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ANNUAL REPORT OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU

**Toward Sustainable Postpandemic Recovery
for the Region of the Americas**

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Preface

1. This year’s Annual Report of the Director covers a period of transition on many fronts: from the acute phase of the COVID-19 pandemic to postpandemic recovery; from emergency response to implementing the lessons learned from the COVID-19 pandemic and reinvigorating service provision; and, within the Pan American Sanitary Bureau (PASB or the Bureau) itself, from one administration to another.

2. Periods of transition can herald upheaval. However, with sufficient reflection, they can also present an opportunity to use the momentum of change to address long-standing challenges and make valuable course corrections. In this report, we intend to demonstrate how PASB’s commitment to acknowledging weaknesses and gaps exposed by the COVID-19 pandemic—and learning hard lessons—is already delivering benefits for Member States, with the potential for far greater returns in the future.

3. Exemplifying the ideal of integrated work, this report presents an analysis of the past year’s activities that places the technical cooperation of the Pan American Health Organization (PAHO) within the context of health trends, challenges, and priorities in the Region of the Americas. The report highlights selected achievements that demonstrate the Bureau’s commitment to providing technical cooperation that supports countries to address health risks, strengthen health systems, and ensure effective service delivery, while expanding access to health and health services. This approach was chosen to illustrate the many ways in which PAHO is viewed as a respected authority, an inspiring leader, a valued partner, and an honest broker for health among Member States, partners, and donors.

4. The common theme of the report is the principle that country-centered cooperation, tailored to each Member State’s unique needs, capacities, and priorities, is key to accelerating progress toward the Sustainable Development Goals and achieving a state of both internal and external health security. This state is envisaged as a condition in which each country is not only resilient in the face of new infectious threats, but also secure in its capacity to respond to the changing health needs of its population—with a key measure of success being the reduction of inequities that sustain high-risk enclaves of vulnerability.

5. The PAHO Strategic Plan 2020–2025 committed PASB to place “equity at the heart of health.” This report, which reflects the midpoint of this plan, is intended as a manifestation of this commitment. The COVID-19 pandemic showed us that our struggle as the most unequal region in the world underpins many of our current and future health challenges. But by learning its lessons, documenting innovations, and addressing the identified challenges, we have an opportunity to put the Region on an accelerated trajectory toward Health For All.

Part 1: Introduction

6. In July 2022, with COVID-19 case numbers still shifting and unpredictable new waves of infection exploiting different vulnerabilities, the pandemic's final toll on the Region of the Americas was shrouded in uncertainty. By the end of the reporting period, in June 2023, there was no more room for doubt. It is now known that our Region was the hardest hit of all the regions in the world. A thorough evaluation of the myriad reasons underlying this outcome is important in order to generate a road map to improve capacity to respond to future pandemics. However, at this stage, it is already clear that COVID-19's toll was exacerbated by the entrenched inequalities that are a defining and pervasive feature of this Region.

7. Deep socioeconomic inequalities, poverty, social exclusion, gender discrimination, and enormous disparities in healthcare access and outcomes between population groups combine with demographic and epidemiological transitions, which contribute to the rising burden of noncommunicable diseases (NCDs), and exacerbate the suffering caused by reemerging and new infectious diseases. Together, these factors converge to create populations burdened by multiple risk factors for ill health and multiple barriers to accessing care.

8. Coordinated responses to the COVID-19 pandemic were hindered by the multiple health system challenges numerous countries within the Region have long grappled with: inadequate investments, understaffing, and institutional fragmentation, exacerbated by decades of neglect in health policy, imbalanced resource allocation, and hospital-centric models of care. However, now that the acute phase of COVID-19 has passed, it is important to dedicate time to analyzing the pandemic's effects in the context of preexisting implementation gaps, and to identify valuable insights into access barriers that continue to leave many population groups vulnerable. This information is essential to manage the task of better protecting the Region's population from future health threats.

9. Data and analysis should be used strategically to help countries define and locate populations most likely to be severely affected in future, so that corresponding resources can be put into reaching those groups. However, it is important to acknowledge that regaining prepandemic trajectories of development will not be sufficient to reach the Sustainable Development Goal (SDG) targets now that the full negative impact of COVID-19 on health service coverage and health outcomes is becoming clear. Achieving the goal of a sustainable postpandemic recovery and putting countries back on track requires that progress be made at an accelerated rate.

10. For this reason, this year's performance by the Pan American Sanitary Bureau (PASB or the Bureau) as summarized in the following sections is particularly gratifying. The attention and financing that COVID-19 mobilized for health provided the opportunity for the Pan American Health Organization (PAHO) to innovate and to demonstrate how much it can achieve. The position of PAHO as the preferred health sector partner in countries of the Region was reinforced through demonstrations of its convening power, acting as an honest broker in health, and capitalizing on its close relationships with ministries of health. The pressure to implement rapidly gave the Organization the opportunity to step up its processes, transparency, efficiency, and scale of operations to meet the needs of Member States, to demonstrate fiscal prudence, and to show countries and partners that they can trust PAHO to deliver technical cooperation effectively and efficiently. These advances are crucial for generating the leap forward the Region now needs.

Part 2: Update on the COVID-19 response

11. Between the detection of the first case in the Region of the Americas in January 2020 and June 2023, a cumulative total of 193 million confirmed cases of COVID-19, including three million deaths, were reported in the Region. In 2023 alone, the Region has reported 6.6 million cases and 63,000 deaths, making up 20% and 29% of cases and deaths that were reported globally, respectively.

12. All 51 countries and territories in the Region have launched COVID-19 vaccination programs. More than 2.13 billion doses have been administered and 70.7% of the Region's inhabitants have completed their vaccination series. Forty-one of the 51 countries and territories have met the 40% target and 17 have met the 70% mark. Nonetheless, 10 countries and territories (mainly in the Caribbean) have yet to reach the 40% target and one country (Haiti) remains far below the 10% threshold.

13. Despite these impressive overall achievements, the Region's vaccination coverage rate has remained stagnant since October 2022. Although many countries are planning and implementing pediatric COVID-19 vaccinations, available data show persisting gaps in vaccination coverage rates among older persons and immunocompromised people, pregnant women, and health workers. Disease in these high-risk groups continues to drive hospitalization and mortality rates. Without adequate protection of these groups, countries remain at risk for higher hospitalization and mortality rates owing to new COVID-19 waves and future variants.

14. With the declaration by the World Health Organization (WHO) of the end of the acute phase of the COVID-19 pandemic in May 2023, attention has turned to restoring health services that were compromised during the pandemic. The fourth round of the PAHO/WHO global pulse survey on continuity of essential health services, which was conducted between November 2022 and January 2023, showed that 22 of the 25 countries and territories in the Region that responded to the survey were still reporting some service disruptions.

15. Throughout the reporting period, PASB supported country efforts to increase COVID-19 vaccination and reduce immunization gaps through a comprehensive approach, including mobile vaccination teams in remote and peri-urban areas, communications campaigns to address vaccine hesitancy, and procurement of cold chain equipment for safe storage and transportation of vaccines. The Bureau also provided technical cooperation to reorganize health services and expand and strengthen capacities of health services and restore essential health services disrupted during the pandemic's acute phase.

16. Finally, several international financial institutions and other donors have provided funding opportunities to countries in the Region to support postpandemic recovery. PASB has provided technical cooperation to Member States to prepare proposals to access these funds and will continue to work with Member States that are recipients. The Pandemic Fund, hosted by the World Bank with WHO as the technical lead, is also relevant in this context. The Bureau has provided technical cooperation to hold information sessions with Member States and to develop proposals, resulting in three successful awards during 2023.

Part 3: Key initiatives during the reporting period

Successful implementation of an exceptional grant

17. In response to PAHO's Regional COVID-19 Response Strategy and Donor Appeal, the Government of the United States of America, through the American Rescue Plan Act, provided US\$ 75 million¹ during 2022 to help countries in Latin America and the Caribbean continue to scale up their responses to the pandemic.

18. The activities and priorities selected to meet the grant's objectives dovetailed with PAHO's integrated response plan and fully aligned with the 2020, 2021, and 2022 WHO Strategic Preparedness and Response Plan for COVID-19, as well as with PAHO Resolutions CD58.R9 (COVID-19 Pandemic in the Region of the Americas) and CDSS1.R1 (Update on the COVID-19 Pandemic in the Region of the Americas, COVAX Preparedness, and Equitable Access to COVID-19 Vaccines), approved by Member States. The major programmatic areas of intervention were vaccination, procurements, health system strengthening, and generation of technical knowledge for informed decision-making.

19. With this funding, PASB was able to support countries to increase the total number of COVID-19 vaccine doses administered in the Region from 1.48 billion to 2.09 billion. It expanded the previously established postmarket regional surveillance network for the enhanced detection, notification, and investigation of potential adverse events, known as events supposedly attributable to vaccination or immunization to 18 countries. Direct procurements, which absorbed the majority of implemented funds, were used to deliver 50 million units of supplies to countries, including over 10 million syringes, 156,000 diluents (vials), and 220,000 safety boxes for storage of needles and syringes were purchased and distributed, amounting to a total of 31 shipments to 25 countries and territories. Program activities also focused on strengthening primary health care (PHC) clinics and staff to provide clinical care for patients with COVID-19 disease; restoring essential health services disrupted by the pandemic; and improving resilience against future threats. Thanks to this funding, PASB was supported to produce 175 COVID-19-related publications, including systematic reviews, guidelines and clinical management advice, health systems analysis, and advice on all aspects of COVID-19 response planning. PAHO's technical experts also wrote or coauthored numerous studies published in scientific journals with regional or global reach and produced training courses for targeted capacity-building in pandemic-related areas.

Reinvigoration of the Elimination Initiative

20. The PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7) was originally endorsed by Member States at the 57th Directing Council in 2019. It lays out a vision for a future free of more than 30 communicable diseases and related conditions and the public health, societal, and economic impacts they cause in the affected populations in the Region of the Americas by 2030.

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

21. Although the COVID-19 pandemic halted its implementation in countries and territories of the Region, the Elimination Initiative (EI) has been the driver of more integrated, effective, efficient, and equitable health services in the Americas to accelerate multidisease elimination. A meeting of the Strategic and Technical Advisory Group on Disease Elimination was held in November 2022 to reposition the EI in the post-COVID-19 pandemic arena. In line with the group's recommendations, during the reporting period the Bureau has continued the advocacy campaign to promote the EI among ministries of health, academia, civil society, and other stakeholders, and is developing a new monitoring and evaluation framework.

22. Countries that have completed action plans to strengthen the essential public health functions (EPHFs) have committed to include EI actions within their national health plans and other health planning instruments. This integrated approach, in turn, will help to strengthen health systems, including governance and stewardship, and improve health systems resilience in the areas of evaluation, policy implementation, resource allocation, and universal access to health, with a view to the eventual elimination of those communicable diseases for which it is a feasible goal.

One Health action plan launched

23. Complementary to progress with the EI, and in response to international requests to prevent future pandemics and to promote health sustainably through the One Health approach, the One Health Joint Plan of Action (2022–2026)—developed jointly by WHO, the Food and Agriculture Organization of the United Nations, the United Nations Environment Programme, and the World Organisation for Animal Health—was launched in October 2022. This action plan outlines the commitment of the four organizations to collectively advocate and support the implementation of One Health. It builds on, complements, and adds value to existing global and regional One Health and coordination initiatives aimed at strengthening capacity to address complex multidimensional health risks with more resilient health systems at global, regional, and national level. The action plan complements, and builds on, the policy One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface (Document CD59/9), which was endorsed by Member States at the 59th Directing Council.

24. The PAHO One Health policy and the quadripartite joint action plan both serve as the basis for the operationalization of the regional approach to One Health to provide coordinated support to the countries of the Region. The Bureau has created an inclusive organizational flexible structure based on the six action tracks of the action plan that will also allow for the mainstreaming of the six strategic lines of action of the PAHO One Health policy within each track.

Priority actions for mental health in the Region

25. Mental health is a serious public health issue in the Region of the Americas due to a high burden of mental health conditions, low treatment coverage, and rising suicide rates. The COVID-19 pandemic contributed to the development of new mental health conditions and worsened preexisting ones, with major depressive disorders and anxiety disorders rising by 35% and 32%, respectively, in Latin America and the Caribbean in 2020. Women, young people, Indigenous populations, Afro-descendants and members of other ethnic groups, and people living in poverty are among those most severely impacted. The COVID-19 pandemic also decreased access to essential mental health care.

26. In 2022, the Director of PASB established the High-Level Commission on Mental Health and COVID-19 to prioritize mental health in the Region and provide guidance to Member States and PASB on strengthening mental health during and after the pandemic. In June 2023, the Commission published a high-level report on advancing mental health in the Region.

27. The Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas (Document CD60/9), which is informed by the High-Level Commission's recommendations, was discussed by the 172nd Session of the Executive Committee in June 2023. It follows the adoption of the Policy for Improving Mental Health (Document CSP30/9) by the 30th Pan American Sanitary Conference in September 2022 and is intended to guide and support Member States in efforts to improve mental health and suicide prevention, using an equity- and rights-based approach and taking into account national contexts, needs, and priorities. It emphasizes that an intersectoral response is needed to prioritize mental health and suicide prevention and mobilize resources to meet the growing demand for care.

Strengthening human resources for health

28. The COVID-19 pandemic highlighted the chronic shortfall in human resources in the Region's health systems, as well as having a direct and severe impact on the availability, distribution, and quality of health personnel. Furthermore, the pandemic had detrimental consequences for the mental health of health workers, with high rates of depression symptoms, suicidal ideation, and psychological malaise reported. Between 14.7% and 22% of health workers in most countries had symptoms suggesting a depressive episode and 16% of the total health workforce in the Region, which is estimated at 15 million, were directly affected by COVID-19 disease, either as identified cases or deaths.

29. Although determining accurate figures was hampered by the limitations of information systems on human resources for health across the Region, in 2022, WHO projected a shortage of at least 600,000 health professionals in Latin America and the Caribbean by 2030, based on the target of 44.5 professionals (medical, nursing, and midwifery personnel) per 10,000 population. COVID-19 response measures somewhat improved health worker availability, but the shortage remains substantial. The new Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6) contains five strategic lines of action to provide Member States with strategic and technical guidance for the development and implementation of strategies and initiatives aimed at strengthening human resources for health so that these resources can contribute to the development of resilient health systems.

Prevention of noncommunicable diseases and tackling risk factors in adolescents

30. Noncommunicable diseases continue to be the leading causes of ill health, disability, and death in the Region of the Americas, responsible for 5.8 million deaths (81% of total deaths) each year. They share risk factors of tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. Much of the burden of NCDs in adulthood is related to modifiable risk factors early in life. For example, overweight and obesity during childhood and adolescence is an important NCD risk linked to ill health and premature mortality from cardiovascular disease, diabetes, asthma, and certain types of cancer later in life. In the Region,

the prevalence of obesity among children and adolescents aged 5–19 years increased from 3% in 1975 to 14.4% in 2016 (latest year for which regional data are available), a rate that is among the highest in the world.

31. Given that any NCD risk factors may start during childhood and adolescence, and children and adolescents are often targeted with messages encouraging tobacco use or consumption of ultra-processed foods, this is a critical period for interventions aimed at NCD prevention. The new Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults (Document CD60/7) provides strategic and technical guidance for the development and implementation of NCD interventions for children, adolescents, and young adults, taking a child- and family-based approach across the life course, and drawing on a set of cost-effective and evidence-based NCD interventions proposed and recently updated by WHO.

Capturing good practices to inform health system strengthening and public health innovation

32. The COVID-19 pandemic provided an opportunity for widespread innovation in public health as countries battled to meet the surge in demand for health care and adapt systems and structures to respond to urgent needs. To capture the valuable knowledge generated through these developments, and to facilitate knowledge-sharing across the Region, the Bureau has developed a new initiative called Good Practices in Public Health: Experiences and Lessons Learned from the Americas, which aims to collect, evaluate, and publish on a dedicated portal the best examples of innovation. Good practices in this context are defined as the initiatives, interventions, solutions, methodologies, or procedures undertaken during the implementation of activities and projects at regional, subregional, and local levels that have yielded results that could be adapted and/or replicated in different contexts and by different countries and territories or organizations. The systematization of good practices through this effort will also enable authorities, decisionmakers, public health professionals, stakeholders, and communities to increase awareness of the Region's experiences and promote the value added by PAHO's technical cooperation. The new system will be formally launched later in 2023.

Strengthening surveillance to enhance future pandemic preparedness

33. In line with global priorities to strengthen systems for surveillance and early outbreak detection, and following on from the adoption of the Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Document CSP30/12) by the 30th Pan American Sanitary Conference in September 2022, a key component of PASB's support to countries during the reporting period has focused on strengthening surveillance systems. Promoting both event-based surveillance and reinforcement of indicator-based surveillance, as of 13 June 2023, PASB supported 29 countries to integrate COVID-19 surveillance into surveillance systems on influenza-like illnesses and severe acute respiratory infections, which aims to improve the detection and reporting of these illnesses and infections by PHC centers and hospitals. In addition, PAHO leveraged the response during the COVID-19 pandemic to invest in genomic sequencing, which enables vital surveillance of SARS-CoV-2 and detection of variants of concern. Efforts are continuing to expand the COVID-19 Genomic Surveillance Regional Network for the timely characterization of variants of concern. The Latin America and the Caribbean region now has seven laboratories, compared to two at the beginning of the pandemic. The network now comprises 30 participating countries and

territories. Furthermore, all countries in Latin America and the Caribbean are gradually introducing new technologies such as MALDI-TOF, the best available method for specific identification of pathogens and whole genome sequencing, which allows for the tracking and characterization of antimicrobial resistance mechanisms under the One Health approach.

Part 4: Activities and achievements

34. This section presents a consolidated summary of the Bureau’s work and achievements during the period from July 2022 to June 2023. Covering two PASB administrations, and encompassing WHO’s formal declaration of the end of the COVID-19 pandemic in May 2023, the activities discussed below were selected to reflect the continuity of values and purpose during the course of the year, while highlighting how these significant changes have generated new opportunities and approaches for the Bureau to respond to countries’ postpandemic needs.

35. Not intended as a comprehensive review of PASB’s vast portfolio, these highlighted topics and achievements illustrate the breadth and depth of PASB’s technical cooperation with countries, with an emphasis on demonstrating an integrated approach to key health challenges affecting the Region and attention to activities that bring the greatest investment returns.

Progress toward universal health

Access and equity

36. Within the framework of universal health, PAHO Member States carry out actions to ensure that all individuals and communities have access, without any type of discrimination, to comprehensive, adequate, timely, and quality health services. Despite these efforts, members of certain ethnic groups—including Indigenous, Afro-descendant, and Roma populations—continue to face situations of inequality, discrimination, and social exclusion, and these healthcare access barriers, and related issues of care quality, have significant impacts on health outcomes across the Region.

37. The Region of the Americas is the first WHO region to adopt a policy, strategy, and plan of action on ethnicity and health. With substantial input from Member States and regional and global experts, this marks a milestone in global acceptance of the need to address marginalization and discrimination based on ethnicity, since, in interaction with other structural determinants such as gender, this produces inequities in the field of health.

38. The Strategy and Action Plan on Ethnicity and Health 2019–2025 (Document CD57/13, Rev. 1) promotes intercultural approaches to health and drives action on the social determinants of health, with the participation of stakeholder groups. Progress has been made in the production, comprehensive management, and analysis of health information disaggregated by ethnicity. However, it is necessary to continue strengthening the production of evidence, especially in these ways: incorporating ethnic self-identification as a variable within vital statistics; including an explicit commitment to examine ethnicity and health in the national research agenda; and using health information on ethnic groups to develop policies, strategies, plans, and programs.

39. To facilitate the process, PAHO has developed the knowledge dialogues methodology, with the participation of indigenous groups, to guide practitioners through consultations that seek to elucidate cultural differences. Interventions already being tested involve creating networks with civil society, working with groups in conditions of vulnerability, for example, domestic workers, or women in very difficult situations. Furthermore, there are specific actions to strengthen local-level action with local governments through implementation of a “healthy municipalities, cities and communities” approach into policymaking to improve the local

governance for health and well-being. PASB's work in this area also includes finding solutions to specific practical challenges such as how to improve immunization coverage rates now that they have hit a 10-year low after the COVID-19 pandemic.

Progress and achievements

40. *Global recognition of PAHO's leadership on indigenous health.* As the only WHO region with a portfolio on indigenous health, PASB has successfully positioned the Organization as a point of reference to guide decision-making at a global level. Besides supporting the implementation of a resolution on the Health of Indigenous Peoples, led by Brazil, and adopted by the Seventy-sixth World Health Assembly in 2023, PAHO also has a key role in the United Nations Permanent Forum on People of African Descent and other international forums.

41. *Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work* (Document CSP30/8). This policy was approved by the 30th Pan American Sanitary Conference in September 2022 and establishes the framework for reinvigorating progress toward the SDGs in the postpandemic period. Some achievements in the fulfillment of this mandate are the interprogrammatic work to include social determinants and health equity approach in NCD programs in Colombia and Suriname (strategic line of action 2), and the formation of a community network for the adaptation of public health measures for groups in situations of vulnerability in the Region (strategic line of action 3).

42. *Reinvigoration of the Elimination Initiative with an equity focus.* The EI is a major effort to eliminate more than 30 communicable diseases and related conditions in the Americas by 2030 (see section Reinvigoration of the Elimination Initiative). In response to a call for acceleration of the initiative to address gains lost during the COVID-19 pandemic, PASB is applying an equity lens to each of the target conditions to identify where the groups are that have not been reached and what the barriers are preventing services from reaching them.

Challenges

43. A significant challenge in addressing inequity in health is the need to work locally with communities and civil society organizations to link the extra-health social structures that determine health-seeking behavior back to the health system, while targeting the social and environmental determinants of exclusion and discrimination. An important lesson from the COVID-19 pandemic was that health problems cannot be solved by the health sector alone. Local government and community participation are key to tackling long-standing structural factors that hinder access and perpetuate poor outcomes.

Health systems and services

44. The ultimate goal of PASB's technical cooperation for countries is to achieve Health For All while promoting resilience, the core component of health security, in the face of internal and external health threats. Before the COVID-19 pandemic, the Region of the Americas was making progress toward the achievement of universal access to health and universal health coverage, although gains were slow due to persistent systemic deficiencies and inequalities. Since the pandemic, this progress has been reversed, exposing and exacerbating structural

weaknesses in health systems and inequalities in health. As a result, it has been challenging for all countries to maintain the continuity of essential health services while responding to the pandemic.

45. By the end of 2021, the point at which services were maximally disrupted by the COVID-19 pandemic and mitigation efforts, 93% of countries had reported interruptions in the provision of essential health services through all modalities, with 26% reporting interruptions in 75–100% of services. For both primary care and for palliative care and rehabilitation services, 70% of countries reported interruptions. Although these figures have now improved, as data from the fourth round of the PAHO/WHO pulse survey confirm, countries still need significant support to restore service access to prepandemic levels.

46. Having a formal initiative that integrates the PHC approach to address prioritized health needs is paramount to respond to the demands of Member States in reducing maternal and infant mortality more rapidly, accelerating disease elimination, and strengthening the management of chronic diseases and mental health. Providing the framework for PASB's technical cooperation in this area, the Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (Document CD59/11), adopted in 2021, complemented the universal health strategy with lessons learned by health systems during the pandemic. Subsequently, to provide an overarching strategic framework to help Member States combat the fragmentation of health care and ensure integrated care, in September 2022, the 30th Pan American Sanitary Conference adopted the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10). The achievements below highlight progress aligned with these strategic initiatives.

Progress and achievements

47. *Enhancing response capacity.* The COVID-19 pandemic laid bare the need to transform health systems in the direction of universal health, with a strong focus on PHC. Thirty-four PAHO Member States are implementing or planning to implement strategies and plans of action to increase response capacity at the first level of care, and 18 countries have strengthened integrated health service delivery networks and promoted improvements in the quality of comprehensive health service delivery. With the support of PASB during the reporting period, at least 10 countries implemented capacity assessment tools at the first level of care, including the methodology for the assessment of essential conditions.

48. *Essential public health functions.* To support the evaluation of health authorities and to build their capacities, PASB continues to promote the renewed EPHF conceptual framework, published at the end of 2021. The EPHFs are the core institutional capacities that countries must strengthen to take appropriate actions in public health. In total, four countries in the Region have completed the EPHF capacities assessment and 14 additional countries are progressing in its implementation. During the reporting period, the Bahamas, Belize, Dominican Republic, El Salvador, and Suriname developed action plans closely linked to national health and development plans. PASB also launched the 2023 EPHF webinar series, which highlights the link between the EPHFs and establishment of health systems based on PHC.

49. *Health financing.* Although most Member States increased public expenditure on health in response to the COVID-19 pandemic—per capita public expenditure on health increased by almost 10% on average—a decrease in financing has been observed. Despite this trend, during the reporting period five Member States reached the target of spending an equivalent of 6% of gross domestic product on health and the average for this indicator rose one percentage point from 3.7% to 4.7%. At least 10 Member States are now implementing or plan to implement equitable financing strategies, and seven have specific strategies to eliminate out-of-pocket payments for health services.

50. *Expansion of telemedicine in PHC.* Telemedicine is a crucial example of the innovations resulting from COVID-19. It has become a new priority for Member States during the past two years in recognition of its potential to address human resource shortages and the challenges of remote populations. For example, during the reporting period, the Latin American Center of Perinatology, Women and Reproductive Health supported midwives in the Amazon to be connected through telemedicine projects, extending health services reach to very isolated communities. With PASB's support, 17 countries have made important progress toward the implementation of telehealth models at the first level of care. As the use of telemedicine expands, countries will continue to revise the model of care, and the competencies of interprofessional health teams required within a sector that incorporates digital health solutions will grow.

Challenges

51. Rather than generating new problems, the COVID-19 pandemic served to make underlying weaknesses in the Region's health systems more visible. The challenge at this stage is to move forward at an accelerated pace while addressing historical gaps. This shift calls for significant investment in PHC involving increased public health spending and efficient resource allocation at the community level. It is also imperative to bolster stewardship of health authorities and governance capacities across all levels of decision-making, rethink healthcare models, and adapt health systems to address new epidemiological, socioeconomic, and demographic realities. However, mobilizing adequate resources to ensure health system renewal and address equity issues—specifically related to improving access among currently underserved racial and ethnic groups, tackling discrimination in the health systems, and expanding culturally sensitive approaches to health service provision—remains a weak spot.

Human resources for health

52. The COVID-19 pandemic exacerbated underlying challenges in human resources for health (see section Strengthening human resources for health). The burden, and risk, of work increased while worsening gaps between numbers of health workers available and the need. Numerous factors contribute to the problem, including: a lack of policies and strategic processes for recruitment development; mobility and migration (particularly from the Bolivarian Republic of Venezuela and some countries in the Caribbean); and a lack of demand for health professions from young people. Furthermore, in recent years, working conditions have worsened and salaries have dropped in real terms, which make the professions unattractive to newly qualified young adults. Mental health issues among health workers—*anxiety, depression, stress, burnout, and suicide*—are also a significant challenge contributing to high numbers of resignations across the professions.

53. The personnel shortages brought about through the COVID-19 pandemic necessitated significant work to update regulations concerning various aspects of collaborative work, such as the use of students and nurses in healthcare provision and training of the regulators. The PAHO/WHO pulse survey of service disruptions during the pandemic highlighted the fact that collaborative work, including task-sharing, was underutilized, exacerbating the effect of workforce shortages. While countries work to shore up health system resilience and expand PHC, it is becoming increasingly evident that the lack of an available, well-qualified, and well-distributed health workforce is a key rate-limiting factor. During the reporting period, this challenge prompted many countries to develop or update their public policy and legal frameworks on human resources for health and to strengthen governance mechanisms. PASB continues to support countries to improve information systems for the monitoring and evaluation of health workers in the Region and to support health workforce planning and forecasting as health systems strengthen PHC, including advocating for gender mainstreaming in employment policies within the health sector.

Progress and achievements

54. *Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems* (Document CD60/6). This year marks the final year of the Plan of Action on Human Resources for Universal Access to Health and Health Coverage 2018–2023 (Document CD56/10, Rev. 1). A final assessment of this plan is under way. Furthermore, examined by the 172nd Session of the Executive Committee in June 2023, the new policy on the health workforce 2030, which will be discussed by the 60th Directing Council, was developed through a consultation process with all countries, PAHO technical areas, and PASB’s human resources team.

Challenges

55. An ongoing challenge is the shortage of health professionals in remote and underserved areas, even in countries where national workforce numbers are in line with recommendations. Furthermore, many healthcare workers are under informal or short-term contracts, which exacerbates the precariousness of their employment and hinders availability. Member States are continuing to work intensively in transforming the education and training of health personnel and developing interprofessional teams, especially at PHC level, in underserved areas with vulnerable populations. Another priority area is improving digital health and the digital literacy of health workforce to improve access to telemedicine and improving information systems.

Virtual Campus of Public Health

56. The Virtual Campus of Public Health, which now has the status of a special program within PASB, is a key tool for expanding access to education and training for health workers. Working across all departments and units within PASB, the Virtual Campus’ main goal is to facilitate continual capacity-building for healthcare workers as part of PASB technical cooperation activities to strengthen health systems in the Region. Enrollment and user figures show that month by month the platform continues to attract new visitors. A key focus for this work is to support the renewal of PHC in the postpandemic period, in line with Member State priorities for establishing health system resilience. An encouraging trend is the recommendation by national authorities of Virtual Campus courses to their health workers as

part of continuing professional development. The course on death certificates, for example, has been made mandatory for all health workers in Ecuador and Mexico. The most important priority for the coming months is development of learning pathways to organize course materials into a defined learning schedule that guides users through to a goal that contributes to countries' health system strengthening objectives. PASB is also investigating the possibility of linking courses to universities and public health schools to advance the idea of awarding microcredentials for lifelong learning and specialization. Thanks to financial support from the United States Agency for International Development, the Virtual Campus received direct donor contributions for the first time during the reporting period.

Progress and achievements

57. *User numbers continue to climb.* During the reporting period, the Virtual Campus reached an impressive 2.5 million users—an increase of almost 300,000 over the previous year—representing 5 million course enrollments (a single user usually visits one, two, or more courses).

58. *Course materials covering all PASB focus areas and establishment of country nodes.* During the reporting period, the Virtual Campus completed the library of high-quality materials covering all the technical areas of PAHO cooperation. This investment in content generation has elevated the Virtual Campus from being a useful but limited online tool to having the potential to grow into an online university with internationally recognized microcredentials. The offerings now include regional courses with different teaching styles (tutorial, self-learning), and links with universities and public health institutions. A total of 22 country nodes have now been established, and a series of training and exchange meetings to facilitate the management of training priorities through decentralization in the PAHO/WHO Representative offices and in the national teams was launched in March 2023.

59. *Launch of the Virtual Campus app.* To mark the twentieth anniversary of the establishment of the Virtual Campus, an app version will be launched in 2023 to help health workers access course material even if they are offline. Access to the Internet is required only for doing assessments and the end-of-course evaluation.

Challenges

60. Expanding usage of the platform among primary health workers and community health workers is an ongoing challenge because these groups are key to achieving PHC renewal objectives. The system is most used by medical doctors (32% of users) and nurses (38%) and in formal healthcare settings (hospitals 49%, PHC services 37%, management 14%). However, it is hoped that the launch of the app and strengthening country nodes will promote access in rural areas and among remote workers.

Emergency response

61. Emergency response is a traditional area of strength for PASB. The Bureau assists with the technical aspects, medicines, equipment, supplies, and deployment of emergency response, focusing on strengthening or establishing strategic partnerships to maintain cooperation between national institutions, nongovernmental organizations, international partners, and others. Thanks to the close collaboration with Member States, PASB has standing capacity to

initiate a response to any emergency in less than 24 hours, including the deployment of experts from the Regional Response Team, shipment of medicines, supplies, and equipment from its Regional Strategic Reserve, and expand as needed in close coordination with the affected country, donors, and relevant international partners.

62. The COVID-19 pandemic had the effect of bringing the health sector to the front lines of emergency responsiveness, after a period where humanitarian aid or refugee agencies had been more prominent. During the reporting period, there were 24 emergencies in the Region and five protracted emergencies, including civil unrest in Haiti, flooding in Cuba, volcanic eruption in Saint Vincent and the Grenadines, crisis of migrants in many countries, and new environmental emergencies in Suriname and Uruguay. However, COVID-19 continued to absorb the majority of donor attention, drawing funding away from other kinds of emergency and hampering response efforts. During the reporting period, emergency response capacity continued to be affected by the high costs of containers (resulting from the pandemic period) and high cost of fuel, compounded by challenges resulting from the war in Ukraine and global supply chain problems. These factors continued to affect transport costs and cause delivery delays, contributing to shortages of medicines and supplies in many countries.

Progress and achievements

63. *Expansion of the Strategic Reserve in Panama.* The PAHO warehouse in Panama is the primary regional mechanism through which supplies are transported to support countries in hotspots. In most cases, urgently needed equipment and supplies can be prepositioned and delivered on time according to the countries' needs. However, with only one reserve for the whole Region, there is a need to strengthen the humanitarian assistance network for emergencies in the Americas for the transport and delivery of materials to where they are needed.

64. *Field-testing of the health operation and emergency platform (working name HOPE).* This system, which has been 8 years in development, helps countries capture maps and information about health facilities and services during peace time, so that assessments of damage to health facilities and other reports can be captured in real time by health facility staff during emergencies. Testing began in 2023 with a target of rolling out to six countries in the next 18 months.

65. *Enhancing outbreak response and ethical use of experimental interventions.* PAHO developed the MEURI (monitored emergency use of unregistered and experimental interventions) ethical framework to support Member States in the emergency use of unproven interventions outside of clinical trials during the mpox outbreak, which was first reported in May 2022. PASB also delivered technical cooperation to 41 countries and territories to ensure their laboratories were enabled to detect cases, to strengthen epidemiological surveillance systems, to develop clinical guidelines through the synthesizing of evidence for therapeutic options, to implement appropriate infection prevention and control measures, and to combat stigma and discrimination through risk communication and community engagement strategies.

Challenges

66. Maintaining a state of permanent alert with relevant capacity in countries is an ongoing challenge because attention wanes when crises end. This challenge is compounded by regular

changes in political leadership and key personnel in ministries, which mean knowledge is frequently lost and has to be replaced through retraining. Ensuring adequate financial resources for multihazard emergency responsiveness is another challenge in the wake of the COVID-19 pandemic, which continues to skew priorities.

Mental health

67. Mental health is an issue of growing importance in the Region. Suicide mortality rates, the only indicator related to mental health explicitly incorporated into the SDGs, are increasing on average across the Region. Recent data show that, each year, nearly 100,000 people die by suicide in the Region (an age-adjusted rate of 9 per 100,000 population), with significant variability among countries. Between 2000 and 2019, the regional suicide rate increased by 17%, making the Americas the only WHO region where suicide is rising.

68. Together, mental, neurological, and substance use disorders and suicide account for over one-third of years lived with disability and a fifth of disability-adjusted life years in the Americas. The Region has the highest prevalence rate of anxiety disorders and the second-highest rate of depressive disorders of all WHO regions. It also has a high prevalence of alcohol consumption, with 8.2% of the population over 15 years suffering from an alcohol use disorder.

69. COVID-19 had the effect of exacerbating existing levels of anxiety and depression, while at the same time disrupting the availability of mental health services. Importantly, however, mental health was considered an essential service in the pandemic as a result of clear political commitments from most countries. It was included as part of the COVID-19 response plans at national level, and PAHO also prioritized mental health as part of its Incident Management Support Team structures at country level. Overall, however, the proportion of mental health disorders that receive appropriate treatment remains very low, at about 10–20% of cases, and countries only devote an average of 3% of their health budget to these conditions, demonstrating the extent of the unmet need.

Progress and achievements

70. *New regional Policy on Mental Health and new Strategy for Mental Health and Suicide Prevention approved.* The new regional policy for improving mental health was approved by the 30th Pan American Sanitary Conference in September 2022 (Document CSP30/9), and the strategy was examined at the 172nd Session of the Executive Committee in June 2023 (see section Priority actions for mental health in the Region), and will be discussed by 60th Directing Council (Document CD60/9).

71. *High-Level Commission on Mental Health and COVID-19 final report issued.* The High-Level Commission on Mental Health and COVID-19 benefited from significant political priority in the Region because it went beyond mental health to incorporate intersectoral action. The high profile of the President of the Commission, the former Vice President of Costa Rica, and the Co-Chair, the Assistant Secretary-General of the Organization of American States, gave the Commission a mandate beyond health and it was considered by countries as an important space to discuss key issues.

72. *Legislative protection for mental health, using a rights-based approach.* Antigua and Barbuda, the Bahamas, Guyana, Mexico, and Paraguay achieved advances in rights-based mental health legislation, in line with the Convention on the Rights of Persons with Disabilities. This approach focuses on community services and integrating mental health into primary care, as well as on the promotion and protection of mental health, early detection, and prevention. Guyana ratified its mental health legislation, repealing its 1930 Ordinance, and enacted legislation on suicide prevention that decriminalizes suicide. Mexico approved reforms to its General Health Law to ensure universal, equal, and equitable access to mental health and addiction care, and providing for the elimination of inpatient psychiatric hospitals and their progressive conversion into outpatient centers or general hospitals. In 2022, PAHO provided technical support to Belize, Guyana, Suriname, and Trinidad and Tobago to develop multisectoral suicide prevention plans in line with the WHO LIVE LIFE suicide prevention implementation guidelines.

Challenges

73. Worldwide and in the Region of the Americas, suicide rates among males continue to be higher than among females. There is a need to examine the sociocultural context and environment of boys, men, and gender diverse people to understand the root causes of psychological distress and the complexities of how these groups ask for and accept help.

74. Furthermore, while the goal of deinstitutionalizing mental health is widely accepted, there are very specific issues that need to be resolved to make it happen. For example, managing medicine supplies to ensure that psychiatric drugs are available at the PHC level requires a well-thought-out health system change and making appropriate community-based resources available to manage patients who were previously housed in institutions. These challenges suggest implementation may be slower than the political support might indicate.

Health system supporting functions

Procurement

75. Procurement is one of PAHO's most visible success stories to emerge from the COVID-19 pandemic. Faced with the challenge of having to scale up time-consuming e-mail and spreadsheet-based systems to accommodate hundreds of millions of dollars of equipment, diagnostics, pharmaceuticals, vaccines and supplies for the Region, PAHO, particularly through the Revolving Fund for Access to Vaccines (Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (Strategic Fund), embraced robotic process automation and cloud-based digital solutions to maintain transparency, rigor, and trust in process and deliver products to countries, while monitoring for delivery delays and supply chain risks.

76. During the first semester of the reporting period, PAHO finalized implementation of an exceptional \$75 million grant from the Government of the United States of America, under the American Rescue Plan Act, most of which was implemented through procurement activities (see section Successful implementation of an exceptional grant). Pandemic-related disruptions to logistics, including an almost doubling in the price of containers and limited supply, especially on the shipping route between Asia and the Americas, created significant challenges and pushed up costs, although they have been starting to resolve as 2023 has progressed.

77. Focusing on addressing inefficiencies and managing supply chain risks, the Procurement Team has been working with both Member States and suppliers to understand challenges and find solutions. The Bureau scaled up its robotic and digital processes first rolled out during 2021 and early 2022, establishing strong coordination with technical units, advising on product lead times and decision-making, then monitoring deliveries with a proprietary monitoring tool to identify delay risk. In February 2023, a new system source-to-contract operations system was rolled out to help technical units compare suppliers and evaluate offers before doing the contracting. This year also marks the first full year after the launch of PAHO's sustainable procurement policy, covering vehicles, catering, and carbon dioxide emissions in the supply chain. Baseline data on emissions are currently being collected to facilitate target and goal-setting later in 2023.

Progress and achievements

78. *Strategic Fund.* The Strategic Fund supported diagnosis, prevention, and treatment for over 20 million people in 2022, including 5.3 million people in priority programs on HIV, tuberculosis, and malaria. Additionally, the fund procured over \$2.5 million in diabetes and cardiovascular medicines, hematologic medicines, antineoplastics, and immunomodulators, representing a 450% increase over 2021.

79. *Restoration of services disrupted by the COVID-19 pandemic.* PAHO procured diagnostic tests and equipment to help countries restore services disrupted by the COVID-19 pandemic and increase diagnosis of people with tuberculosis, HIV, viral hepatitis, hepatitis B and C, and syphilis and other sexually transmitted infections. Supplies delivered to 13 countries included 778,000 diagnostic test kits. Eighteen countries received tuberculosis tests and equipment.

80. *Global recognition for procurement excellence.* PAHO was recognized in the Annual Statistical Report on United Nations Procurement 2022 as the second largest procuring organization in the health sector, with PAHO's procurements comprising just over 25% of all United Nations procurements in this sector.

81. *World Procurement Award for Digital Impact won by the Procurement and Supply Management Team.* This award, from Procurement Leaders, a global network of Chief Procurement Officers and their teams, was dedicated to PAHO in 2022. A panel of 37 industry experts selected PAHO's robotic automation processes for procurement as the best example of digital impact in 2022 from among 360 case studies drawn from both public and private sector organizations.

82. *Cloud-based risk-monitoring tool.* A dashboard was developed to help technical units track money allocated to procurement processes across seven different cost centers, linked to the source-to-contract operations system launched in February 2023.

83. *Cloud-based collaboration portal.* Piloted during the COVID-19 pandemic, this cloud-based system enables real-time information-sharing between PAHO and ministries of health, which speeds up a process that previously could take 4–5 days.

Challenges

84. Moving forward with the sustainable procurement agenda, the next steps are to engage with key suppliers and Member States to identify ways to improve the sustainability of supply chains and reduce carbon dioxide emissions. An ongoing task is to continue to identify and exploit opportunities to incorporate greater efficiency into the procurement process and tackle the particular challenges of delivery to the Caribbean, where low purchase volumes and limited airline connectivity increase costs.

Access to quality-assured health technologies

85. Improving access to quality-assured vaccines, pharmaceuticals, and other health technologies requires ongoing work, both to expand access to cost-effective innovative technologies and to ensure that access to other known technologies is available to those who need them. The COVID-19 pandemic highlighted the importance of access to safe, quality, and affordable health technologies for an effective response. It also exposed high levels of dependence on imports from other regions for both final products and intermediate inputs for local manufacture.

86. Strong national regulatory authorities (NRAs) and regulatory processes following international standards are important for local innovation and production ecosystems because NRAs are primarily responsible for overseeing regulatory compliance of locally produced products. During the COVID-19 pandemic, national regulatory systems also demonstrated their crucial role in maintaining confidence in the quality, safety, and efficacy of medical products, both for emergency response and for the treatment and prevention of disease.

87. PASB provides technical advice to Member States on the development and implementation of policies and programs to improve access to quality, safe, and effective vaccines, pharmaceuticals, and other health technologies. To better respond to the demands for technical cooperation, taking into consideration evolving regional and global contexts as well as the lessons learned from the COVID-19 pandemic, PASB created a new department focused on addressing barriers to access to medical products.

Progress and achievements

88. *Strengthening manufacturing capacities of vaccines and other health technologies.* During the reporting period, PASB, together with WHO, the Medicines Patent Pool, and other partners, continued work on an initiative for technology transfer and development of mRNA-based vaccines in Argentina and Brazil. In addition to contributing to the global project, PASB is providing complementary cooperation with support from Global Affairs Canada to strengthen technological infrastructure, conduct preclinical studies, and analyze intellectual property information at selected centers. PASB also initiated a process of regional dialogues to facilitate exchange and dissemination of experiences, regional consultations, and multisectoral policy analysis involving experts, partners, and representatives from 13 countries in Latin America and the Caribbean.

89. *Promoting regulatory systems efficiencies.* National regulatory systems are being strengthened in line with the new policy document approved by the 30th Pan American Sanitary Conference (Document CSP30/11) in September 2022: Policy to Strengthen National

Regulatory Systems for Medicines and Other Health Technologies. The objective of this policy is to renew the mandates for regulation of all medical products of interest to the health system in the Region, as well as the role of regulatory systems in oversight of local production of health technologies and responding to health emergencies. In this context, PASB is supporting countries with the completion of the assisted self-assessment using a gradual approach, from maturity level 1 toward reaching maturity level 3 of the WHO Global Benchmarking Tool, as well as with strengthening competencies of NRA evaluators for evaluation/benchmarking processes in the Region.

90. *Establishment of subregional hubs for the quality control of personal protective equipment (PPE).* This initiative was made possible thanks to the support of Government of the United States of America. Early in the COVID-19 pandemic, equipment and PPE shortages led countries to try to produce them locally, but they were hindered in this process due to a lack of capacity to assess product quality. The subregional hubs constitute a step forward in solving this challenge by supplementing country capacity to perform quality control evaluations, which is an important function both for strengthening subregional manufacturing ecosystems and for ensuring access to quality-assured medical products.

91. *Promoting lessons learned from the Region and unlocking funding from new donors.* Funded by the United States Food and Drug Administration, PASB documented lessons learned not only from mature systems but from the Region in general, identifying best practices and gaps for investment. The document has since become a valuable tool for fund mobilization by capturing the knowledge from which other regions can learn and attracting new donors, such as the European Commission and the Bill & Melinda Gates Foundation, which are seeking to learn from the experience.

92. *Developing criteria for the prioritization of health technology assessments (HTAs) for the Strategic Fund.* During the reporting period, PASB has been increasing the use of real-world evidence into guidelines for HTAs to define evidence-based criteria for updating the list of technologies that are included in PAHO Strategic Fund.

Challenges

93. Despite the positive uptake of HTAs in countries as a way of identifying substandard technologies, there remains a gap between the potential benefits for countries and progress in elimination of falsified medicines and technologies from the marketplace. This gap results from the absence of requirements for government to follow the recommendations of regulatory authorities, based on the HTA process. A priority for the near future is to support countries to create the right legal framework to empower regulatory authorities to ensure that substandard products are kept out of circulation.

Information systems and digital health

94. The ongoing wave of digitization in the health sector, spurred by the COVID-19 pandemic, offers an unprecedented opportunity to bolster and reconfigure healthcare models, empowering stakeholders within a PHC framework. The potential of interoperable and interconnected systems, synergistically supported by digital solutions, to augment health

services cannot be underestimated. This approach concurrently empowers government entities, individuals, and service providers to ensure seamless continuity of care and equitable access to health services.

95. PAHO has reached significant milestones in supporting countries in the field of information systems and digital health. A key achievement has been the exhaustive analysis of the maturity of information systems throughout the entire Region, providing a solid basis for making informed decisions and formulating renewed public policies for digital transformation of the health sector. PAHO has also been a key actor in supporting countries to implement digital vaccine certificates and for the strengthening of vital statistics and the transition from the International Classification of Diseases 10th Revision to the International Classification of Diseases 11th Revision. This work is essential for the successful implementation of electronic medical record platforms, guaranteeing accuracy and consistency in the collection and analysis of clinical data, as well as in the processes of classification of diseases and causes of death.

96. In response to the growing need for remote access to health services and continuity of care, technical cooperation projects in telehealth have been successfully implemented in several countries, bringing care closer to those who require it in vulnerable zones and making continuity of care possible, even in high service disruption situations. In addition, the governance of information and digital health systems has been strengthened, establishing effective mechanisms that ensure data quality and security, as well as the development of comprehensive and multisectoral national plans and agendas.

Progress and achievements

97. *Information systems and digital health governance.* More than five countries have implemented national digital transformation agendas supported by Inter-American Development Bank financing and in collaboration with PAHO. This strategic alliance has promoted the modernization of health systems and data management.

98. *Digital documentation of vaccine certificates.* PAHO and the Inter-American Development Bank coorganized a successful connectathon that involved 17 countries. This initiative was designed to facilitate the digital homologation of digital vaccination certificates in accordance with the standards of WHO and the European Union for the purpose of increasing mobility of people while paving the way for other digital certification processes based on the same technology.

99. *Telehealth.* An outstanding achievement during the reporting period has been the creation of a telehealth platform in a digital public good format. This innovation guarantees automation and interoperability based on international standards and optimum levels of security.

Challenges

100. The progress in digital transformation of the health sector, particularly the establishment of interconnected and interoperable information systems for health, is affected by the lack of robust and formally structured governance mechanisms with a comprehensive and cross-sectoral approach. These obstacles impede the seamless exchange of standardized data, resulting in fragmented information systems and hindering holistic, patient-centric care.

101. Furthermore, while innovative digital health solutions are poised to revolutionize health care, their evolution has outpaced the capacity of healthcare professionals to effectively integrate and harness their potential. There is a need to improve digital literacy among the health workforces of the Region to support adaptation of novel healthcare technologies.

Science and evidence

102. Accurate data from countries are essential for effective decision-making, planning of interventions, resolving implementation challenges, monitoring progress, identifying gaps, and explaining negative trends. However, there is wide variation among countries in the extent to which evidence and data are available, analyzed, used in decision-making, or managed in a rigorous, standardized way.

103. One of the Bureau's key roles in the Region is to collect and analyze data to help countries understand their own health status and inform policy and planning processes. Broad focus areas of work are monitoring SDG 3 indicators and collecting data on more than 200 core indicators. The Bureau also plays a vital role in institutionalizing the generation and use of evidence to guide policymaking and practice through four strategic actions: institutionalizing of evidence-support structures; promoting high-quality norms and standards; strengthening national and regional capacity; and increasing accessibility of global public health goods, such as relevant, timely, and high-quality global evidence syntheses and locally adaptable guidelines and policies. In response to pandemic-induced demand for evidence for decision-making, PASB has embraced living evidence synthesis—an approach that integrates evolving evidence in real-time and guarantees that healthcare decisions are rooted in the latest insights, increasing their accuracy and relevance—as a pivotal paradigm in science and decision-making.

Progress and achievements

104. *Living evidence synthesis and guidelines for clinical management of COVID-19, post-COVID-19 conditions, and mpox.* The Bureau responded to the urgent need for evidence-based actions during the COVID-19 pandemic and mpox outbreak by identifying relevant research and performing living evidence synthesis of management approaches. Publications derived from this work provided recommendations on care for patients with COVID-19, post-COVID-19 conditions, and mpox, as well as the reorganization of healthcare services.

105. *Institutionalizing the generation and use of evidence in countries.* PAHO has been a leading actor in strengthening knowledge translation and evidence-support mechanisms in countries. More than 20 countries have developed, adapted, or implemented policies and guidelines using PAHO/WHO recommended standardized methods.

106. *Building capacity in bioethics.* PASB provides ongoing support to countries to strengthen clinical trials, including through the implementation of recommendations in PAHO's Catalyzing Ethical Research in Emergency guidance and the development of relevant regulations and policies. During the reporting period, PASB developed a regional assessment of research ethics systems based on PAHO-developed research ethics indicators (which the Council of Ministers of Health of Central America and the Dominican Republic formally adopted).

107. *Publishing country-derived data and analysis on public-facing, open-access platforms.* The reporting period saw the creation and population of public-facing dashboards for: Health in the Americas (country profiles containing situation analysis and incorporating equity indicators); SDG 3 (Ensure healthy lives and promote well-being for all at all ages); on the more than 200 core indicators for which data are collected annually from countries; and the BIGG-REC database of evidence-based guidelines.

108. *Harnessing existing data to generate new insights for immunization—the immunization monitoring tool.* This initiative is an example of how the collected data can be used to help countries make more informed programmatic decisions. Incorporating georeferencing data into health microplanning can assist countries in identifying geographical gaps in vaccination service coverage. The online tool tracks the location of health facilities along with vaccination figures and can be used as a planning tool to ensure equitable coverage. It is currently being piloted in the Plurinational State of Bolivia.

Challenges

109. The challenges to institutionalizing evidence-informed policies and programs in countries are multifaceted. First, the process involves intricate coordination among various stakeholders and interventions, requiring a transparent, system-wide approach that accommodates both top-down and bottom-up efforts while acknowledging political complexities. Second, a tailored, country-specific approach is essential. This demands participation from all stakeholders and a long-term commitment to adapt and sustain progress. Last, evidence-informed institutionalization should be viewed as a lasting investment due to the unpredictable and context-dependent nature of reform processes.

Health determinants and risk factors

110. The COVID-19 pandemic revealed how underlying risk factors—whether pathological, in the case of comorbidities; environmental, in the case of housing, water and sanitation, energy and air pollution; or social and economic, in terms of poverty, exclusion, and service access—have a profound impact on the severity of consequences that result from threats to health of any kind. This thinking extends to future threats to health and well-being from climate-change related events, the spread and diversification of vector habitats and associated distributions of vector-borne disease, and vulnerability to commercial influences that promote unhealthier diets, lifestyles, and choices.

Tobacco and nutrition

111. Tobacco use continues to be a major public health problem worldwide, as it is the leading preventable risk factor for the four main groups of NCDs: cardiovascular disease, cancers, chronic respiratory diseases, and diabetes. While the importance of tobacco as a risk factor has been internationally recognized for decades—indeed, 2023 marks the twentieth anniversary of the WHO Framework Convention on Tobacco Control—the COVID-19 pandemic and postpandemic period brought additional attention to the damaging effects of poor nutrition and lack of adequate physical activity, while corporate interest groups were observed to have stepped up attempts to counter restrictive legislation across Member States.

112. Despite the global consensus that the convention represents an evidence-based tool to combat the tobacco epidemic, implementation of its recommendations is not uniform. Implementation of a ban on the advertising, promotion, and sponsorship of tobacco products and the adoption of measures to reduce their affordability remains the most difficult to achieve due to industry resistance.

113. Lessons in tobacco control can be applied to addressing other NCD risk factors, such as the harmful use of alcohol and unhealthy diets, where industries implement strategies very similar to those of the tobacco industry in order to encourage consumption and influence regulatory decision-making.

Progress and achievements

114. *World-leading action on ultra-processed food.* The Americas is the only region in the world to have policies in place about ultra-processed food and where all countries are at least discussing warning labels; seven countries are already implementing policy.

115. *PAHO maintains status as a funded member of the Bloomberg Initiative to Reduce Tobacco Use.* The Bloomberg Initiative is a particularly important partnership for tobacco control, and includes both the Organisation for Economic Co-operation and Development and World Bank as members. In 2021, PAHO became a funded partner in its own right, independently from WHO, for the first time and it has maintained this funding into the current year. The Bloomberg Initiative experience in several Latin American and Caribbean countries shows that, with the benefit of legal support from civil society, countries are able to counter corporate legal actions effectively. PASB is in the process of expanding its tailored support to countries to bolster efforts to fight corporate interests through the court system.

116. *Legislative achievements.* Laws and regulations on healthy eating were adopted in three countries and, by the end of 2022, two-thirds of the population in the Region were protected from industrially produced trans-fatty acids. PAHO supported mandatory implementation of the Updated PAHO Regional Sodium Reduction Targets, development of five-year road maps in Costa Rica, Panama, and Peru, and research on sodium levels in Argentina, Costa Rica, Panama, and Peru to inform policy development processes. Mexico approved a landmark tobacco control law in December 2022.

117. *Taxation for unhealthy foods.* PAHO also concluded the first and most important step in establishing benchmarks for the policy on taxation of unhealthy food products, finalizing and publishing the novel methodology and results of the baseline assessment of taxation of sugar-sweetened beverages in the Region, which has been adopted by WHO to be replicated worldwide. In line with the Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020–2025 (Document CD57/8), the Region continued to advance in the elimination of this harmful substance from the food supply.

Challenges

118. With both tobacco and nutrition, much of the work to counter threats to health takes place outside of the health sector. Ministries of health generally do not have the skills to counter industry's legal arguments on nonhealth issues in court and are therefore at an immediate disadvantage. To be able to support countries effectively, there needs to be a rethinking of the

skills necessary to take the right actions to reduce the future burdens of NCDs. Furthermore, more extensive use of taxation can help decrease consumption through demand reduction, although it is also necessary to tackle the availability of healthy alternatives through other means at the same time.

Environmental risks, climate change, and vector-borne diseases

119. In addition to exacerbating the direct negative influences on health by products such as tobacco and ultra-processed foods, the COVID-19 pandemic also shed light on how environmental determinants of ill health and disease shape risk profiles and distribution. A significant gap in the pandemic response was detailed mapping of at-risk populations with projections for future trends. This information can be used to create early warning systems for predictable changes and to plan resources and activities to facilitate more effective and less costly responses, thereby maximizing the numbers of people that can be reached and enhancing resilience.

120. Climate-change related effects, particularly the expansion of mosquito-breeding territories that contribute to the spread of vector-borne diseases such as dengue, purportedly affect everyone within affected geographical regions. The reality is that some groups and individuals will be more severely affected than others. The worst affected groups are generally those already excluded from service access, and who are already affected by poor quality air, poor housing, poor diets, insufficient access to water and sanitation services, and lack of green spaces for physical activity. Identifying and mapping these enclaves of multiple concurrent vulnerability is key to helping countries incorporate an equity focus into health systems planning.

121. The goal of PASB's work in this area is to learn how to identify those who are in situations of greatest vulnerability. To this end, observatories on climate change and health have been created to establish health surveillance systems that combine meteorological data with environmental and sociodemographic information to produce risk maps according to future climate scenarios. The Bureau also helps countries conduct health impact assessments, which use the macro-level health and economic changes linked to environmental interventions to show that future savings generated by interventions can offset the present-day investment costs.

Progress and achievements

122. *Tenfold increase in dialogue capacity with countries on climate change.* Several of PASB's technical departments boosted online and remote ways of doing technical cooperation during the COVID-19 pandemic and postpandemic period. The climate change team developed four courses for the Virtual Campus that were attended by over 7,000 professionals, including all climate change focal points in countries. This approach increased by 10-fold the capacity of dialoguing with countries directly on this topic and led to 10 countries preparing national health adaptation plans and assessments of health vulnerability to climate change, as part of the Caribbean EU/CARIFORUM climate change and health project.

123. *Rollout of a new model for vector control, focusing on risk stratification.* An innovative new model for vector control that builds on the pandemic-period experience of mixed-modality technical cooperation was implemented in Brazil, Colombia, and Mexico during the reporting period. The goal is to help countries target control activities to high-risk areas and populations to prevent outbreaks of vector-borne diseases such as dengue, chikungunya, and Zika.

124. *Health vulnerability assessments.* Assessments of health vulnerability to climate change and national health adaptation plans for Grenada and Saint Lucia were prepared in 2022. With PAHO's support, work is under way in eight other Caribbean countries for publications in 2023. These documents outline actions on health and climate change and are developed by the ministry of health and other stakeholders, with support from PAHO. They are used by the Green Climate Fund and other donors to guide their investment plans.

Challenges

125. Work is continuing on the main products from the Observatory of Climate and Health: an early warning system for heatwave and dengue that will generate alerts with a high level of certainty to trigger predefined actions. Challenges include clearly defining the target populations for each threat and compiling dedicated risk maps. In general, however, this work requires a shift in thinking among Member States, away from dealing with emergencies as they happen toward longer-term planning and prediction of where significant impacts will be in future. Furthermore, the health sector can lead by example reducing the carbon footprint of healthcare services and enhancing the resilience of its services and infrastructure.

Part 5: The new administration

126. COVID-19 made health a priority all over the world. However, attention has now palpably shifted to the postpandemic phase—and this shift requires a corresponding change in the Bureau’s approach to technical cooperation. During the reporting period, PAHO remained an authoritative voice in the Region of the Americas, providing strategic and technical guidance at the highest levels of government, the United Nations and inter-American systems, and the global level. The footprint and reach of the Organization have grown significantly. Work to understand, identify, and address access barriers among the most vulnerable, underserved groups as part of the COVID-19 response demonstrated its value as vaccine coverage rates across the whole Region exceeded global targets and provided valuable insights into determinants of exclusion and discrimination that are now being used to boost health coverage in other ways.

127. The Bureau has been able to seize the opportunity presented by the sudden prominence of health during the COVID-19 pandemic period to reinforce the Organization’s position as a reliable partner for achieving rapid results on the ground. PASB upgraded its systems, incorporated new technologies, and was able to scale up technical cooperation to meet the huge increase in demand. These investments in improving long-term health system function, and the effectiveness of its support to countries, will continue to yield benefits going forward.

128. However, making the case for continued investment will require a clear demonstration that practical results are achievable in both the short and longer terms. In his inaugural address, the new Director of PASB outlined his vision for PAHO as the leading organization supporting the countries of the Americas to improve the health and well-being of their populations, and pledged to focus on five strategic pillars:

- a) Ending the pandemic using the best available tools, including surveillance and vaccines.
- b) Identifying and institutionalizing lessons learned from the pandemic.
- c) Promoting timely and equitable access to health innovations and new technologies.
- d) Building resilient health systems, based on renewed PHC.
- e) Strengthening PAHO’s support for countries to facilitate country-centered cooperation, responsive to needs.

129. Within this broad agenda, there have already been several important steps forward. The COVID-19 pandemic as people knew it is over. Significant progress has been made in identifying and learning from its lessons. A new organizational chart, reflecting priorities that came to the fore during the pandemic, puts PAHO in a better position to respond to countries’ needs. Innovation, Access to Medicines, and Health Technologies is a new department focusing on regulatory systems, HTAs, and other work that proved so valuable for unblocking bottlenecks during the COVID-19 response. The Department of Social and Environmental Determinants for Health Equity has been created bringing together the teams that work on determinants of ill health, equity, and barriers to access. The Virtual Campus has been made a special program in recognition of its immense potential to help address health workforce capacity constraints and training needs, together with other changes. Delegation of authority to PAHO/WHO Representatives has also been increased to provide them with more agility to respond to country needs and reduce administrative burdens in other ways. In addition, the

Bureau is drawing on its combined expertise to support a PHC renewal that comes from truly integrated, interdepartmental collaboration, responding to different countries' particular priorities and needs.

130. One particularly important step is the decision to publish the full report of the external evaluation of PAHO's COVID-19 response, commissioned by the previous Director—the first time a critical report like this has been made public. This move is a vital demonstration of just how committed PAHO is to promoting transparency, welcoming criticism, and improving. The results of PAHO's internal audit are similarly available to Member States at their request.

131. The overall goal is to create a more agile, transparent, and efficient PAHO with the flexibility to push through evidence-based innovations and targeted technical cooperation support without delay. The speed of this first clutch of changes shows the pace the Organization intends to maintain. The challenge now is to make sure PAHO can shore up this initial progress by turning the pillars' pledges into practical plans and results. To do so, PAHO must prioritize the challenges for which it has evidence-based solutions and tackle the bottlenecks blocking progress.

132. The COVID-19 pandemic has shown that cooperation between countries and triangular cooperation have been instrumental to addressing health and development challenges. Close collaboration and consultations between PASB and Member States provide a foundation for effectively promoting the Region's active participation in and contribution to WHO's governance and its strategic, programmatic, budgeting, and financing activities. PAHO's work to strengthen PAHO/WHO Representative offices is in line with WHO's efforts to transform itself into an organization with greater focus on country-level impact, including WHO's "100-day challenge," launched in February 2023 to fast-track improvements in its three-level operating model. PAHO will continue to collaborate with WHO toward this goal, sharing its best practices and learning from WHO initiatives that can contribute to its efforts to become more effective, agile, and responsive to the needs and priorities of Member States.

133. Finally, it is important to note that this Region is the only one facilitating full consultations with countries on the new pandemic instrument, referred to as the WHO CA+, for which a conceptual zero draft was published in November 2022. The Bureau held one regional consultation during the 30th Pan American Sanitary Conference in 2022, two information sessions (in December 2022 and February 2023), and subsequent face-to-face meetings to keep Member States abreast of discussions and implications for the Region, as well as to discuss how to improve coordination and information sharing. PASB will continue to facilitate dialogue and support Member States to optimize their participation in these global discussions with a view to shaping the future global health emergency architecture and ensuring that regional priorities are reflected on the global stage.

Part 6: Conclusions

134. The common theme running through this report is the conviction that country-centered cooperation, tailored to each Member State's unique needs, capacities, and priorities, is key to achieving a state of both internal and external health security. In the Americas, countries pride themselves on a history of regional solidarity. This principle has been reflected in the way PASB works with countries. The goal of tailoring technical cooperation, selecting country representatives, and gearing the composition of technical expert teams to each country's particular circumstance is unique among WHO regions. PASB is also unique in its commitment to ensuring the participation of Member States in global debates, giving countries a voice to express views on topics that affect them, and to benefit from face-to-face meetings that shore up partnerships. This approach to relationship-building, and the solidarity it engenders, is the Region's greatest asset.

135. Now, PASB and its Member States must capitalize on these connections to create a common understanding of the challenge of resolving inequity and all its intersectoral determinants, so that this consensus can be used to determine practical interventions and goals that are necessary to move forward toward universal health.

136. The COVID-19 pandemic gave the Region of the Americas the impetus to make many valuable innovations. However, it is important to recognize that operating on emergency timescales is a very costly way to restore health. To move forward from this point in a more sustainable direction, PASB must channel its support to countries in concrete, results-focused ways to ensure that the Region—and each country individually—can achieve an acceleration of its development trajectory that will put it back on track to meet the SDGs and deliver a truly sustainable postpandemic recovery.