1,033 institutions (34% public, 30% private for profit, 17% private nonprofit, and 19% mixed). Trained health personnel attended 42% of births in 2016-2017. In 2017-2018, only 36% of health care institutions offered any maternity services, and 11% offered cesarean sections.
- Access to quality health care remains limited. For every 10,000 inhabitants, there are 2.35 physicians and 6.80 nurses and midwives in the public sector. Availability of these professionals is unequal across departments. The population relies on traditional medicine, especially in rural areas.
- Although in a decreasing trend over the years, the maternal mortality ratio was 529 deaths per 100,000 live births in 2016-2017. In the same period, the child mortality rate was 59 per 1,000 live births (compared with 57 per 1,000 in 2005-2006). The neonatal mortality rate was 32 per 1,000.
- In 2017-2018, the incidence of malaria decreased from 1.63 to 0.70 per 1,000 population.
- In 2018, Haiti introduced the PCV13 vaccine into its routine program. Despite progress, immunization coverage remains lower than in other countries in the Region. The vaccination coverage rate is 79% for DPT3 and 74% for the first dose of MR.
- The country is particularly vulnerable to environmental disasters (earthquakes, hurricanes, floods) and suffers from extensive soil erosion. This has direct consequences in terms of death and disability, as well as reduced health system capacity to respond to emergency needs.
- Despite some progress, malnutrition still affects children in Haiti: 22% of children under 5 years old are stunted.
- Domestic violence is common in Haiti. In 2016-2017, 34% of married women reported having experienced some form of violence, either physical, emotional, or sexual, from their husband/partner.
- Between the beginning of the cholera epidemic in 2010 and the end of 2018, 819,777 suspected cholera cases and 9,789 suspected cholera deaths were reported. A sustained decreasing trend has been observed since 2017. The last positive cholera case was reported in January 2019.
- An outbreak of diphtheria began in 2014 and has been increasing annually, with 161 probable cases reported in 2018.

PAHO/WHO KEY INTERVENTIONS

- Provide technical support to and advocate for the development of a comprehensive and coherent health financing strategy toward universal health.
- Build national capacity to improve the quality of pre-hospital care by implementing the first regulation system in Haiti.
- Provide technical support for the expansion and strengthening of the national community health model based on a primary care strategy and an integrated health services network.
- Provide technical support to strengthen maternal care, maternal mortality surveillance and response, and infant care to reduce maternal and infant mortality.
- Provide technical guidance to increase access to key interventions for prevention and treatment of HIV and tuberculosis, as well as toward the elimination of malaria and neglected tropical diseases.
- Promote and update policies, norms, and strategies that ensure timely access to and rational use of safe, affordable, quality-assured, clinically effective, and cost-effective health technologies, including medicines and vaccines.
- Build national capacity to improve emergency preparedness and strengthen resilience of the health sector through implementation of the National Plan for Response to Health Emergencies.
- Provide technical support to build national alert and response capacity to improve the quality and timing of activities related to outbreaks and epidemics.
- Provide technical support to build national capacity to improve the quality of severe malnutrition prevention and treatment strategies, especially in emergency situations.
- Provide technical support to build capacity of health workers in EmONC services on prevention and management of gender-based violence.
- Provide technical guidance for the establishment and sustainable maintenance of an in-country Emergency Mobile Team and an information and medical coordination cell (CICOM).

TOP TIER PRIORITIZATION RESULTS

- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 6.** Improved response capacity for comprehensive, quality health services for violence and injuries
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies

HONDURAS

KEY COUNTRY

BUDGET 2020-2021: US$ 14 million

KEY INDICATORS

- **Population:** 9,587,522 (2018)
- **GDP per capita (constant 2010 US$):** $2,204 (2018)
- **SHIe+:** 0.396

Country Office website:
https://www.paho.org/hon/

HEALTH SITUATION IN BRIEF

- In 2000-2015, Honduras achieved a 90% reduction in malaria, with a 58% decline in the number of cases between 2010 and 2016. In 2016, there were 4,097 cases and no deaths. The tuberculosis rate per 100,000 population increased from 29.8 to 31.7 between 2012 and 2017.
- In 2015, public health expenditure in Honduras was barely 2.95% of GDP, one of the lowest in the Region.
- Honduras is extremely vulnerable to epidemics. The flu epidemic (H1N1) in 2018 caused 22 deaths. The worst dengue epidemic in the country's history has been occurring in 2019, with more than 50,000 cases and 101 deaths reported up to epidemiological week 32.
- In the last evaluation of the country's basic capacities under the International Health Regulations (2018), Honduras made only 39.7% progress in building national intelligence to monitor risks to health.
- 61% of overall mortality is due to the noncommunicable diseases prevalent in the country. The national prevalence of diabetes is 7.2% according to the country's 2016 diabetes profile. According to the CAMDI survey (2015), the prevalence of hypertension was 22.6% in the population over the age of 40.
- In 2015, Honduras began the process to delimit and configure the integrated health services networks, and permanently formed 70 networks spread throughout the country.
- In 2019, the Special Commission for the Transformation of the National Health System proposed a road map with four implementation phases, emphasizing improvements in national and subnational services.
- The country lacks an integrated health information system, although progress has been made in setting up an information system for malaria, and some useful tools have been developed, such as the single birth record and an updating of the epidemiological profile in 2018.

PAHO/WHO KEY INTERVENTIONS

- Collaborate in strengthening health systems to address the priority diseases from a primary health care perspective, with a view toward universal health.
- Advocate to increase health financing, beginning with the creation of the health accounts unit.
- Strengthen the establishment of basic capacities consonant with the International Health Regulations and build national capacity to ensure better coordination and links between the different levels of care to address health emergencies.
- Collaborate with the authorities in the early detection of emergencies, setting up a team to coordinate the response of PAHO and other partners to formulate strategic response plans and joint operational planning in accordance with PAHO/WHO policy and key procedures.
- Promote the use and management of legal and regulatory instruments and practical guidelines, as well as the implementation of plans and programs to improve the prevention, control, and quality of care of noncommunicable diseases, emphasizing primary care with a gender and rights-based approach throughout the life course.
- Complete a self-assessment of the degree of integration of the national integrated health services networks, supplemented by a situation analysis of avoidable hospitalizations in order to strengthen primary care response capacity.
- Actively collaborate in the national health system transformation process, strengthening management capacity at all levels (national, departmental, and municipal), with a primary care and universal health approach.
- Collaborate in setting up an integrated health information system.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 9.** Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau

JAMAICA

BUDGET 2020-2021: US$ 5.5 million

KEY INDICATORS

- **Population:** 2,934,855 (2018)
- **GDP per capita (constant 2010 US$):** $4,842 (2018)
- **SHIe+:** 0.603

Country Office website:
https://www.paho.org/jam

HEALTH SITUATION IN BRIEF

- There is rising prevalence of noncommunicable diseases and premature mortality.
- Emerging and reemerging diseases, especially those that are mosquito-borne, pose a continuing threat.
- Action is needed to enhance capacity to identify and respond to health emergencies.
- Jamaica is prone to natural and human-made disasters such as hurricanes, earthquakes, and floods.
- There is a need to mainstream cross-cutting issues such as violence, including gender-based violence; the impact of climate change; and environmental health.
- There is a lack of strategies, policies, and standards for interoperable and interconnected information systems to support improved decision making and well-being.
- Continuing outbreaks of communicable diseases, primarily vector-borne diseases, point to an increasing need for intersectoral action to address the determinants of health.
- Stigma and discrimination remain a significant barrier to promotion and care of mental health.

PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance for development and implementation of policies and strategies for the reduction of salt/sodium, fat, and sugar in the food supply.
- Provide technical support to country policies, strategies, and plans for prevention and control of vector-borne diseases.
- Build capacity at country level to ensure early detection of potential emergencies and the provision of essential life-saving health services.
- Provide technical guidance for development of national adaptation plans that address the impact of climate change on health.
- Strengthen the country coordination mechanisms that manage health emergencies, and increase resilience of the health system to natural disasters.
- Provide technical guidance to strengthen health sector response to persons seeking care for injuries and violence.
- Strengthen governance for advancing information systems for health; support implementation of integrated information systems for health with interoperable data from various sources, using effective information and communication technologies.
- Provide technical cooperation to enhance surveillance and prevention of antibiotic-resistant pathogens in the community and in the health services.
- Provide technical support to promote mental health and reduce stigma and discrimination around mental health and substance abuse, using intersectoral approaches.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 15.** Improved intersectoral action to contribute to the reduction of violence and injuries
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action

MEXICO

BUDGET 2020-2021: US$ 11.6 million

KEY INDICATORS

- **Population:** 126,190,788 (2018)
- **GDP per capita (constant 2010 US$):** $10,385 (2018)
- **SHIe+:** 0.587

Country Office website:
https://www.paho.org/mex

HEALTH SITUATION IN BRIEF

- The coverage rate for the third dose of the diphtheria, tetanus, and whooping cough (DPT3) vaccine in 2017 was 85%, and was above 95% in 29% of the country's municipalities.
- The maternal mortality ratio was 36.7 per 100,000 live births, with a combined ratio of 57.2 in the states with the highest levels of marginalization (Chiapas, Guerrero, and Oaxaca).
- In 2016, the combined prevalence of overweight and obesity in the population from 5 to 11 years of age was 33.2%, rising to 72.5% in 20-year-old adults.
- 15% of deaths in adults over 35 years of age are caused by diabetes mellitus. This is the second leading cause of death in the country after ischemic heart disease, and ahead of malignant tumors.
- The distribution of nurses in contact with patients is 2.5 per 1,000 population (1.74 in Michoacán and 5.35 in Mexico City). The average number of general practitioners and specialists in contact with patients is 1.45 per 1,000 population (2.9 physicians per 1,000 population in Mexico City, and 1.06 in the state of Mexico).
- Communicable diseases (21,716 cases of tuberculosis in 2017, 58.4% in Baja California) and vector-borne diseases (75 deaths from dengue in 2018, 40 of them in Chiapas) are associated with the distribution of environmental and social determinants in highly vulnerable populations.
- Mexico is a transit country for people from Central America attempting to reach the United States, which poses an additional challenge to the health system.

PAHO/WHO KEY INTERVENTIONS

- Support decision-making to ensure more efficient and transparent access to drugs and vaccines.
- Provide technical guidance for implementing health transformation aimed at universal access and changing the care model to one that is focused on people, families, and communities, with comprehensive, quality and timely services organized in integrated health services networks, with a strong primary health care level that facilitates referrals and counter-referrals, and including the production of information and the development of competencies in financing.
- Provide technical orientation for health emergency preparedness and response.
- Provide technical cooperation so that the authorities can address antimicrobial resistance with an intersectoral approach.
- Support the formulation of public policies to address risk factors, including intersectoral work to ensure efficient and transparent front-of-package labeling, school health, etc., and the strengthening and implementation of health promotion activities.
- Provide technical support for the design and implementation of policies to ensure a timely response to maternal and health needs of children, adolescents, and older adults.
- Support intersectoral coordination to address the social and environmental determinants of health (air quality, safe water, sanitation, etc.).
- Build national capacity to address communicable and vaccine-preventable diseases.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 7.** Adequate availability and distribution of a competent health workforce
- **Outcome 25**. Rapid detection, assessment, and response to health emergencies
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability

NICARAGUA

KEY COUNTRY

BUDGET 2020-2021: US$ 12.5 million

KEY INDICATORS

- **Population:** 6,465,513 (2018)
- **GDP per capita (constant 2010 US$):** $1,860.03 (2018)
- **SHIe+:** 0.482

Country Office website:
https://www.paho.org/nic/

HEALTH SITUATION IN BRIEF

- In 2018, of the 47 registered maternal deaths, 15% were women under 20 years of age, 40% were between 20 and 29 years old, 40% were 30- to 39-year-olds, and 4% were older than 40. The leading causes of maternal deaths were hemorrhage (43%), gestational hypertension (20%), and complications of childbirth (16%).
- In 2012, the risk of death in childhood was 1.41 times higher in teenage mothers and twice as high in rural areas than in urban areas.
- In 2018, the most frequent communicable diseases included vector-borne diseases such as malaria (*P. vivax)* (14,464 confirmed cases) and dengue.
- In 2018, the most frequent diseases in the country were hypertension (267.3 cases per 10,000 population) and diabetes (129.6), and the diseases with the highest mortality were acute myocardial infarction (4.4 cases per 10,000 population), malignant neoplasms (4.2), and diabetes mellitus (3.5).
- In 2016, the country had a physician density of 9 per 10,000 population, 6.8 for nursing staff, 6.1 for nursing assistants, and 7 for health technicians. Despite the increase in human resources, there are still gaps in the provision of complete family and community health teams.
- There is a seismic risk throughout the country, which is a natural corridor for meteorological phenomena of different magnitudes. 70.5% of the country's total population is exposed to the impact of different natural phenomena, due to the area where they live and the fragility of 60.9% of dwellings.
- Tuberculosis and HIV infection continue to be health problems and are addressed at all levels of the health system.
- In 2017, there was a 100% national vaccination coverage rate for tuberculosis (BCG), diphtheria, tetanus, and whooping cough (DTP3), pneumococci (PCV3), poliomyelitis (polio 3), rotavirus, and measles, rubella, and mumps (MMR). 5% of the country's municipalities have not achieved effective coverage in the use of these biologicals. Surveillance of acute flaccid paralysis meets the established rate of 1 per 100,000 children under the age of 15.
- Nicaragua has one of the youngest populations in the Region, with a dependency ratio of 54.1 for both sexes. It is estimated that in the five-year period from 2050 to 2055 there will be an equal number of people in the over-60 and under-15 age groups.

PAHO/WHO KEY INTERVENTIONS

- Support the implementation of the Plan of Action for Women's Children's, and Adolescents' Health 2018-2030 and contribute to the development of the national men's health plan, based on a situation analysis that identifies health gaps in the care of this group.
- Help build and maintain the capacity to strengthen active epidemiological surveillance of events of public health interest, investigate them promptly, report risk, and enforce control measures.
- Contribute to the formulation and implementation of the national plan on intersectoral noncommunicable diseases to ensure the implementation of policies, standards, and protocols, improvements in quality of care, and the prevention and surveillance of risk factors for hypertension, diabetes mellitus, cancer, and chronic kidney disease from nontraditional causes.
- Contribute to the review of the conceptual and operational framework for the family and community health model, including human diversity, interculturalism, and ethnic groups.
- Strengthen the implementation of integrated health services networks and their response capacity, with an emphasis on primary care.
- Cooperate in the formulation and implementation of a national health response plan with an intersectoral multi-hazard approach to enhance the development of the sector's capacities in the detection, assessment, and response to emergencies and public health events.
- Contribute to the development and implementation of standardized procedures for the surveillance of antimicrobial resistance, food safety, and Chagas disease, ensuring the LGBT population's access to health services.
- Cooperate to expand equitable access to essential medicines and their rational use, and increase access to safe and effective health technologies.
- Support capacity-building for the national regulatory authority to contribute to the achievement of universal access to health and universal health coverage.
- Cooperate to expand timely access to vaccines.
- Contribute to the formulation of a national strategy and plan on healthy aging, promoting comprehensive care and quality health services, based on the family and community health model.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies.
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 3.** Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands

PANAMA

BUDGET 2020-2021: US$ 5.7 million

KEY INDICATORS

- **Population:** 4,176,873 (2018)
- **GDP per capita (constant 2010 US$):** $11,724 (2018)
- **SHIe+:** 0.617

Country Office website:
https://www.paho.org/pan

HEALTH SITUATION IN BRIEF

- Overall mortality at the national level was 4.6 deaths per 1,000 population in 2017. Noncommunicable diseases are responsible for 54% of all deaths in the country; hypertension, diabetes, and overweight are the main risk factors.
- National public health expenditure was 4.6% of GDP, while private expenditure was 2.6% of GDP in 2015. Out-of-pocket spending accounted for 30.5% of total health expenditure in 2015.
- The country faces significant socioeconomic and health inequalities. The indigenous population lives in less advantageous conditions, with greater vulnerability in terms of health and well-being. The teenage pregnancy rate (15- to 19-year-olds) is 40% higher in the indigenous regions (92.7 per 1,000 population) than in the provinces (66.6), and the percentage of deliveries attended by skilled personnel in this age group is almost 35% lower in indigenous regions districts (66%) than in the provinces (97.8%).
- Panama has a public health care system which is comprised of the Ministry of Health (MINSA) organized in 15 health regions, and the Social Security Fund (CSS).
- The maternal mortality ratio has fallen; in 2017 it was 34 per 100,000 live births.
- The estimated prevalence of HIV in the general population is 0.6%, and 0.4% in pregnant women. The incidence of tuberculosis has declined and in 2017 there were 54 cases per 10,000 population.
- There is an imbalance in the distribution of health workers in the different provinces and indigenous regions, and the indigenous regions are most affected. Nationally, the average number of physicians and nurses per 10,000 population for the year 2016 was 29.8. The figures in the provinces of Herrera, Panama, and Los Santos were 54.6, 41.8, and 39.5, respectively, compared to 2.5, 11.8, and 9.8 in the indigenous districts of Gnäbe Buglé, and Guna Yala and the province of Darién, respectively.

PAHO/WHO KEY INTERVENTIONS

- Support the country in the development of the national strategic plan for noncommunicable diseases and cancer, by implementing the Global Hearts initiative and its technical package, which includes strengthening the epidemiological surveillance of noncommunicable diseases and their risk factors.
- Promote and advise on the situation analysis of the health financing system, including out-of-pocket spending and the production and institutionalization of national health accounts.
- Support the development of a national costing and productivity system for health services as part of the transformation of the national health and social security system.
- Promote and support the development and establishment of regulatory frameworks and policies for the design, organization, and operation of a health system based on primary health care and integrated health services networks, with a view toward universal health.
- Strengthen the intersectoral mental health network, organizing it so that it includes interventions to promote mental health, prevent mental disorders, and reduce stigmatization.
- Technically support the organization and operation of a national quality assurance system.
- Strengthen the national pharmacy and drugs regulatory authority (Dirección Nacional de Farmacia y Drogas, DNFD) so that it can perform its essential functions through actions such as the evaluation and improvement of indicators for accreditation of the national regulatory authorities, the development of quality management processes, and supporting the automation of regulatory processes.
- Support the development, monitoring, and evaluation of national strategic plans and programs to control communicable diseases in the country.
- Support the development and implementation of the national plan for human resources for health.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 12**. Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 14**. Malnutrition in all its forms reduced
- **Outcome 7.** Adequate availability and distribution of a competent health workforce

PARAGUAY

KEY COUNTRY

BUDGET 2020-2021: US$ 9.4 million

KEY INDICATORS

- **Population:** 6,956,071 (2018)
- **GDP per capita (constant 2010 US$):** $5,395 (2018)
- **SHIe+:** 0.483

Country Office website:
https://www.paho.org/par

HEALTH SITUATION IN BRIEF

- Paraguay has a highly segmented and fragmented health system with insufficient public financing (3.3% of GDP in 2016), and high direct out-of-pocket spending (estimated to be 60%).
- Noncommunicable diseases comprise the seven leading causes of premature and avoidable deaths in the country. Limited intersectoral coordination for the prevention and control of these diseases and their risk factors contributes to this situation.
- Vector-borne infections have caused major outbreaks and epidemics, despite efforts to control them. The most prevalent are dengue, Zika, and chikungunya.
- Traffic accidents are the sixth leading cause of death and occur in epidemic proportions, often resulting in disability. Violence has increased and mostly affects women, children, and adolescents. Between 2013 and 2014, there was a 32% increase in violence against women.
- Equitable access to essential drugs, vaccines, and other health technologies is limited by the low level of regulatory and oversight capacity of the Ministry of Public Health and Social Welfare.
- Mortality from communicable diseases has increased, with annual fluctuations of more than 5% (5.7% in 2017).
- Basic services are still not universal; the gaps primarily affect people in rural areas, indigenous populations, women, and children. This has an impact on the persistence of high maternal and infant mortality rates.

PAHO/WHO KEY INTERVENTIONS

- Develop national capacity and provide technical guidance to design a master plan to reform the health sector, focusing on four key elements: leadership and governance, public financing, definition of the service delivery model, and changes in national legislation.
- Develop the capacities of technical teams in the integrated health services network to improve the quality of care, especially at the primary level, for the prevention, surveillance, and treatment of noncommunicable diseases and mental health disorders.
- Develop subnational capacities and provide technical guidance for the design and implementation of rapid response plans that are predictable and effective in health emergencies, including epidemics and pandemics.
- Build national capacity to make evidence-based decisions to guide the improvement of policies, plans, strategies, and laws and the promotion of multisectoral participation (including civil society), in order to reduce all forms of violence and traffic-related injuries.
- Provide technical guidance for the design and implementation of plans, standards, and tools that will improve the management of the inventory of drugs, vaccines, supplies, and health technologies.
- Participate in multisectoral dialogues and promote technically sound strategies aimed at reducing the risk factors of communicable and noncommunicable diseases, as well as developing national capacity to implement policies, plans, and strategies that address the determinants of health.
- Provide technical guidance for the design and implementation of standards and guidelines aimed at improving comprehensive quality care for men, children, and adolescents, with special priority to reducing the risk of maternal and neonatal deaths, and emphasizing primary care and a primary care and intercultural approach.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 12**. Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 6.** Improved response capacity for comprehensive, quality health services for violence and injuries
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability

PERU

BUDGET 2020-2021: US$ 11.6 million

KEY INDICATORS

- **Population:** 31,989,256 (2018)
- **GDP per capita (constant 2010 US$)**: $6,454 (2018)
- **SHIe+:** 0.630

Country Office website:
https://www.paho.org/per/

HEALTH SITUATION IN BRIEF

- In 2018, malnutrition affected 12.2% of children under the age of 5, and 43.5% of children aged 6 to 35 months suffered from anemia. In addition, one-third of children between the ages of 5 and 9, and 25% of children and adolescents aged 10 to 19 were overweight or obese.
- In 2015, health expenditure accounted for 5.3% of GDP (3.1% public and 2.2% private). In 2019, 87.54% of the population had health insurance. 52.8% of the insured population had Comprehensive Health Insurance financed by the public budget for the vulnerable population and those living in poverty.
- In 2018, neonatal mortality was 10 per 1,000 live births and still accounts for the highest percentage of mortality in children under 1
- (67%). The infant mortality rate was 15 per 1,000 live births. In 2016, the maternal mortality ratio was 60.7 deaths per 100,000 live births.
- Between 2014 and 2018, there were 151,220 reported cases of dengue, and an epidemic in 2017 resulted in 68,290 cases and 79 deaths. In that same period, there were 123 cases of yellow fever and 318 cases of Chagas disease. From 2014 to 2018, cases of malaria fell from 65,258 to 44,406. Between 2014 and 2018, 7,674 cases of Zika virus infection and 2,836 cases of chikungunya fever were reported.
- From 2006 to 2017, there was a downward trend in vaccination coverage rates: from 97% to 84% for the tuberculosis vaccine (BCG) (2008-2017 data); from 94% to 83% for DPT3 and Polio3; and from 93% to 83% for MMR1.
- In 2015, the leading causes of death were acute lower respiratory infections, cerebrovascular diseases, diabetes mellitus, ischemic heart disease, cirrhosis and certain chronic liver diseases, interstitial pulmonary disease, and traffic crashes.
- Peru is the third most vulnerable country in the world to the effects of climate change.
- In 2017, the density of human resources for health was 31.9 per 10,000 population.

PAHO/WHO KEY INTERVENTIONS

- Promote a multisectoral response to address the social and environmental conditions that lead to nutritional deficiencies, overweight, and obesity as part of the implementation of the national plan for the reduction and control of maternal and child anemia and chronic childhood malnutrition for the period 2017-2021, the law promoting a healthy diet for children and adolescents, and the promotion of nutritional guidelines for the Peruvian population.
- Provide technical cooperation so that integrated health networks can be set up that incorporate the delivery of services, intersectoral action, governance and financing in Lima and the priority regions. Support the development and implementation of the national health care quality policy.
- Cooperate in the development and implementation of the comprehensive care model focused on the life course, social determinants, and community participation through protocols adapted to the cultural context, with a gender and human rights approach.
- Strengthen the country's capacity to implement the morbidity and mortality surveillance and response system throughout the life course, particularly maternal and perinatal mortality, which will help address health inequities.
- Build capacities at the national and subnational level, integrating the different health components and programs to ensure a comprehensive approach to the surveillance, prevention and control of communicable diseases, including diseases with epidemic and pandemic potential.
- Promote the development of policies, strategies, and plans that ensure access to essential drugs, health technologies, vaccines and supplies, blood and organ transplantation services; support the strengthening of the national drug authority so that it can be certified as a regional level IV regulatory authority.
- Provide technical guidance for the implementation of policies, programs, plans, strategies, and cost-effective interventions to strengthen and guide health systems in the prevention and control of communicable diseases and their risk factors.
- Strengthen the implementation of contingency plans for public health events under the International Health Regulations, as well as the organization of the incident command system at all levels of the health sector, and the formation of response teams in connection with the national emergency response plan.
- Propose options for policies, strategies, and plans to close gaps in human resources for health.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 7.** Adequate availability and distribution of a competent health workforce

SAINT KITTS AND NEVIS

BUDGET 2020-2021: US$ 590,000

KEY INDICATORS

- **Population:** 52,441 (2018)
- **GDP per capita (constant 2010 US$):** $18,011 (2018)
- **SHIe+:** 0.783

Country Office website:
https://www.paho.org/ecc

HEALTH SITUATION IN BRIEF

- Between 2011 and 2018, 64 cases of dengue fever were reported, with a peak in 2011. Between 2014 and 2017, there were 28 confirmed cases and 627 suspected cases of chikungunya. In 2016 there were 33 confirmed cases and 549 suspected cases of Zika virus.
- Diabetes and hypertension are two of the leading causes of morbidity. In 2015, there were 1,072 diabetics registered at community health facilities, 70.9% of whom were female. The prevalence of hypertension in adults was estimated in 2008 to be 35%, with higher rates among males than females (38.2% versus 31.9%).
- More than 40% of the general population and about 15% of the secondary school population is obese.
- The average incidence of HIV in the last five years is 14 cases per year.
- There were 386 cases of malignant neoplasms reported from 2014 to 2018, of which 59% were female. The most frequent cancer sites were breast, cervix, colon, prostate, and skin.
- Flooding and hurricanes are natural hazards in the country.
- Drought conditions related to the effects of El Niño have put pressure on drinking water resources and agricultural production.
- The most common mental health conditions are schizophrenia, schizoaffective disorder, bipolar disorder, depression, and cannabis-induced psychosis.
- The mechanisms for reporting communicable diseases are weak.

PAHO/WHO KEY INTERVENTIONS

- Provide capacity building in vector surveillance, prevention, and control.
- Provide technical assistance for the facilitation of National Health Insurance pre-implementation activities and for development and implementation of the national NCD strategic plan.
- Reduce risk factors for noncommunicable diseases by supporting implementation of the SHAKE technical package for salt reduction, and strengthen monitoring of the NCD global commitments to achieve the NCD global targets for 2025.
- Build national capacity for evidence-based decision making to strengthen the management of tuberculosis and HIV; engage in intersectoral dialogue and provide technical support to facilitate implementation of the HPV vaccine.
- Provide training in improved disaster preparedness and general Emergency Care and Treatment (ECAT) training for the country's emergency medical teams in both islands, along with assessment of the health facilities.
- Support implementation of the revised PAHO Health Sector Multi-Hazard Response Framework.
- Provide technical support for the integration of mental health into primary health care, and improve the awareness and management of domestic violence and substance abuse.
- Strengthen the capacity of the IHR national focal point to respond to and report epidemics and pandemics.

TOP TIER PRIORITIZATION RESULTS

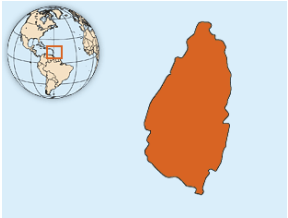
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

SAINT LUCIA

BUDGET 2020-2021: US$ 660,000

KEY INDICATORS

- **Population:** 181,889 (2018)
- **GDP per capita (constant 2010 US$):** $8,504 (2018)
- **SHIe+:** 0.702



Country Office website:
https://www.paho.org/ecc/

HEALTH SITUATION IN BRIEF

- In 2012, noncommunicable diseases accounted for 58% of premature deaths and 73% of all preventable deaths, excluding infant mortality.
- The National Strategic Plan for Health (2006-2011) is being revised and will focus on universal health coverage to improve health equity and service delivery.
- The island is vulnerable to hurricanes and floods, and multisectoral disaster management plans are activated when necessary.
- Dengue is endemic; the incidence for 2018 was 57.6 per 100,000 population. There were outbreaks of chikungunya and Zika virus in 2014 and 2016, respectively. No cases of Zika have been reported since 2016.
- In 2012, 65.6% of adults were overweight or obese and 31.9% of adults were obese, with obesity almost three times higher in females than in males.
- With the ongoing effects of climate change, the island is likely to face more severe weather events and sea level rise, all of which could interfere with the livelihood of its citizens.
- An electronic health information system was launched in 2011 and has been rolled out in almost all the health care facilities.
- Mortality is higher in males than in females for diseases with associated NCD modifiable risk factors, such as cardiovascular diseases.

PAHO/WHO KEY INTERVENTIONS

- Provide technical support to strengthen policies, legislation, and surveillance (GSHS, GYTS, STEPS survey) on mental health and NCD risk factors (tobacco, childhood obesity) to promote equitable access to interventions for mental health and NCDs.
- Provide technical guidance and capacity building to revise the Maternal & Child Health Manual and training.
- Strengthen capacity for management of all-hazards health emergencies and disasters through training in Mass Casualty Management, Emergency Care and Treatment, and Incident Command Systems, and provide technical support to develop an all-hazards disaster management plan.
- Strengthen capacity of District Council workers on vector control and provide support for setting up an insectary in a box.
- Provide technical support to develop nutritional standards for schools.
- Provide technical support for assessment of all health facilities using the SMART tool and for the completion of 12 community wellness centers under the Smart Health Care Facilities project.
- Provide technical assistance to complete a health information systems assessment and develop a data manual.
- Reduce risk factors for noncommunicable diseases by implementing the Global HEARTS technical package, and strengthen monitoring of progress on the NCD global commitments with a view to achieving the NCD global targets for 2025.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 24**. Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector.
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action

SAINT VINCENT AND THE GRENADINES

BUDGET 2020-2021: US$ 700,000

KEY INDICATORS

- **Population:** 110,210 (2018)
- **GDP per capita (constant 2010 US$):** $6,876 (2018)
- **SHIe+:** 0.634

Country Office website:
https://www.paho.org/ecc/

HEALTH SITUATION IN BRIEF

- A total of 619 cases of dengue were reported in the period 2010-2014. In 2014, there were 18 confirmed cases of chikungunya.
- The most common causes of admission to the Mental Health Rehabilitation Centre are schizophrenia, mood and affective disorders, and substance abuse disorders.
- The country is at risk from natural disasters, especially tropical storms and hurricanes. In November 2016, heavy rains caused flooding and landslides that resulted in extensive damage to property.
- The main environmental challenges include indoor and outdoor air quality, vector-borne diseases, solid waste disposal, the relative scarcity of water, deforestation, and soil erosion.
- Communicable diseases are the third leading cause of mortality, including respiratory infections and HIV infections.
- The 2013-2014 STEPS survey showed high prevalence of risk factors for noncommunicable diseases: 12% were current smokers of tobacco products, 49% were current drinkers of alcohol, and 54% were either overweight or obese.
- There are sufficient numbers of clinical care providers in the country, although significant personnel and structural challenges exist. In 2012-2014, the health workforce in Saint Vincent and the Grenadines numbered 793, including 87 physicians and 341 registered nurses.
- The country's HIV prevalence remains low. At the end of 2013 there were 269 HIV-positive clients enrolled in the antiretroviral treatment program.

PAHO/WHO KEY INTERVENTIONS

- Coordinate with national authorities to conduct a Joint External Evaluation of IHR capacities and build capacity in entomological surveillance and integrated vector management.
- Support the integration of mental health into primary health care through implementation of the Mental Health Gap Action Programme (mhGAP).
- Provide financial and technical assistance for the retrofitting of health facilities to ensure that they are energy-efficient and have the capacity to withstand natural disasters.
- Provide technical assistance for the development of a communicable disease outbreak plan and manual.
- Provide technical guidance for the development of policy and legislation related to NCDs, including the Tobacco Act and the Childhood Nutrition Policy.
- Strengthen human resources capacity in the area of disaster response through Mass Casualty Management training.
- Provide technical support to implement activities in the Human Resources Plan for Health.
- Strengthen capacity for monitoring of progress toward the elimination of mother-to-child transmission of HIV and syphilis and the elimination of tuberculosis.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 7.** Adequate availability and distribution of a competent health workforce
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases

SURINAME

KEY COUNTRY

BUDGET 2020-2021: US$ 5.28 million

KEY INDICATORS

- **Population:** 575,991 (2018)
- **GDP per capita (constant 2010 US$):** $8,049 (2018)
- **SHIe+:** 0.416

Country Office website:
https://www.paho.org/sur

HEALTH SITUATION IN BRIEF

- In 2017, vaccination coverage was 81% for DPT3 and 97% for the trivalent vaccine (MMR1). The infant mortality rate in 2017 was 14 deaths per 1,000 live births.
- NCDs pose a major challenge. In 2013, some 30% of adults age 55-64 had three or more risk factors for cardiovascular disease (e.g., harmful use of alcohol, unhealthy diet, consumption of sodium, physical inactivity). The rate was 23% in the 45-54 age group.
- Suriname is one of the countries targeted for elimination of malaria by 2020. The number of malaria cases decreased by 97% between 2000 and 2015.
- Neglected infectious disease has decreased: there were 29 leprosy cases and 267 cases of Chagas disease in 2017. Incidence of HIV was 112 and tuberculosis 22.6 per 100,000 population in the same year.
- 53.4% of males and 64.2% of females are overweight or obese, which increases the likelihood of hypertension and continues to have a negative impact on mortality from cardiovascular diseases and other NCDs.
- The Health in All Policies framework has been implemented since 2015. There is a need for interventions that not only combat health threats but also address their social and environmental determinants, using an equity- and human rights-based approach.
- The Ministry of Health is empowered, and its leadership role is fully recognized. Stakeholders participate in the governance of health systems, effectively contributing to the achievement of national health goals and priorities.
- The national health emergency assessment showed the need to improve critical capacity to respond to any type of emergency or disaster with early warning systems, emergency operation centers, effective risk communication, and a program for safe and smart hospitals.
- There is great need to improve capacity for forecasting and characterization of diseases and infectious risks in order to predict, prevent, detect, and respond to infectious hazards, in the context of universal access to health.

PAHO/WHO KEY INTERVENTIONS

- Promote and provide technical guidance for the updating of policies, norms, and strategies, including review of the legal framework and regulatory environment, to support timely access to and rational use of health technologies and medicines.
- Support the updating of policies and strategies that increase access to cost-effective interventions to reduce common NCD risk factors.
- Provide technical guidance to strengthen epidemiological surveillance and development of strategic information to improve detection, management, and coverage in the continuum of care, prevention, and control of prevalent communicable diseases.
- Strengthen population-based national surveys (similar to STEPS), capacity for cancer registry, and information systems at the primary health care level to improve cardiovascular diseases management and the cervical cancer prevention program.
- Strengthen Ministry of Health efforts to increase access and decrease stigma and discrimination in health services for persons living in conditions of vulnerability; increase surveillance capacity to monitor and respond to the threat of antimicrobial resistance, including through the rational use of antibiotics; and implement a risk-based approach to food safety.
- Provide technical and normative guidance to strengthen the health sector's capacity to lead on health equity and equality, strengthen and transform the organization and management of health services, address access to health care, and exercise and reinforce the essential public health functions.
- Strengthen national capacity to identify and assess public health events of potential international concern, and to guide decision making on preparedness for, response to, and recovery from outbreaks and emergencies.
- Strengthen national capacity to maintain active surveillance of diseases and public health events, rapidly investigate detected events, report and assess public health risk, share information, and implement public health control measures.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 9.** Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

TRINIDAD AND TOBAGO

BUDGET 2020-2021: US$ 4.5 million

KEY INDICATORS

- **Population:** 1,389,858 (2018)
- **GDP per capita (constant 2010 US$):** $15,289 (2018)
- **SHIe+:** 0.699

Country Office website:
www.paho.org/trt

HEALTH SITUATION IN BRIEF

- In April 2016, Moody's Investors Service downgraded Trinidad and Tobago from Baa2 to Baa3. The country's social and economic development acts as a magnet for migration from countries such as Venezuela, Guyana, Cameroon, Ethiopia, Nigeria, the Philippines, and South Africa.
- In 2015, the maternal mortality ratio was 46.9 per 100,000 live births, and the infant mortality rate was 15.0 per 1,000 live births.
- The prevalence of HIV/AIDS remained relatively stable at about 1.5% of the population between 2009 and 2012, rising slightly to 1.6% in 2014.
- The country has high immunization coverage rates of over 90%, and no cases of vaccine-preventable diseases have been reported since 2006.
- In 2010, the three main groups of causes of death were diseases of the circulatory system (32.6%), endocrine disorders (16.3%), and neoplasms (16.1%).
- The public system offers all care free of charge. Health care has been decentralized among five semiautonomous Regional Health Authorities (RHA).

PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance for expanded equitable access to all levels of care for noncommunicable diseases and mental health conditions through capacity building, development of evidence-based guidelines, and improved quality of care.
- Provide technical guidance on the use of Productive Management Methodology for Healthcare Services (PMMHS) to optimize the organization, management, and productivity of key health institutions.
- Provide technical guidance to facilitate the elimination of targeted diseases through capacity building, guidelines, and policies.
- Increase synergies to strengthen systems, services, and methods for the prevention, surveillance, early detection, and treatment of all communicable diseases, including vaccine-preventable, vector-borne, and neglected infectious diseases.
- Provide technical guidance to build mechanisms in the five RHAs and the Ministry of Health to generate strategic public health information.
- Support strengthening of the 13 IHR core capacities, including the capacity to detect, assess, and respond to public health events of international concern and emergencies.
- Provide technical guidance to address NCD risk factors, using the WHO Best Buys and other multisectoral strategies that promote healthy diet and physical activity while reducing risk factors.
- Engage stakeholders in intersectoral dialogue, using the Health in All Policies approach to address determinants of health and reduce risk factors for communicable diseases, noncommunicable diseases, and mental health disorders.
- Engage in intersectoral policy dialogue to increase and improve sustainable public financing for health.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency

URUGUAY

BUDGET 2020-2021: US$ 4.2 million

KEY INDICATORS

- **Population:** 3,449,299 (2018)
- **GDP per capita (constant 2010 US$):** $14,618 (2018)
- **SHIe+:** 0.723

Country Office website:
https://www.paho.org/uru

HEALTH SITUATION IN BRIEF

- In the population aged 25 to 64, the prevalence of hypertension was 36.6%; overweight and obesity, 64.9%; high cholesterol, 21.5%; and diabetes, 7.6% (2013). 17% of the population reported having at least one disability (2011 census). Problematic alcohol consumption has increased, and the age of drinking onset has fallen to 12.8.
- Aging and low fertility rates characterize the Uruguayan population. The four leading causes of death are linked to chronic noncommunicable diseases and external causes, and account for more than 70% of deaths. In 2018, the suicide rate was 20.25 per 100,000 population, 32.1 in men and 9.1 in women.
- The overall fertility rate in 2018 was 1.6 children per woman of childbearing age. 7.6% of births are low weight (2018) and the maternal mortality rate is one of the lowest in the Region (6 cases in 2018). The infant mortality rate has fallen from 7.9 per 1,000 live births in 2016 to 6.7 in 2018. The biggest decline was in newborns less than 7 days old, one of the most difficult rates to lower.
- Progress has been made in the elimination of inequities, but there are still unfavorable asymmetries in rural populations, the population of African descent, women, and low-income segments.
- Progress has been made in updating the benefits plan (PIAS) of the National Integrated Health System (SNIS), but challenges remain in ensuring the sustainability of coverage and universal access.
- The expanded vaccination schedule includes 13 vaccines to prevent 15 diseases and has a coverage rate of 96%. In 2014, there were 852 cases of tuberculosis (25 cases per 100,000 population). Although the prevalence of HIV/AIDS and other sexually transmitted infections remains low, nearly 30% of people with HIV are undiagnosed and approximately 25% are diagnosed late.
- It is important to maintain the achievements made in financial protection and in shifting the financing model toward universal health. Total health expenditure is 9.4% of GDP; of this figure, 6.8 percentage points correspond to public expenditure (2018), while out-of-pocket spending accounts for less than 20% of total health expenditure. The emergence of the national health insurance system and the National Health Fund (FONASA) resulted in a five-fold increase in public funds allocated to health coverage through social security, and a three-fold increase in public resources allocated for the State Health Services Administration (ASSE).

PAHO/WHO KEY INTERVENTIONS

- Collaborate in the development of media campaigns targeted to a diverse public, aimed at addressing the social determinants of noncommunicable diseases.
- Facilitate and help build the capacity to strengthen palliative care networks, complementary medicine, rehabilitation, and health promotion.
- Facilitate technical inputs for the preparation of documents on intersectoral leadership related to the determinants and management of noncommunicable diseases and mental health disorders.
- Collaborate in the systematization of decentralized innovations in comprehensive care focused on people, families, and the community in the provider networks.
- Support the development and dissemination of national standards, technical guidelines, treatment protocols, and the systematization of initiatives to improve access, coverage, and quality of care, and enhance or supplement the response capacity of the integrated health services networks based on the primary health care strategy.
- Contribute to the systematization and sharing of experiences and best practices at the different levels of care with a life course approach, and intersectoral initiatives that impact the social and environmental determinants of health.
- Support the assessment of essential public health functions and actions that create and build capacities.
- Support implementation of the response plan for emerging and reemerging communicable diseases.
- Facilitate the consolidation of information and the dissemination of results for greater use of national accounts in SNIS management.
- Support the development of various documents designed to determine risks, difficulties, and alternatives for health-related social protection and the reduction of financial or other risks.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 9**. Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons

VENEZUELA

BUDGET 2020-2021: US$ 8.5 million

KEY INDICATORS

- **Population:** 28,870,195 (2018)
- **GDP per capita (constant 2010 US$):** $14,025 (2014)
- **SHIe+:** 0.601

Country Office website:
https://www.paho.org/ven

HEALTH SITUATION IN BRIEF

- Between 2010 and 2018, the number of malaria cases increased by 797% (from an initial figure of 45,155) and autochthonous transmission expanded from 12 to 19 states.
- The incidence of tuberculosis was 22.29 per 100,000 population in 2015, rising to 33.2 in 2018. It is estimated that 108,575 people have HIV, 64% of whom are men. The prevalence is 0.56% in the general population and 5% in the most vulnerable groups.
- In 2016, noncommunicable diseases, mainly chronic respiratory and cardiovascular diseases, diabetes, and cancer caused approximately 125,800 deaths, which accounts for 70% of all deaths that occurred in the country.
- In the last six years, there has been a progressive loss of operational capacity in the national health system. This has worsened since 2017 and has affected the delivery of health care and access to free drugs at the point of service.
- The measles outbreak in July 2017, with cases reported in all 23 states and the Capital District, has been gradually controlled. In 2019 there were 203 confirmed cases, which represents a significant reduction (92.5%) compared to the same period in 2018 (2,697 cases).
- The maternal mortality ratio increased from 60 deaths per 100,000 live births in 2009 to 95 in 2014.
- The coverage rate for diphtheria, tetanus, and whooping cough (DPT3) vaccine was 66% in 2017, far below the target of 95%. New cases are occurring in the population over 15 years of age.
- The first cases of chikungunya were reported in 2014, and there is evidence showing circulation of the four dengue serotypes.

PAHO/WHO KEY INTERVENTIONS

- Identify technically sound interventions for vector control and malaria prevention, diagnosis, and treatment.
- Continue to implement the master plan to strengthen the response to HIV, malaria, and tuberculosis from a public health perspective.
- Develop interventions to reduce the four modifiable risk factors for noncommunicable disease control.
- Define emergency measures to rationalize and mobilize existing resources to ensure the functionality of hospital services and address gaps in primary health care to deal with immediate challenges.
- Technically support the measles vaccination campaign in the 23 states and the Capital District with an impact on controlling the outbreak.
- Support the design of a national plan to prevent, control, and eliminate neglected diseases, in accordance with the WHO road map.
- Develop community-based interventions to help reduce maternal and perinatal mortality.
- Develop and implement the comprehensive plan to address women's, maternal, neonatal, children's, and adolescents' health with a life course approach based on the primary health care strategy, with an emphasis on reducing severe morbidity and maternal and perinatal mortality.
- Technically cooperate to reduce the risk of health-related disasters in the country.
- Strengthen the analysis, assessment, and monitoring of health surveillance, information management, assessment, and monitoring through training.
- Support actions to strengthen the International Health Regulations and the national IHR focal points.
- Support the development of national competencies for monitoring pathogens that pose a serious threat at the different health care levels.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 8.** Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage
- **Outcome 17.** Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 23.** Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

ARUBA

BUDGET 2020-2021: US$ 350,000

KEY INDICATORS

- **Population:** 105,845 (2018)
- **GDP per capita (constant 2010 US$):** $24,485 (2017)
- **SHIe+:** 0.848A

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Country Office website:
https://www.paho.org/tto

HEALTH SITUATION IN BRIEF

- The 2006 STEPS survey showed an increase in the prevalence of noncommunicable diseases (heart disease, stroke, and cancer) and their risk factors (hypertension, elevated blood glucose, and high cholesterol) in the population 55-64 years of age.
- An increase in obesity and drug use among young people has been noted.
- Between 2011 and 2015, the population structure reflected an aging population, decrease of the natural growth rate due to lower fertility, and migration.
- The health insurance system provides universal coverage through a network of service providers. Services tend to be more curative than preventive.
- Family doctors form the backbone of the first level of care.
- The increasing number of undocumented migrants from Venezuela has growing implications for the health system.

PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance for the development and implementation of the National Multisectoral Action Plan for NCDs, which aims to reduce modifiable risk factors using an evidence-based approach.
- Build national capacity to establish and implement standards and guidelines to strengthen NCD surveillance, monitoring, and evaluation.
- Build national capacity to facilitate the integration of mental health into primary health care through the development of intersectoral policies and guidelines that aim to reduce substance use disorders and prevent mental health conditions and suicide.
- Strengthen national capacity to establish an information systems for health (IS4H) mechanism that will generate strategic information for public health.
- Strengthen national capacity to establish and apply norms, standards, and good practices for public health research.
- Provide technical guidance to support the implementation of targeted interventions that address obesity and overweight and promote breastfeeding.
- Facilitate quality care for older persons by developing national evidence-based standards and guidelines that will overcome access barriers to quality health care.
- Strengthen advocacy for the development of public policies across sectors using the Health in All Policies approach.
- Provide technical guidance for the development of a National Health Plan.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 21.** Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels
- **Outcome 22.** Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 3.** Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands
- **Outcome 19.** Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action

CURAÇAO

BUDGET 2020-2021: US$ 250,000

KEY INDICATORS

- **Population:** 159,849 (2018)
- **GDP per capita (constant 2010 US$):** $19,204 (2017)
- **SHIe+:** 0.827

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Country Office website:
https://www.paho.org/tto

HEALTH SITUATION IN BRIEF

- There was a large outbreak of dengue during the 2014-2015 rainy season, with an estimated 20,000 persons infected.
- Traditional and complementary medicine will play a significant role in the development of the country's wellness approach.
- The increasing number of undocumented migrants from Venezuela has growing implications for the health system.
- Zika virus was first reported in January 2016; by May 2016, 208 laboratory-confirmed cases had been reported.
- The population is rapidly aging. Since 2001, the fertility rate has declined steadily, and the number of persons 60 years or older is rapidly increasing.
- The main chronic conditions in adults age 65 and over are hypertension (46%), diabetes mellitus (26%), and high cholesterol (23%).
- General practitioners are the first point of contact for health care. A new hospital is scheduled to open in December 2019.
- Development of a Wellness Platform based on information systems for health (IS4H) is in process.

PAHO/WHO KEY INTERVENTIONS

- Build national capacity to design and implement interventions using the life course approach and addressing the social and environmental determinants that affect risk factors for communicable diseases.
- Provide guidance on health sector reform during the transition from the old to the new hospital.
- Support interventions that advocate for increased public expenditure on health, prioritizing investments in promotion, prevention, and the first level of care, within an integrated, people-centered service delivery network.
- Provide guidance to support increased access to comprehensive, quality health services and interventions for communicable diseases using a primary health care/universal health care approach.
- Provide technical guidance for the design and implementation of interventions that promote healthier lives for women, men, children, and adolescents.
- Build national capacity to design and implement interventions that address the NCD risk factors, using a multisectoral approach.
- Provide technical guidance to support the formulation and implementation of legislation, policies, and/or regulatory frameworks that are consistent with universal health access, with a focus on primary health care.
- Engage stakeholders in dialogue to build health diplomacy and implement the Health in All Policies approach across sectors in support of universal health.
- Strengthen national capacity to support the implementation of an IS4H Wellness Platform.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 10.** Increased and improved sustainable public financing for health, with equity and efficiency
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 9.** Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau

SINT MAARTEN

BUDGET 2020-2021: US$ 350,000

KEY INDICATORS

- **Population:** 40,654 (2018)
- **GDP per capita (constant 2010 US$):** $28,221 (2015)
- **SHIe+:** 0.901

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Country Office website:
www.paho.org/trt

HEALTH SITUATION IN BRIEF

- The elderly population increased by 26.9% between 1992 and 2015.
- Ischemic heart disease was the main cause of death in 2012, followed by diabetes.
- Primary care is delivered by general practitioners; secondary clinical and outpatient care is provided by the private St. Maarten Medical Centre and other private facilities.
- Leading noncommunicable diseases include high blood pressure (10.7%), diabetes mellitus (5.3%), and asthma (2.6%).
- Reorganization of HIV prevention and care services and policies continues to be a priority.
- Integrating public health policies across all sectors remains a priority for Sint Maarten.
- Substantial levels of mental health concerns, including loneliness, anxiety, depression, and suicidal intention, are reported by adolescents 11-19 years of age.
- The health survey reports 29.3% obese and 37.5% pre-obese.

PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance for the design and implementation of interventions that promote healthier lives for women, men, children, and adolescents, using the life course approach.
- Provide technical guidance for development and implementation of the National Multisectoral Action Plan for NCDs in Sint Maarten, which focuses on reducing risk factors and addressing the determinants of health.
- Strengthen national capacity to improve access to people- and community-centered care services using a primary health care approach toward universal health.
- Build national capacity to establish and implement standards and guidelines to strengthen NCD surveillance, monitoring, and evaluation.
- Build national capacity to design and implement interventions using the life course approach and addressing the social and environmental determinants that affect the risk factors for communicable diseases.
- Provide technical guidance for the reorganization of HIV policies and plans through intersectoral actions.
- Build national capacity in health diplomacy and implementation of the Health in All Policies approach across sectors by engaging in intersectoral dialogue that promotes universal health coverage.
- Continue to build national capacity to facilitate the integration of mental health into primary health care through the development of intersectoral policies and guidelines to reduce substance use disorders and prevent mental health conditions and suicide.
- Provide technical guidance to support the implementation of targeted interventions that address obesity and overweight and promote breastfeeding.

TOP TIER PRIORITIZATION RESULTS

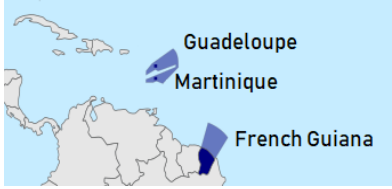
- **Outcome 2.** Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 1.** Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 12.** Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 19.** Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 14.** Malnutrition in all its forms reduced

FRENCH DEPARTMENTS OF THE AMERICAS

BUDGET 2020-2021: US $350,000

KEY INDICATORS

- **Population:** Guadeloupe: 395,700; Martinique: 376,482; French Guiana: 296,711 (all 2016)
- **GDP per capita (constant 2010 US$):**
  Guadeloupe: $25,479 (2014)
  Martinique: $27,688 (2012)
  French Guiana: $18,300 (2017)
- **SHIe+:** 0.878



Country Office website:
https://www.paho.org/ecc

HEALTH SITUATION IN BRIEF

- The three French Overseas Departments have an effective social security system and universal basic health coverage, in addition to robust and complementary health insurance systems based on solidarity.
- France has a system of universal basic health coverage that provides access to health insurance to anyone who has lived in France (including its overseas departments) for at least three months and who does not have other health insurance coverage.
- In 2016, the strategy for the overseas territories formulated by the French Ministry of Health and Ministry of Overseas Territories set five broad priorities for public health action: *a)* improve health status, reduce inequalities, and increase health promotion; *b)* carry out health surveillance and crisis management; *c)* respond to the needs of an aging population and of people with disabilities; *d)* improve the health system, research, and innovation; and *e)* reduce inequities in access to health services.
- Life expectancy at birth in 2015 was 83.9 for females and 78.1 for males in Martinique; 83.4 (females) and 76.1 (males) in Guadeloupe; and 83.1 (females) and 76.7 (males) in French Guiana.
- Infant mortality in 2015 was 7.6 per 1,000 live births in Martinique; 8.1 per 1,000 live births in Guadeloupe; and 9.9 per 1,000 live births in French Guiana.
- In 2013, 6,600 deaths were recorded in the three departments. The leading cause of mortality was cardiovascular diseases.
- Chronic noncommunicable diseases are the most common illnesses affecting the population.
- Approximately 1,300 deaths from malignant neoplasms are recorded annually.

PAHO/WHO KEY INTERVENTIONS

- Strengthen capacity for surveillance, prevention, control, and elimination of malaria and other vector-borne diseases.
- Provide technical assistance to increase national capacity to prevent the spread of multidrug-resistant infections.
- Support the territories in efforts to improve all-hazards health emergency risk management programs.
- Provide technical support to assess the needs of elderly populations and develop strategies to ensure healthy aging.
- Support the development of educational materials and tools to promote adolescent sexual and reproductive health and rights.
- Provide technical support for prevention, care, and treatment of noncommunicable diseases.

TOP TIER PRIORITIZATION RESULTS

The results of the prioritization exercise were not presented.

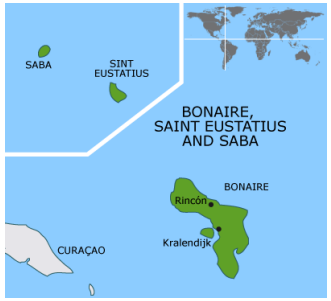
OVERSEAS TERRITORIES OF THE NETHERLANDS

BONAIRE, SABA, AND SINT EUSTATIUS

BUDGET 2020-2021: US$ 200,000

KEY INDICATORS

- **Population:** Bonaire: 19,408; Saba: 2,000; Sint Eustatius: 3,200
- **GDP per capita (constant 2010 US$):** Bonaire: $21,600; Saba: $25,100; Sint Eustatius: $25,300 (all 2014)
- **SHIe+:** 0.876



Bonaire, Saba, and Sint Eustatius are "special municipalities" of the Kingdom of the Netherlands

Country Office website:
https://www.paho.org/trt

HEALTH SITUATION IN BRIEF

- The Department of Public Health on each island is responsible for implementing public health.
- The Netherlands oversees the operations of care and treatment services in the three islands.
- All have access to general health insurance.
- **Bonaire:** Between October and November 2016, there were 60 confirmed cases of Zika virus and 37 confirmed chikungunya cases (23 in women and 14 in men). In 2013, 35% of the population was overweight and 8% of the population suffered from diabetes (6.8% of men and 9.3% of women). Also in 2013, 18.5% of the population reported a history of hypertension over the previous 12 months (14.9% of men and 22.7% of women).
- **Saba:** Between October and November 2016,10 Zika virus cases were confirmed.
- **Sint Eustatius:** In 2013, 30% of the population was moderately overweight and 30% was obese. Diabetes prevalence was 10.6% (8.7% in men and 13% in women). Also in 2013, 20.6% reported hypertension in the past year (15.3% of men and 27.5% of women).

PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance to support the implementation of targeted interventions that address obesity and overweight and promote breastfeeding.
- Engage stakeholders in dialogue to build health diplomacy and implement the Health in All Policies approach across sectors in support of universal health.
- Build capacity at territorial level to facilitate the integration of mental health into primary health care through the development of intersectoral policies and guidelines that reduce substance use disorders and prevent mental health conditions and suicide.
- Provide guidance to support increased access to comprehensive, quality health services and interventions for communicable diseases, using a primary health care/universal health coverage approach.
- Strengthen capacity at territorial level to establish and apply norms, standards, and good practices for public health research.
- Build capacity at territorial level to establish and implement standards and guidelines to strengthen NCD surveillance, monitoring, and evaluation.
- Strengthen mechanisms for generating strategic public health information in the three islands.
- Provide technical guidance for the implementation of multisectoral action plans for NCDs in Bonaire and Sint Eustatius, aimed at reducing risk factors and addressing the determinants of health.

TOP TIER PRIORITIZATION RESULTS

- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 19.** Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 4.** Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases
- **Outcome 22.** Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities
- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 21.** Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action

OVERSEAS TERRITORIES OF THE UNITED KINGDOM

ANGUILLA, BERMUDA, BRITISH VIRGIN ISLANDS, CAYMAN ISLANDS, MONTSERRAT, AND TURKS AND CAICOS

BUDGET 2020-2021: US$ 1.5 million

KEY INDICATORS

- **Population**

Anguilla	14,764 (2016)
Bermuda	63,968 (2018)
British Virgin Islands	29,802 (2018)
Cayman Islands	64,174 (2018)
Montserrat	5,215 (2019)
Turks and Caicos	37,665 (2018)

- **GDP per capita (constant 2010 US$):**

Anguilla	$29,493 (2014)
Bermuda	$79,252 (2013)
British Virgin Islands	$34,000 (2017)
Cayman Islands	$65,996 (2017)
Montserrat	$12,384 (2014)
Turks and Caicos	$21,028 (2010)

- **SHIe+:** 0.885

Country Office websites:

- https://www.paho.org/ecc **(Anguilla, British Virgin Islands, Montserrat)**
- https://www.paho.org/jam **(Bermuda, Cayman Islands)**
- https://www.paho.org/bah **(Turks and Caicos)**

PAHO/WHO KEY INTERVENTIONS

- Contribute to the reduction of premature mortality due to noncommunicable diseases (NCDs) through the development and implementation of NCD strategic plans that meet the NCD global targets for 2025.
- Provide technical guidance for development and implementation of policies and strategies for the reduction of salt/sodium, fat, and sugar in the food supply.
- Provide technical support to strengthen health emergency and disaster management and reduce environmental threats and risks.
- Provide technical cooperation to review and update mental health action plans that include the promotion of mental health in the general population.
- Provide technical assistance for establishing integrated information systems that increase timely access to health data and to strategic information for policy and decision making, measuring and monitoring of health trends, disease surveillance, and measuring progress toward achieving universal health.
- Build capacity at territorial level to ensure early detection of potential emergencies, including those resulting from disease outbreaks, and provide essential life-saving health services to emergency- and disaster-affected populations.
- Provide technical cooperation for mechanisms to protect, promote, and support breastfeeding and improve infant and young child feeding.
- Facilitate the development and implementation of a health insurance plan that will strengthen protection against health-related financial risks and hardships for all persons and advance toward attainment of universal health.

TOP TIER PRIORITIZATION RESULTS
(average across the six UK territories)

- **Outcome 5.** Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions
- **Outcome 13.** Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action
- **Outcome 24.** Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens
- **Outcome 16.** Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action
- **Outcome 20.** Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau
- **Outcome 25.** Rapid detection, assessment, and response to health emergencies
- **Outcome 14.** Malnutrition in all its forms reduced
- **Outcome 11.** Strengthened protection against health-related financial risks and hardships for all persons

OVERSEAS TERRITORIES OF THE UNITED KINGDOM (continued)

ANGUILLA, BERMUDA, BRITISH VIRGIN ISLANDS, CAYMAN ISLANDS, MONTSERRAT, AND TURKS AND CAICOS

HEALTH SITUATION IN BRIEF

Anguilla:

- The government is focused at the highest level on the prevention of NCDs. Using the results of the 2016 STEPS survey, a Move Ya Body campaign was developed to encourage more exercise and healthy eating as a means to combat obesity among children and adult women.
- The territory received validation of the elimination of mother-to-child transmission of HIV and syphilis in 2016 and was recertified in 2018.
- The number of persons who received dialysis treatment doubled between 2010 and 2015, from 11 to 24.
- Anguilla is currently rebuilding and repairing health facilities and schools damaged by the passage of Hurricane Irma.

Bermuda:

- The population is aging, and the proportion of seniors 65 years and older is expected to increase from 14% in 2010 to 20% by 2020.
- Chronic conditions account for a major burden of disease. In 2010, there were 1,213 people 65 and older who suffered from a chronic health condition that affected some aspect of their quality of life.
- In 2015, Bermuda spent 12.4% of its GDP on health care (US$ 11,188 per capita). The health system is financed from three principal sources: public and private health insurance plans (60%), government subsidies and grants (29%), and out-of-pocket payments (10%); charitable donations are 1%. Government funding also supports programs to ensure that vulnerable populations have access to health care. In 2013, well-off households spent 3% of their income on health care, while less well-off households spent nearly 20%.

British Virgin Islands:

- As a small island developing state, the British Virgin Islands are expected to suffer the consequences of climate change, especially rising sea levels, changes in precipitation patterns, and greater intensity and frequency of hurricanes.
- In 2010, circulatory system diseases were responsible for 25% of deaths, and neoplasms for 18%. In 2014, the leading causes of death included hypertension (12.6%), neoplasms (10.8%), and cardiovascular disease (9.9%). The Ministry of Health and Social Development is implementing a 10-year strategy for the prevention of noncommunicable chronic diseases, based on a multisectoral approach.
- No maternal deaths have been recorded in the territory in the past decade, and hospital delivery coverage is universal, with all births attended by trained midwives.

Cayman Islands:

- The Cayman Islands are prone to hurricanes that may cause significant damage with direct consequences in terms of death and disability, as well as reduced health system capacity to respond to emergency needs.
- Noncommunicable diseases show increasing levels of prevalence.
- The Cayman Islands received validation of elimination of mother-to-child transmission of HIV and syphilis in December 2017.
- The Cayman Islands Health Services Authority's strategic plan for 2010-2018 emphasizes access to quality health care. This includes increasing access to primary health care and improving community health through a network of lay providers.

Montserrat:

- The leading specific causes of death were diabetes mellitus and heart disease. Among neoplasms, cancers of the prostate, breast, and colon were the most frequent.
- The government's general revenues are the principal source of health care financing. In fiscal 2015-2016, 9.4% of the recurrent budget for the year was allocated to the Ministry of Health and Social Services.
- The territory received validation of elimination of mother-to-child transmission of HIV and syphilis in 2016, and was revalidated in 2018.
- Priority areas in the strategic plan of the Ministry of Health and Social Services for 2016-2019 are the completion of a project to improve primary and secondary health care services and the financing and management of health services, among others.
- The government of Montserrat is studying the design of a hospital and considering various proposals for how to finance health care delivery and the rebuilding of the health and social service sectors.

Turks and Caicos:

- Turks and Caicos Islands are vulnerable to hurricanes that can threaten life and reduce health system response capacities.
- Noncommunicable diseases have become the leading causes of death.
- The main problems related to communicable diseases are HIV and periodic outbreaks of vector-borne diseases.
- The three priority health challenges are health of migrant populations, health service access barriers, and noncommunicable diseases.
- A primary health care renewal strategy is planned.
- Key achievements include introduction of a health insurance plan and approval of mental health regulations, health professional ordinances, and the Tobacco Control Law.

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