Meeting of the PAHO Strategic and Technical Advisory Group on Disease Elimination

Meeting Report and Recommendations
29 – 30 November 2022
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Introduction

The Pan American Health Organization (PAHO) is a recognized leader in disease elimination, working hand in hand with the Member States of the Region of the Americas and partners to drive public health achievements. These efforts have contributed to eradicating multiple diseases from the Region, including smallpox, polio, and neonatal tetanus.

The Region has seen the elimination of the endemic transmission of measles, rubella, and congenital rubella syndrome. Eight countries have eliminated mother-to-child transmission of HIV and syphilis. The Region has also made remarkable progress toward eliminating malaria, leprosy, trachoma, lymphatic filariasis, onchocerciasis, and dog-mediated human rabies.

In September 2019, the 57th PAHO Directing Council endorsed the PAHO Disease Elimination Initiative (EI). This innovative policy promotes an integrated, sustainable approach to accelerate countries’ progress toward eliminating communicable diseases and related conditions.

The EI builds on the successful track record of disease elimination in the Region of the Americas and aims to catalyze political will and leverage technical capacity to achieve a future free from the burden of 35 communicable diseases and related conditions in the Region by 2030. The EI contributes to progress toward the Region’s sustainable development goals.

As countries recover from the impact of COVID-19 and adapt to the evolving public health situation in the Region, PAHO recognizes the importance of convening the external Strategic and Technical Advisory Group (STAG) on Disease Elimination to take stock of the new public health landscape and recent EI developments. PAHO seeks orientation and recommendations on priority topics to sustain the disease elimination agenda in the Region.

This report summarizes the proceedings, conclusions, and recommendations from the second meeting of the PAHO STAG on Disease Elimination, which took place on 29-30 November 2022.
Objectives

- Provide informed recommendations to PAHO senior management on strategic steps and interventions to advance PAHO’s Elimination Initiative agenda and accelerate response towards disease elimination.

- Follow up on STAG recommendations from the 2020 meeting and update EI advances, including newly developed tools and products.

- Analyze the public health situation following the COVID-19 pandemic and the position of the Elimination Initiative in the era of resilient, strengthened, and sustainable health systems.

- Discuss evolving cross-cutting issues and priorities for disease elimination in the Region, focusing on equity, partnerships, and resource mobilization.

- Elaborate a set of consolidated recommendations for PAHO’s Director on strategic matters toward implementing and advancing the Region’s Elimination Initiative.
Methodology and Participants

The hybrid meeting occurred 29-30 November 2022 at the Task Force for Global Health (TFGH) Office in Decatur, Georgia. See Appendix 1 and Appendix 2 for a list of STAG members and meeting participants.

Following an opening by PAHO leadership and participant introductions, the STAG Chair, Patricia Garcia, and Co-Chair, Patrick Lammie, moderated four strategic sessions among STAG members to address the following key areas:

- Updates on the Elimination Initiative.
- Opportunities to Adapt and Advance the Elimination Initiative.
- Directions and Way Forward for the Elimination Initiative.

Each session included guiding questions to direct the dialogue and support a focused discussion within the permitted time. Technical members of the Pan American Sanitary Bureau provided clarity on arising issues. Two supporting background documents provided to meeting participants (Building resilient and sustainable health systems by addressing gaps in health services at the local level and The main concepts, challenges, and priorities on health equity in the Region) appear in Appendix 3 and Appendix 4, respectively. The meeting agenda appears in Appendix 5.

There was a valuable discussion among participants culminating with an interactive planning session. The Chair and Co-chair asked STAG members and the PAHO Secretariat to highlight their three priority draft recommendations. A closed STAG member discussion then consolidated and prioritized this information. STAG presented the final recommendations to the PAHO Director-elect, Dr. Jarbas Barbosa, before the closing of the meeting on 30 November 2022.
Summary of Strategic Discussion

1. Updates on the Elimination Initiative

The session provided an overview of the EI and its importance to the Region’s elimination efforts:

- Institutional resources include PAHO’s Strategic Fund and Revolving Fund for Access to Vaccines.
- Progress reports addressing STAG recommendations from the inaugural meeting in 2020, including the development of several concrete technical and communication tools.
- In addition to regional advances, the Global Framework for Multi-disease Elimination was presented.
- Session presentations concluded with an update from the TFGH on their collaboration with PAHO for a monitoring and evaluation framework for the EI.

STAG members identified the following relevant issues during the discussion:

Despite the challenges presented by the pandemic, there have been several advances in the EI. However, there is a need for a more comprehensive plan for building a consensus, assuring a resilient effort, and driving commitment by countries through advocacy, communication, available tools, and resources.

For the EI to be successful, it is necessary to redesign delivery systems to be flexible and include multi-delivery platforms to address several diseases simultaneously. At the community level, health agents deliver integrated services, but the shift in paradigm needs to occur at the regional and central levels to be effective.

The monitoring and evaluation (M&E) framework presents an opportunity to measure progress in disease elimination. It may reenergize the EI and focus on existing health inequities to work with countries to address them. Regarding the proposed selection of indicators, it is critical that they measure both the impact and process and that all
indicators contribute to measuring progress toward elimination, which may require further streamlining and prioritization. More high-level impact indicators are needed to serve as advocacy tools to influence discussions with decision-makers and donors. Additionally, it is important to consider qualitative indicators related to community engagement, where much of the transformation will occur.

Ensuring quality data is available at the lowest administrative level and addressing underperforming systems to capture underserved areas or “health deserts” are essential for monitoring and evaluation efforts. Better data will contribute to accountability and ensure that the EI meets the last 5-10% of the hardest-to-reach populations are reached with effective practical strategies for disease elimination.

Implementing research can catalyze change in countries to enhance effective strategies by observing firsthand how these approaches can lead to disease elimination.

2. Impact of COVID-19 on the EI and the Post-COVID Context

The session provided an update on the EI through the lens of the COVID-19 pandemic, highlighting challenges at the global and regional level and the impact on macro-level indicators, and progress toward achieving the United Nations Sustainable Development Goal 3 (SDG 3) within the evolving public health landscape. The shift in regional priorities from combating communicable diseases to strengthening health systems to being more resilient and sustainable may divert attention away from the significant gaps in progress toward disease elimination.

Also highlighted were the new Global Fund (GF) Framework 2023-2028 and the success of the replenishment model, which aims to tackle the three epidemics with a broader view toward improving the capacity of health systems. The presentation concluded with important lessons learned for protecting the gains and advancing the elimination of communicable diseases, including integrating services at the Primary Health Care (PHC) level and the need for renewed advocacy and expanded partnerships.

STAG members identified the following relevant issues during the discussion:

While the GF replenishment model is essential, the funding will not be sufficient to address global needs and is also limited for the Americas. There should be new thinking around
how to leverage national and international resources best to implement disease elimination efforts more efficiently and effectively. Efficiencies may be gained through improved programming, working across sectors and diseases, and focusing on finding solutions.

The pandemic underscored the need for more global investments to strengthen capacities. The message that disease elimination is part of pandemic preparedness is critical to share with the global community and to drive investments to the Americas. There are concrete examples to substantiate this concept, such as the conversion of hepatitis testing and treatment programs to respond to COVID-19.

Countries can leverage COVID-19 pandemic response investments and infrastructure to support disease elimination efforts. This may include electronic immunization registries, the building of capacity to rapidly scale up vaccination services, digital information platforms, digital health initiatives such as telehealth platforms, enhanced surveillance systems, rapid tests, self-testing, and molecular testing at the point of care. Determining how to apply these systems and metrics in the disease elimination context will be necessary. Additionally, the pandemic contributed to the prioritization of rapid research and use of data through different methodologies, including randomized trials and modeling.

There will always be a need for disease-specific interventions, and numerous supporting guidelines are available. However, there are no practical guidelines for integrating disease-specific interventions into existing platforms to guide health workers on the ground. Integration must also bring together commodities and products at the first level of care, complemented by monitoring and evaluation at the community level. This will provide a solid example for international partners demonstrating different program implementation strategies.

The global financial crisis will shift funding back to developed countries to address increasing debt burdens. It will further drive poverty and inequities, including in middle-income countries that generally do not benefit from international funding. It is crucial to identify new means for mobilizing significant financing to support countries in implementing actions to strengthen health systems and eliminate diseases. Advocacy and communication must target heads of state and emphasize the need for more investments in health, particularly in countries with growing economies classified as high-income. These efforts should include community engagement to generate demand at the local level.
3. Opportunities to Adapt and Advance the Elimination Initiative

Guiding questions and a commitment from the STAG members to provide specific recommendations to PAHO to present to the Director-elect after the meeting drove this session.

The discussion focused primarily on the following:

- Positioning the EI in the equity agenda in the Americas and increasing the focus on vulnerable and key populations.
- Leveraging specific actions to contribute to resilient, sustainable, and strengthened health systems—considering health system key drivers for integration.
- Advancing political and programmatic commitment to the EI at the national and sub-national levels, including addressing critical service gaps.

STAG members identified the following relevant issues during the discussion:

There is a strong commitment across countries of the Americas to equity in health, recognizing that the Region is the most inequitable in the world. However, this work stream is not linked to specific diseases, and more data to assess equity in health for communicable diseases is needed. Therefore, there is an opportunity to better position disease elimination as a matter of equity.

It is essential to interface the EI with other initiatives underway (e.g., research and development for vaccines, tobacco control, etc.) to identify opportunities for synergies and work in a coordinated and mutually supportive manner to advance.

Integrating system platforms at the country level will be essential to identify technical needs, document bottlenecks, and areas for research and development. This integration will allow stakeholders to learn by doing and share successful approaches among countries to drive investments.

Several practical actions may support integration, such as including a section on integration in developing disease-specific technical guidelines, fostering discussions among technical advisory groups on opportunities for integration, including performance indicators in relevant health strategies to measure progress, and creating a dashboard that integrates different elimination initiatives and underscores areas of intersection in target populations to prioritize integrated services.
Community engagement can play an important role in identifying concrete opportunities for integration, practical tools for improved data collection and management, and diagnostic needs. This goal can be supported through implementation research and the use of multi-country studies and standardized protocols where the outputs of those studies inform policy. Research is a cost-effective investment to change the EI landscape.

A comprehensive plan should be developed and include advocacy and communication actions, practical tools with country examples, a framework for measuring regional and country-level progress, innovative financing mechanisms, and an investment case. This plan would also include actions for PAHO to work across levels with global agencies, regional development institutions, national and subnational governments, and civil society.

The EI can broaden a coalition of partners by engaging with marginalized populations to become disease elimination champions and, in turn, reach out to organizations also engaging with these groups from a different perspective, such as maternal and child health. Engaging with existing regional “friends of” groups, such as the UN Group of Friends to Eliminate Hepatitis, will establish more EI advocates in the Americas.

The EI should include academic institutions from the Region to implement models and experiences integrating elimination strategies at the country level and discuss scalable opportunities, successes and challenges. The other area of focus may include improving regional and local capacity in different areas related to the EI, for example, in data collection and quality.

There is a need to understand better the international financial crisis and its potential impact on the countries in issues related to inequity. Partnerships with health economists, international financial institutions, the UN Economic Commission for Latin America, the Caribbean, and others, may be needed to demonstrate better the adverse impact on the health situation over the next five years and how to mitigate these issues for the benefit of countries. The goal is to use this information in a dialogue with donors to mobilize significant funding to advance the Region’s EI and other health initiatives.
4. Directions and Way Forward for the Elimination Initiative

The focus of the final session was to initiate discussions around fundraising approaches to support the EI. The STAG recognized that multiple resource mobilization strategies at various levels are needed, given the significant health and economic setbacks associated with the COVID-19 pandemic.

The presentation focused on one specific approach, which builds on the premise that the research agenda has the potential to generate evidence to catalyze EI activities and harness the support of communities and countries around this effort.

The STAG emphasized the overarching priorities guiding work in the Region, which includes equity, health as a human right, and a people-centered approach to service delivery. The process consists of a cycle of learning and adapting to maximize program effectiveness.

The proposal for funding distribution includes two areas:

- Pooled catalytic funding for Member States.
- Foundational funding for regional-level advocacy and action.

STAG members identified the following relevant issues during the discussion:

Elimination will only occur if commodities (medications, diagnostics, and medical supplies) are readily available at affordable prices. The Region must promote technological autonomy to develop, validate, and manufacture diagnostics and other medical commodities. Recognizing the limited availability of critical commodities and supply chain issues during the pandemic, PAHO has started in this effort and launched the Regional Platform to Advance the Manufacturing of COVID-19 Vaccines and other Health Technologies in the Americas in collaboration with prestigious institutions and laboratories in the Region. Aligned with the values of solidarity and Pan-Americanism, hubs are utilized to supply countries of the Region while technology transfer and the sharing of lessons learned is occurring with countries in other regions.

The following elevator pitch was presented: PAHO’s EI represents a bold effort to eliminate diseases, not through siloed interventions but by strengthening the integrated delivery of health services to vulnerable populations and promoting community participation. Most partners, parliamentarians, and industry representatives are interested in people and outcomes. To complement the pitch, quantitative information on impact, such as lives saved, can be provided.
There is an opportunity to further engage with international financial institutions. Specifically, the Inter-American Development Bank (IDB) supports malaria elimination in the Americas. It has recently appointed a new president, presenting an opportunity for further discussion to expand support to other elimination efforts in the Region.

A stakeholder landscape analysis may be essential to identify the many players contributing to disease elimination, including the programs. Convening these stakeholders presents an opportunity to demonstrate the value of acting together under PAHO leadership to drive larger more significant impacts and be more effective under a unified approach. Given funding limitations, the timing may be good to make this case. Messaging around the EI should be optimistic and solution-oriented for disease elimination programs, countries, and donors.
Conclusions and Recommendations

Preamble

• While the Region of the Americas was the epicenter of the COVID-19 pandemic, further exacerbating issues of poverty and inequalities in the countries, the STAG agreed that there were clear opportunities to build upon the visibility provided to health and the many investments made during the pandemic to strengthen health systems and pandemic preparedness to advance disease elimination efforts in the Region. Going forward, disease elimination should be a central component of pandemic preparedness.

• It was recognized by meeting participants that PAHO’s regional technical cooperation mechanisms for pooled procurement of essential medicines, diagnostics, and other strategic health supplies, the Strategic Fund and PAHO’s Revolving Fund for Access to Vaccines, both could play critical roles in providing access to needed commodities to further the EI. The regional platform to improve local development and production capacity also represents a regional public good that supports the EI by addressing weaknesses of regulatory bodies and accelerating access to health innovations.

• The STAG agreed that PAHO is uniquely positioned to lead the EI given the organization’s technical capacities and demonstrated track record in harnessing country support to eliminate diseases and scale interventions, showing the path for other regions. However, adequate resources are needed to sustain PAHO’s technical cooperation and ensure effective advocacy at the global, regional, and national levels with governments, partners, and other relevant stakeholders.

In this context, the STAG members presented the following strategic recommendations to PAHO leadership.
Strategic Recommendations

The EI will eliminate the main 35 communicable diseases and related conditions in the Region, providing a substantial public health impact and will contribute to the timely achievement of SDG 3. The EI prioritizes vulnerable and key populations as a step toward reducing inequities. The EI will also strengthen pandemic preparedness, encompassing aspects of surveillance, response, diagnostics, and community engagement. Strong advocacy is needed at the regional, country, and global levels to serve as an example for other regions.

Develop a comprehensive and synergistic Implementation Plan for the Elimination Initiative, which includes internal and forward-looking actions at the global, regional, national, and subnational levels related to advocacy, partnerships, resource mobilization, improved access to public health commodities, promotion of innovative financing, and tool development to facilitate elimination efforts. An essential step in developing the plan will be a consultative process with countries and key partners.

Improve the quality of national and subnational data capitalizing on technological advances to improve data collection, efficiency, and timely management to drive action, guide advocacy, and address needed changes within countries. Utilize the Monitoring and Evaluation (M&E) component of the Elimination Initiative, including the overarching M&E Framework and country profiles, to foster complementarity with individual disease monitoring, enhance reporting, and support data visualization. Prioritize cultural sensitivity and capture local data.

Guide the integration of disease elimination into health services, focusing on a strengthened PHC approach and community engagement. Promote knowledge-sharing (i.e., South-South Cooperation) and regional networks to foster the integration of services into established platforms (e.g., maternal and child health, antenatal care, vaccination, laboratory diagnostics, integrated vector management) with packaged services/tools designed to address the needs of populations and a focus on vulnerable groups.

Accelerate progress toward EI goals in the Region by engaging academic, research, and government institutions and civil society to generate evidence, increase research capacities, provide implementation models, and inform the development of tools.

Document the value of the Elimination Initiative, considering its cost-effectiveness, efficiency gains in implementation, response to addressing inequities resulting from the negative impact of the financial crisis on health, and underscoring its value as a global good. These inputs will inform the development of a sound investment case to support resource mobilization efforts.
Appendices

1. Members of the STAG on Disease Elimination

The STAG, which serves as PAHO’s principal advisory group on topics related to communicable disease elimination and eradication for the Region of the Americas, is currently composed of twelve members and is appointed by the PAHO Director based on individual qualifications and ability to contribute, ensuring an appropriate balance among fields of knowledge, geographic representation, and gender balance.

The following individuals currently serve on the STAG:

- **Pedro Cahn** (Argentina) – Scientific Director, Fundación Huésped [HIV surveillance and treatment, and research institute engagement].
- **Dirk Engels** (Belgium) – Global Health Consultant and Senior Adviser to Uniting to Combat NTDs. Former WHO Director of Dept. of NTD Control [NTD elimination and zoonoses, and global program management].
- **Peter Figueroa** (Jamaica) – Professor University of the West Indies [HIV/AIDS epidemiology and university engagement in public health].
- **Patricia J. Garcia** (Peru) – Former Minister of Health of Peru, Professor and former Dean of the School of Public Health at Cayetano Heredia University [High-level health policies, medical informatics and telemedicine, and reproductive health].
- **Claudia Henriquez Iguaran** (Colombia) – Physician, Civil society activist, Secretary of Indigenous Affairs of the department of La Guajira, Colombia [Indigenous community engagement in public health actions, and health systems and services].
- **Patrick Lammie** (USA) - Chief Scientist for the Neglected Tropical Diseases Support Center, Task Force for Global Health [Translational science, infectious disease elimination, and applied immunology].
Nisia Trindade Lima (Brazil) – President, Fundação Oswaldo Cruz (Friocruz), Brazil [Political and high-level advocacy, Universal Health and primary health care, and history of public health policy]

Lucia Altagracia Guzman (Dominican Republic) – Former Minister of Health of Dominican Republic, Professor of infectious diseases and pediatrics at the Autonomous University of Santo Domingo [High-level health policies, public health advocacy and leadership, regulation of infectious diseases and medical practice].

Gina Ogilvie (Canada) – Professor University of British Columbia [Sexual & reproductive health, cervical cancer and HPV vaccines, and community engagement in research].

Regina Rabinovich (USA) – Director, Malaria Elimination Initiative ISGLOBAL, University of Barcelona, and Harvard University [Infectious disease elimination and eradication, and malaria, donor engagement in disease elimination].

Swarup Sarkar (India) – Former Director, Dept. of Communicable Diseases, SEARO. [Global perspectives and WHO leadership on infectious disease control and elimination].

John Ward (USA) – Program Director, Coalition for Global Hepatitis Elimination, Task Force for Global Health [Global public health program management and global elimination of viral hepatitis].
2. List of Participants

STAG Members:

**Pedro Cahn**
Scientific Director, Fundación Huésped, Buenos Aires, Argentina

**Dirk Engels**
Former WHO Director of Dept. of NTD Control; Global Health Consultant and Senior Adviser to Uniting to Combat NTDs, Belgium

**Peter Figueroa**
Professor University of the West Indies, Kingston, Jamaica

**Patricia J. Garcia**
Former Minister of Health of Peru; Professor and former Dean of the School of Public Health at Cayetano Heredia University, Lima, Peru

**Claudia Henriquez**
Secretary of Indigenous Affairs of the department of La Guajira, Colombia

**Lucia Altagracia Guzman**
Former Minister of Health of Dominican Republic; Professor of infectious diseases and pediatrics, Autonomous University of Santo Domingo, Dominican Republic.

**Gina Ogilvie**
Professor, University of British Columbia, Vancouver, Canada.

**Regina Rabinovich**
Director, Malaria Elimination Initiative, ISGLOBAL, University of Barcelona; Professor, Harvard University, USA.

**Swarup Sarkar**
Former Director, Dept. of Communicable Diseases, SEARO.

**Patrick Lammie**
Chief Scientist for the Neglected Tropical Diseases Support Center, Task Force for Global Health, USA

**John Ward**
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3. Background Document 1: Building resilient and sustainable health systems by addressing gaps in health services at the local level

The health and social crisis resulting from the COVID-19 pandemic reminded us of the importance of building resilience (being able to absorb shocks, respond, and recover for the timely delivery of needed services) and sustainable health systems to protect and promote vulnerable population health. In this regard, PAHO Member States in 2021 approved the “Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains,” which provides concrete elements for moving forward through four strategic actions.

Strategic action one states the need to “Transform health systems, based on a primary health care approach, to accelerate pandemic recovery, recuperate and sustain public health gains, and retake the path toward universal health.”

This goal involves addressing the needs of individuals, families, and communities through comprehensive and integrated quality care, including disease prevention through improved water, sanitation, and hygiene services, infection prevention and control, and vaccination. In addition, Member States must transform health systems paradigms to foster inclusive social participation and coordination among sectors and stakeholders. They must seek to influence the determinants of health with an explicit emphasis on intersectoral interventions.

Strategic action two aims to “Strengthen leadership, stewardship, and governance through a renewed focus on the essential public health functions.”

This goal involves taking measures aimed at strengthening the capacity to perform the essential public health functions (EPHF) that target action in four areas:

- Evaluation
- Formulation and implementation of evidence-based policies
- Allocation of resources and enacting laws and regulations that strengthen institutional mechanisms to support public health measures
- Universal and equitable access to all public health interventions, including individual, community, and population-based health services

In this regard, the education and training of new cadres of personnel based on primary health care will be fundamental to achieving resilience.

Strategic action three states the need to “Strengthen capacities of health service delivery networks to expand access and improve preparedness and response to public health emergencies.”
This goal points to a well-managed and well-resourced integrated health services network. It requires developing the capacity to adapt, respond, and reorganize the health services network and the ability to cope with a significant increase in demand.

Additionally, there is an urgent need to compensate for the impact of interruptions in providing unavailable services and care during the pandemic. Measures must strengthen the response capacity at the first level of care, such as assessment and rapid adoption of evidence-based innovations in health services. It is also essential to improve human resource planning and management. It is crucial to accelerate measures for the digital transformation of the health sector and strengthen health information systems by adopting digital solutions.

Finally, strategic action four states the need to “Increase and sustain public financing in health and social protection, including for actions to address the social, environmental, and economic determinants of health.”

This goal implies moving toward a 6% of GDP allocation to public health spending as a benchmark and eliminating out-of-pocket payments. Investment should also aim to build capacity to perform EPHFs, such as functions related to implementing International Health Regulations and disaster risk reduction and management. In addition, there should be priority with investments in the first level of care, and at least 30% of total public spending on health should be allocated to the first level, as proposed in the Pact for Primary Health Care. ¹

4. Background Document 2: The main concepts, challenges, and priorities on health equity in the Region

Achieving equity in health continues to be a significant challenge in the Region of the Americas. Although health inequalities have seen limited improvements and certain countries have made progress in reducing disparities, overall trends are not improving. The imbalances do not result from innate differences among people but have deeper roots related to systemic discrimination and institutional policies contributing to poverty and poor health.

The Region of the Americas includes people who enjoy substantial privileges and others who face severe human rights violations because of their socioeconomic position, ethnicity, gender identity, sexual orientation, disability status, or being migrants. Each of these factors, alone or in combination, can contribute to marked inequalities in health within and among countries. There is increasing evidence and awareness that good health requires access to health care and action on the social determinants of health.

A recent article from PAHO that analyzed 32 national health sector policies and plans from the Americas found that nearly all countries explicitly include health equity as a clear goal and address social determinants of health. Countries identify marginalized populations in their plans. However, only a quarter of national health sector policies and programs specifically identify Afro-descendants, and more than half do not address Indigenous people, including countries with large Indigenous populations. Only four plans include attention to migrants.

Despite health equity goals and data on baseline inequities, fewer than half the countries include time-bound targets for reducing absolute or relative health inequalities. The strong commitment across countries of the Americas to equity in health provides a significant opportunity to increase health equity by learning from countries with robust equity-focused plans with time-bound targets.

The COVID-19 pandemic has exposed the vast inequalities and inequities in the Region of the Americas and exacerbated them. The social, economic, and political context determines vulnerability, which extends beyond individual and biological characteristics. In this sense, indigenous peoples, Afro-descendants, migrants, LGBTQ+, and other groups, often subject to discrimination and exclusion, are subjected to health inequities.

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**Conceptual Framework**

The framework is based on the Commission on Social Determinants of Health (CSDH) conceptual framework but goes beyond it meaningfully. There is an emphasis on structural racism, colonialism, and the importance of relationships to land. It is consistent with the SDGs but with greater emphasis on the environment and climate change. There is a more explicit focus on human rights and greater emphasis on inequities according to gender identity, ethnicity, sexual orientation, life stage, and disability. The PAHO Commission on Equity and Health Inequalities in the Americas also recognizes the interrelations among these factors, emphasizing leading a dignified life as a desired outcome—aligned with improved health equity.

**Figure 1.** PAHO Equity Commission’s Conceptual Framework

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**INTERSECTIONALITY:** SOCIAL AND ECONOMIC INEQUITIES, GENDER, SEXUALITY, ETHNICITY, DISABILITY, MIGRATION

**STRUCTURAL DRIVERS**
- Political, Social, Cultural, and Economic Structures
- Natural Environment, Land, and Climate Change
- History and Legacy, Ongoing Colonialism, Structural Racism

**CONDITIONS OF DAILY LIFE**
- Early Life and Education
- Working Life
- Older People
- Income and Social Protection
- Violence
- Environment and Housing
- Health Systems

**HEALTH EQUITY AND DIGNIFIED LIFE**

**TAKING ACTION**
- Governance
- Human Rights

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**Structural Drivers of Health Inequities**

- **Political, social, cultural, and economic structures** - The way markets operate, the role of the public sector, and economic inequalities are structural drivers of inequities in daily life, mainly produced or modified by political choices. The disparities in power, money, and resources are fundamental drivers of unfairness in the conditions of everyday life, which, in turn, drive health inequities.

- **History and legacy, ongoing colonialism, and structural racism** - Indigenous peoples and people of African descent in the Americas are subject to multiple disadvantages...
that contribute to poor health. Disaggregated data that provides information by gender, ethnicity, level of education, income, wealth, living conditions, and socio-economic status enables differentiated action to improve the health of specific populations.

- **Natural environment, land, and climate change** - Climate change demands an urgent difference in how societies function and governments cooperate. Such changes must respect equity and health equity. Damage to the natural environment is also a major threat to the land and its people, with significant adverse impacts on indigenous populations. Effective health equity analysis of these threats to the lives of Indigenous people and any interventions must consider their special symbiotic relationship with the land and the environment.

**Conditions of Daily Life**

The conditions in which people are born, grow, live, work, and age are fundamental to the lives they can lead. Evidence shows how different domains affect daily life. Factors include early years and education, decent work, dignified aging, income and social protection, environmental and housing conditions, violence, and the health system. These factors affect health equity and the ability to lead a dignified life.

**Intersectionality**

PAHO’s four cross-cutting themes of gender, ethnicity, equity, and human rights are central to achieving universal health. Central to the health equity work of PAHO is the recognition that disadvantages related to gender, ethnicity, and the intersection of detriments caused by poverty, disability, sexual orientation, and gender identity. Each adversely affects the social determinants of health.

**Guiding Questions**

- Are participatory processes/mechanisms (including populations living in situations of vulnerability) considered for developing and implementing health policies and programs?
- What actions consider specific groups or populations living in situations of vulnerability for developing and implementing health policies and programs to eliminate diseases?
- Has disaggregated data been collected to define target populations (i.e., income, gender, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics relevant in national contexts)?
- What has been done on research to better understand and address health inequities related to eliminating communicable and non-communicable diseases?
- What has been done to increase access to quality primary health services in remote, rural, or otherwise underserved geographic areas or communities (e.g., constructing facilities in these areas, mobile health clinics, telemedicine)?
• What has been done to address gender and ethnicity inequalities in the health systems?
• How have environmental determinants of health been addressed in health plans and policies to achieve and sustain the elimination of communicable diseases?
• Are there any strategies or actions to address discrimination in the health sector?

References


5. Agenda

Meeting of PAHO Strategic and Technical Advisory Group on Disease Elimination

November 29 and 30, 2022
Atlanta, GA – United States

General Objective:

Provide informed recommendations to PAHO senior management on strategic steps and interventions to advance PAHO’s Elimination Initiative agenda and accelerate regional response towards disease elimination.

Specific Objectives:

- Follow up on STAG recommendations from the 2020 meeting, and update on EI advances, including newly developed tools and products.
- Analyze the public health context emerging through the COVID-19 pandemic and the position of the Elimination Initiative in the era of resilient, strengthened, and sustainable health systems.
- Discuss evolving cross-cutting issues and priorities on disease elimination in the Region, focusing on equity, partnerships, and resource mobilization.
- Elaborate a set of consolidated recommendations for PAHO’s Director on strategic matters for implementing and advancing the Elimination Initiative in the Americas.
# Day 1:
## November 29 (Tuesday), 09:00 am to 17:00 pm (EST)

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Participants</th>
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<tbody>
<tr>
<td>8:30 – 9:00am</td>
<td>Welcome remarks and Procedures</td>
<td>Moderation: Dr. Massimo Ghidinelli</td>
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<td>Welcome remarks: Dr Carissa Etienne, Director, PAHO</td>
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<td>Dr. Marcos Espinal, Assistant Director, PAHO</td>
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<td>Dr Patrick O’Carroll, President and CEO, Task Force for Global Health</td>
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<td></td>
<td>Self-introduction of STAG-DE Members, Secretariat, Agenda and Objectives</td>
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<tr>
<td>9:00 – 9:30am</td>
<td>Session 2: Updates on the Elimination Initiative</td>
<td>Moderation: Chairs</td>
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<tr>
<td></td>
<td>Overview of the Elimination Initiative, summary of 2020 STAG meeting and recommendations (10 min)</td>
<td>Leandro Sereno</td>
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<td>Updates on the Elimination Initiative: progress and recent developments</td>
<td>Leandro Sereno</td>
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<td></td>
<td>(10 min), including technical and communication tools</td>
<td>WHO</td>
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<td></td>
<td>The Global Framework for Multi-disease Elimination (10 min)</td>
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<tr>
<td>9:30 – 10:00am</td>
<td>Presentation of the Monitoring and Evaluation Framework of the Elimination Initiative</td>
<td>Task Force for Global Health</td>
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<td>Allertor: Dr Luis Gerardo Castellanos</td>
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<tr>
<td>10:00 – 10:45am</td>
<td>Guided discussion:</td>
<td>Moderation: Chairs</td>
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<tr>
<td></td>
<td>• Based on the 2020 STAG Recommendations and in view of the EI advances presented, is PAHO’s armamentarium sufficiently robust or still missing critical tools and instruments?</td>
<td>All</td>
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<td>• What measures could at this stage help to move the EI further, including operationalizing the M&amp;E framework and the country work</td>
<td>WHO</td>
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<td>• Is the EI communication sufficiently developed help to present and promote the Elimination Initiative?</td>
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<td>10:45 – 11:00</td>
<td>Break</td>
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<td>Time</td>
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<td>11:00 am a 1:00 pm</td>
<td><strong>Session 3: Impact of COVID-19 and the post-COVID context</strong></td>
<td>Dr. Massimo Ghidinelli</td>
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<td></td>
<td>Impact of COVID-19 on health systems and the post pandemic public health landscape (15 min)</td>
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<td>Guided discussion:</td>
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<td></td>
<td>• Re-positioning the Elimination Initiative in current post pandemic context of resilient strengthened and sustainable health systems, and how would the Elimination Initiative fit into the emerging trends in public health?</td>
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<td>• How could the lessons learned during the COVID-19 pandemic help to move forward on the EI objectives and targets?</td>
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<td>• Prioritize political, financial, and technical approaches PAHO should pursue with countries to move forward on the EI agenda?</td>
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<td>1:00 – 2:00 pm</td>
<td><strong>Session 4: Opportunities to adapt and advance the Elimination Initiative</strong></td>
<td>All</td>
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<td>2:00 – 3:30 pm</td>
<td>Guided Discussion:</td>
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<td><strong>Strategic Questions 1</strong>: How to position the elimination initiative in the equity agenda in the Americas after the impact of COVID19?</td>
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<td>- How can the Elimination Initiative increase its focus on vulnerable and key populations in the Americas?</td>
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<td><strong>Strategic Question 2</strong>: Considering some health systems key drivers for integration (Data and strategic information, Laboratory, and Procurement and Supply Management) what specific actions or measures can the EI leverage to contribute to resilient, sustainable, and strengthened health systems?</td>
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<td>3:30 – 3:45 pm</td>
<td>Break</td>
<td>All</td>
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<td>3:45 – 5:00 pm</td>
<td>Guided Discussion (continued):</td>
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<td><strong>Strategic Question 3</strong>: How to advance political and programmatic commitment to the EI at the national level and envisage operation at the subnational level?</td>
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<td>- How to address service gaps in the following areas: integrated care networks; access to medicines, diagnostic tests, and health technologies; PHC within the framework of health systems; people-centered health systems.</td>
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<td>17:00 pm</td>
<td>Adjourn of Day 1</td>
<td>All</td>
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**Day 2:**
November 30 (Wednesday), 09:00 am to 13:00 pm

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<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Participants</th>
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<tr>
<td>9:00 – 9:10am</td>
<td>Summary of Day 1</td>
<td>Chair</td>
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<td><strong>Session 5: Directions and way forward for the Elimination Initiative</strong></td>
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<td>9:10 – 9:25 am</td>
<td>Guiding questions on prioritized areas of work:</td>
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<td>• <strong>Additional tools</strong> could support the implementation of the Elimination</td>
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<td>Initiative, such as case studies, investment cases, cost estimate tools.</td>
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<td>What should be prioritized, adapted, or developed to further expand</td>
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<td>the Elimination Initiative toolkit?</td>
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<td>• <strong>Moving the EI to Countries:</strong> Operationalizing the Elimination Initiative</td>
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<td></td>
<td>will require provision of Technical Cooperation to countries through an</td>
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<td>inter-program approach. How best could PAHO plan and implement country</td>
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<td>operations?</td>
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<td>• <strong>Partnerships and Resource Mobilization:</strong> Options to both mobilize</td>
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<td>resources (including domestic) as well as attract interested stakeholders</td>
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<td>to support integrated efforts on Disease Elimination?</td>
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<td>10:45 – 11:00 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>11:00 am – 1:00 pm</td>
<td>Closed Discussion of STAG Members: Consolidation of (Actionable) Draft</td>
<td>STAG Members</td>
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<td>Recommendations for PAHO</td>
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<td>1:00 pm</td>
<td>Report back to the group</td>
<td>Chairs</td>
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<td>Closure</td>
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<td><strong>Closure</strong></td>
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<td><strong>Lunch</strong></td>
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</table>
Key Resources / References

- Elimination Initiative [Website](#).
- Webpage of the [Strategic and Technical Advisory Group on Disease Elimination](#).
- Inaugural Meeting of the Strategic and Technical Advisory Group on Disease Elimination, 14–15 October 2020. [Meeting Report and Recommendations](#).
- STAG-DE [Terms of Reference](#).
- PAHO Disease Elimination Initiative: A Policy for An Integrated Sustainable Approach to Communicable Diseases in The Americas, CD57/7. [LINK](#).
- An integrated, Sustainable Framework to Elimination of Communicable Diseases in the Americas. [LINK](#).
- Destination Elimination: Ending Communicable Diseases in the Americas. Advocacy [LINK](#).
6. Web Communication: PAHO Elimination Initiative must be strengthened to recover gains lost during COVID-19 pandemic

Washington D.C. 9 December 2022 - Progress towards achieving the goals of the Pan American Health Organization’s (PAHO) Elimination Initiative must be accelerated to get back on track towards disease elimination in the Americas, was the conclusion of the latest meeting of the Strategic and Technical Advisory Group on Disease Elimination (STAG DE).

The meeting, which took place in Atlanta, USA, on 29-30 November, brought together global experts in research, policy, primary health care, epidemiology, and infectious disease management to discuss progress towards the initiative, which aims to rid the Americas of 35 communicable diseases and related conditions by 2030.

“Communicable diseases know no borders, which is why a cohesive, regional effort towards disease elimination is so crucial,” Dr. Massimo Ghidinelli, Director Ad Interim for Communicable Diseases and Environmental Determinants of Health at PAHO said. “Over the past 3 years, we have seen how countries in our Region have worked together to tackle the COVID-19 pandemic and we need to build on this momentum to get the Elimination Initiative back on track.”

To recover gains lost during the pandemic and contribute towards the timely achievement of Sustainable Development Goal 3, the Strategic and Technical Advisory Group advised PAHO on the following steps:

- Improve the quality of national and subnational data.
- Integrate elimination endeavors into established services designed to address the needs of populations.
- Engage academics, research institutions, governments, and civil society to better inform the development of elimination tools.
- Document the implementation of the initiative to help support resource mobilization efforts.
Elimination Initiative

The Elimination initiative is a major strategic and political opportunity for governments, partners, civil society, academia, the private sector and communities to eliminate more than 35 communicable diseases and related conditions in the Americas by 2030.

The Elimination Initiative sets out four strategic lines of action: integration of health systems and services to facilitate a comprehensive approach to multiple diseases, particularly at the primary care level; strengthening of disease surveillance and information systems to monitor progress toward elimination; addressing social and environmental determinants of health; and strengthening governance, financing, and leadership in ministries of health.

The initiative recognizes that disease elimination does not depend solely on the health sector but requires the engagement of other actors, both inside and outside government, with a clear definition of roles and responsibilities.