

## **56th DIRECTING COUNCIL**

**70th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS**

*Washington, D.C., USA, 23-27 September 2018*

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*Provisional Agenda Item 3.2*

CD56/3  
10 August 2018  
Original: English

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

**Primary Health Care – The Time Is Now**

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To the Member States:

In accordance with the Constitution of the Pan American Health Organization, I have the honor of presenting the 2018 annual report on the work of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.

This report highlights the technical cooperation undertaken by the Bureau during the period August 2017 through June 2018, within the framework of the [Strategic Plan of the Pan American Health Organization 2014-2019](#), defined by its Governing Bodies and amended by the Pan American Sanitary Conference in 2017.

This report is complemented by the [Financial Report of the Director and the Report of the External Auditor for the year 2017](#).

Carissa F. Etienne  
Director  
Pan American Health Organization

## Preface

August 2018

1. I had the honor of being elected Director of the Pan American Health Organization (PAHO) at the 28th Pan American Sanitary Conference in September 2012. At the start of my first term, in February 2013, I advocated strongly for four priorities: reducing inequities in health, strengthening health systems, addressing the social and environmental determinants of health, and achieving universal health coverage (UHC).

2. The overarching theme of my first term was “**Championing health for sustainable development and equity: On the road to universal health.**” It has become more evident than ever that PAHO’s Member States and the Pan American Sanitary Bureau (PASB or the Bureau), which is the secretariat of PAHO, must continue on that road, working to demonstrate the Organization’s values of equity, excellence, solidarity, respect, and integrity. During that term, Member States approved the forward-looking PAHO Strategic Plan 2014-2019 and the Strategy for Universal Access to Health and Universal Health Coverage—the Strategy for Universal Health—frameworks that provide strategic approaches to address health inequities within and between countries. The development of those frameworks was no accident.

3. I was gratified and humbled by the trust Member States placed in me and the PAHO team on my reelection for a second term as Director of PAHO during the 29th Pan American Sanitary Conference (PASC or Conference) in September 2017. In accepting the accolade, I noted that the Sustainable Health Agenda for the Americas 2018-2030, which was approved at the Conference, will guide our actions for the period stated. In keeping with that Agenda and the 2030 Sustainable Development Goals (SDGs), the overarching theme of my second term is “**Advancing health and well-being, leaving no one behind.**”

4. I indicated that the process to develop the next PAHO Strategic Plan would start in 2018, and pledged to continue the participatory process involving Member States that has become the hallmark of formulating the Organization’s guiding frameworks. I also stated that among my top 10 priorities for the next five years were advancing universal health (UH) through resilient health systems based on the primary health care (PHC) approach, and promoting renewed focus on equitable health for all, with particular emphasis on women, children, ethnic groups, indigenous populations, and persons living in conditions of vulnerability. These remain essential aspects of my commitment for this second term.

5. In this, the first year of my second term, we are celebrating the 40th anniversary of the Alma-Ata Declaration. The 1978 Alma-Ata Declaration was a milestone that reaffirmed the right to the highest attainable level of health, with equity, solidarity, and the right to health as its core values. This historic international conference 40 years ago provided a strategy for human and social development and gave the world PHC as an approach and a strategy for health and well-being, and for health systems development. The PHC approach espouses health systems that facilitate universal access to quality, comprehensive health services for all—especially those in conditions of vulnerability—with the full participation of individuals and families, at a cost that the community and country can afford to maintain, bringing the services as close as possible to

where people live and work, and able to address barriers to access through community participation and intersectoral coordination.

6. The celebration of the 40th anniversary of the Alma-Ata Declaration inspired the theme for this report “**Primary Health Care – The Time Is Now.**” The theme reflects the efforts of the PASB leadership to take stock and analyze what has worked, what has not worked, and, more importantly, what we need to do differently. Leaving no one behind requires that we move expeditiously to strengthen the PHC approach: promoting and protecting health; removing the barriers to access; giving a voice to those who are not being heard; and enabling social participation, government action, intersectoral and multisectoral work, and advocacy. The convening of a regional forum and the establishment of the High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata during this period represent concrete actions to facilitate a regional movement to accelerate the achievement of health for all.

7. This report covers the period August 2017 to June 2018, which is a relatively short period in which to achieve desired outcomes, but not too short to acknowledge real progress and achievements that are the result of team work, effective partnerships – including with non-State actors – and meaningful collaboration with nonhealth sectors.

8. PAHO’s core functions, related to leadership and partnerships; research, knowledge generation, and dissemination; norms and standards; ethical and evidence-based policy options; technical cooperation for change and sustainable institutional capacity; and health situation trends, continue to guide our work at national, subregional, and regional levels. The Bureau aspires to continue to strengthen its performance in working with PAHO Member States, partners, and key stakeholders in managing the priority public health challenges that the countries and territories face.

9. I take this opportunity to express my sincere appreciation to PAHO’s Member States; Member States and staff in other World Health Organization (WHO) Regions; other United Nations (UN) agencies working in health; development partners; other key stakeholders in health, including those in civil society and the private sector; and all PASB personnel, in countries and in Washington, D.C., for their sterling efforts to continue strengthening primary health care and keep us all on the road to universal health.

Carissa F. Etienne  
Director  
Pan American Health Organization

## Part 1: Introduction

10. The Quinquennial Report of the Director of the Pan American Sanitary Bureau 2013-2017 ([OD355](#), [OD355, Corr.](#)), presented to the 29th Pan American Sanitary Conference (PASC) in September 2017, summarized 10 main priorities for PAHO's technical cooperation and institutional development over the next five years. One of the priorities is "advancing universal health through resilient health systems based on the primary health care approach, and ensuring universal access to quality and comprehensive services throughout the life course."

11. In October 2014, at the 53rd PAHO Directing Council, PAHO Member States reaffirmed their commitment to improving equity, health, and development through their approval of the regional Strategy for Universal Access to Health and Universal Health Coverage (Strategy for Universal Health, Document [CD53/5, Rev. 2](#)). The goal of the Strategy, at both regional and country levels, is to ensure that "all people and communities have access, without any kind of discrimination, to comprehensive, appropriate, and timely quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services<sup>1</sup> does not expose users to financial difficulties, especially groups in conditions of vulnerability." The Strategy also states that "universal access to health and universal health coverage require determining and implementing policies and actions with a multisectoral approach to address the social determinants of health and promote a society-wide commitment to fostering health and well-being."

12. Once again, PAHO was at the forefront, well prepared for the adoption, in September 2015, of the UN [2030 Sustainable Development Agenda](#) and its [Sustainable Development Goals](#). The health goal, [SDG 3](#), is to "Ensure healthy lives and promote wellbeing for all at all ages." It includes [Target 3.8](#), which asks countries to "achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all." The importance of universal health coverage (UHC) as a means to provide access to health services for all has been underscored globally and has been addressed in several resolutions of the UN General Assembly (UNGA). In December 2017, UNGA Resolution [72/138](#) agreed to proclaim 12 December as International UHC Day, and Resolution [72/139](#) stated that a UN high-level meeting on UHC will be held in 2019. The 2019 one-day high-level meeting will be convened under the theme "Universal Health Coverage: Together for a Healthier World."

13. The World Health Organization ([WHO](#)), for which PAHO is the Regional Office for the Americas, approved its Thirteenth General Program of Work (GPW 13) for 2019-2023 (Document [A71/4](#)) at the 71st World Health Assembly in May 2018. GPW 13 sets the strategic vision and direction for WHO for the next five years. GPW13 also defines three strategic priorities aimed at improving the health of three billion people: **achieving universal health coverage**, addressing health emergencies, and promoting healthier populations.

14. World Health Day in April 2018 promoted UHC under the theme of "Universal Health Coverage: Everyone, Everywhere." In addition, WHO [launched a campaign](#) emphasizing that for

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<sup>1</sup> Including services and interventions to promote health, prevent disease, provide care for illness (diagnosis, treatment, palliative care, and rehabilitation), and offer the necessary short-, medium-, and long-term care.

SDG Target 3.8 to be achieved, one billion more people must have UHC by 2023. In October 2018, WHO will convene a [Global Conference on Primary Health Care](#), aiming to renew the world's commitment to strengthen primary health care (PHC) in order to advance towards achievement of UHC and the SDGs.

15. This global focus on UHC is timely, as 2018 marks the 40th anniversary of the Alma-Ata Declaration on PHC. The Region of the Americas played a critical role in the development and negotiation of the Declaration and the primary health care strategy. The values and principles of PHC have formed the basis of many PAHO mandates, and have guided health system strengthening initiatives and health reform processes. It is based on that accumulated experience that this Region is focused on universal health (UH), and not only on UHC; UH is the expression of the Alma-Ata Declaration in the twenty-first century.

16. The journey to UH has been a long one. The 1978 Alma-Ata Declaration clearly stated that it is a government's responsibility to provide health services for its people, with comprehensive services that are not only curative, but that also addressed promotion, prevention, rehabilitation, and treatment of common conditions. The slogan of Alma-Ata, "Health for All by the Year 2000," was the rallying call and the driver of this movement, which strives for culturally appropriate, accessible, affordable, and adaptable services. PHC is not merely the first level of care—it provides health care built on the first level of care as the basis for health system development.

17. After Alma-Ata, countries began the implementation of the PHC approach in the 1980s, but several factors, including the economic crisis and structural adjustment policies, led to the diminution of the Alma-Ata vision, with a consequent significant negative impact on the implementation of PHC. Some countries began to focus only on selective and minimum packages of services, while others returned to hospital-centric models of care. However, others persisted with the implementation of the vision of Health for All and achieved holistic national health development, with better health and empowerment of their people. The [Ottawa Charter for Health Promotion](#), developed at the first International Conference on Health Promotion, which was convened by WHO in 1986, built on the Alma-Ata Declaration. The Charter revived intersectoral coordination, social participation, and a focus on social determinants of health, and called for the reorientation of health services, with an emphasis on improving promotion and prevention. This was a step in the right direction, but still fell short of the vision of Alma-Ata. In 2005, PAHO launched national and regional movements for the renewal of PHC and a wave of third-generation reforms aimed at the strengthening the first level of care and forming integrated networks of health services.

18. The countries of the Americas have reaffirmed their commitment to the vision of Alma-Ata through national and regional movements and actions, including with the approval of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) (Document [CSP29/6, Rev. 3](#)) at the 29th PASC in 2017 and the 2014 Strategy for Universal Health. This Region recognizes that PHC is a strategic approach to develop, organize, and finance health systems and services that are equitable and centered in people, their families, and their communities, and that a strong first level of care is needed to ensure universal health. However, the Region also understands that a strong first level of care without an equally strong integrated health services delivery network will not ensure universal health; that intersectoral coordination

and social participation are critical for UH; and that the achievement of UH is only possible through strengthening of health systems based on a PHC approach.

19. Despite progress and efforts, to date, significant inequities in health and barriers to access persist, and health systems are not responding effectively and efficiently to new challenges such as noncommunicable diseases (NCDs), climate change, and emerging communicable diseases. The Region of the Americas continues to be one of the most inequitable regions of the world. While there has been notable improvement in the health of peoples in the Americas in recent years, there are significant differences within and across countries, and the health and well-being of populations in conditions of vulnerability has not kept pace with overall gains. Poverty and extreme poverty have increased in the Region. In 2016, 30.7% of the population of Latin America was reported poor (186 million people), with 10.0% living in conditions of extreme poverty, compared with 28.5% (168 million people) and 8.2%, respectively, in 2014. Projections for 2017 were, respectively, 30.7% (186 million people) and 10.2% (48 million people).<sup>2</sup> There is much more to be done, as will be highlighted in the report of the [Commission on Equity and Health Inequalities in the Americas](#), established by the Director of PAHO in 2016. The Commission's report will be presented by the end of 2018.

20. The regional report on health systems performance in the PAHO publication [Health in the Americas+ 2017](#) demonstrated that both barriers to access and socioeconomic inequalities persist across and within countries, even though insurance coverage and utilization of primary care services have improved in the Region. *Health in the Americas+ 2017* also showed that the increase in public spending in health between 1990 and 2014 (by 25%, on average) and the decrease in out-of-pocket spending (by 15% on average) have not been sufficient. The majority of countries have not reached the agreed-upon benchmarks of 6% of gross domestic product (GDP) in public spending in health and the elimination of direct payment at the point of service, which are intrinsically related. Current assessments consistently emphasize that increased health financing is necessary, but not sufficient, to improve access to quality health care. Other critical factors include effective health system governance, efficient utilization of financial and health care resources, and the relative distribution of health system inputs across service areas and subnational locations. In summary, advancing towards UH requires a PHC approach.

21. The Region has accumulated experience, expertise, and knowledge to take stock 40 years after Alma-Ata and to influence the course over the next 40 years. The vision of Health for All originally expressed in the Alma-Ata Declaration has been recaptured, within the context of health and development in the twenty-first century and the achievement of UH. The right of everyone, everywhere, to have access to health that allows full, productive, and dignified lives has been reaffirmed.

22. The Region of the Americas joined the global campaign for World Health Day in April 2018 under the theme "Universal health: everyone, everywhere," emphasizing the need to remove persistent barriers to health and health care services. These barriers are varied in nature, and removing them requires a whole-of-society movement, with people's participation and spaces for the voices of all to be heard, particularly the voices of those living in extremely difficult circumstances due to social inequalities: indigenous people, Afro-descendants, and other ethnic

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<sup>2</sup> Economic Commission for Latin America and the Caribbean (ECLAC). [Social Panorama of Latin America 2017](#).



groups; women; lesbian, gay, bisexual, and trans (LGBT) people; and migrants. This Region is playing an active role in the lead-up to the Global Conference on Primary Health Care, to be held in Kazakhstan in October 2018, and will showcase to the world its commitment to strengthening PHC as means to progress towards achievement of UH and the SDGs.

23. The SDG agenda calls for the eradication of poverty by fighting inequities; focuses on people's development, greater social participation, and intersectoral coordination; and includes a goal on ensuring healthy lives and the promotion of well-being for all at all ages ([SDG 3](#)). These elements are central to the vision of Alma-Ata and Health for All, and this vision can be realized in the Region of the Americas through intensified efforts to transform health systems in the quest for UH, firmly based on the PHC approach. Therefore, the time for PAHO Member States to implement or strengthen the PHC approach is now.

24. The PHC approach implies a whole-of-society commitment to the development of people-centered models of care, where the right to health is fully expressed; responding to the health needs of the population within the communities they serve; increasing the capacity of the first level of care within integrated networks of services; addressing the social determinants of health; working together; being accountable for commitments made; listening to and heeding the voices of persons in conditions of exclusion and vulnerability; including people and communities in the design, implementation, and oversight of health policies and plans; and ensuring mechanisms for the participation of government, civil society, and key stakeholders in defining the path towards UH. The PHC approach requires governance and political will; well-trained, motivated, and equitably distributed human resources for health (HRH); financing mechanisms that are fair, equitable, and solidarity-based; information systems for health; access to safe, appropriate, affordable, and effective medicines and technologies; and effective social participation. It is the foundation of resilient health systems that can deliver adequate, quality care for the population and that have the flexibility to scale up actions to respond to the demands caused by disasters and infectious disease outbreaks, while continuing to provide regular services.

25. PHC constitutes the most effective and efficient strategy through which Member States can build resilient and sustainable health systems to support the achievement of UH and the goals adopted within SHAA2030 and the SDGs. The evidence, mandates, and know-how to make it happen exist. What is needed now is prioritization, commitment, and effective implementation.

26. This report summarizes PASB's technical cooperation with Member States, collaboration with key partners and stakeholders in advancing towards UH—with special focus on the use of the PHC approach—and progress in the internal administrative processes and systems that support the Organization's work, during the period under review.

27. As in all of PAHO's technical cooperation, special attention was given to the Organization's eight Key Countries: Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname. PASB emphasized technical cooperation at both subnational and subregional levels, and, wherever feasible, interprogrammatic collaboration was an integral aspect of the interventions.

## Part 2: Advancing towards universal health based on primary health care

### Taking stock: 40 years of Alma-Ata

28. The visionary nature of the Alma-Ata Declaration and the original PHC concepts still hold true, even as the world embraces a new call to action, the Sustainable Development Goals, which set out ambitious aims for the year 2030. SDG3, “Ensure healthy lives and promote wellbeing for all at all ages,” echoes the bold target of “Health for All by the Year 2000” established in 1978. The world may have missed that target, but much progress was made and lessons learned, and that accumulated knowledge, experience, and social capital propelled the PASB to rethink and reinvent its interventions during the period under review, with the aim of strengthening PHC as a critical strategy to advancing to UH in the twenty-first century.

***Paragraph VI of the Declaration of Alma-Ata, 1978 – original PHC vision***

“The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.”

29. Making PHC a reality in the Region of the Americas in the twenty-first century means confronting those health inequities that delay progress to UH and sustainable development. The formulation of differentiated interventions that enable those in conditions of vulnerability to access quality, comprehensive health services and live healthy lives will be the cornerstone of PAHO’s work. A PHC approach in the twenty-first century, focused on addressing inequities and advancing towards UH, requires leadership, with renewed vision and political commitment. With this in mind, PASB coordinated the development of SHAA2030, which represents a call to action for health and well-being in the Americas on the basis of UH and the SDGs. SHAA2030 outlines the collective action needed for the countries and the Region to advance to equity and well-being for all people throughout the life course.

***SHAA2030: a regional blueprint for health***

Developed through a broad consultative process coordinated by PASB, SHAA2030 is the highest-level strategic planning and policy document on health in the Americas. SHAA2030 represents the regional health response to the 2030 Agenda for Sustainable Development, together with unfinished business from the Millennium Development Goals and the Health Agenda for the Americas 2008-2017, as well as emerging regional public health challenges. It covers all health-related aspects of the SDGs, and provides vision and direction to health interventions for the period indicated. The agenda outlines the collective action needed for the countries and the Region as a whole to achieve, by 2030, the highest attainable standard of health, with universal access to health and universal health coverage, resilient health systems, and quality health services, advancing to equity and well-being for all people throughout the life course.

Goal 1 of the SHAA2030 is to “Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.” Included under Goal 1 is Target 1.5: “Increase resolution capacity of the first level of care as measured by a 15% reduction in hospitalization that can be prevented with quality ambulatory care.”

Also under Goal 1 is Target 1.6: “Organize health services into integrated health services delivery networks with high resolution capacity at the first level of care.” SHAA2030 is made operational through PAHO’s strategic plans and biennial programs and budgets, as well as through subregional and national health plans.

30. In December 2017, the Director of PAHO launched a [regional movement for universal health](#) at the high-level [Regional Forum on Universal Health in the 21st Century: 40 Years of Alma-Ata](#) in Ecuador. Over 200 political leaders, representatives of civil society and academia, and experts from approximately 30 countries and territories of the Americas participated, with the aim of identifying obstacles and generating alliances to help countries reach the goal of health for all by 2030. To complement the regional forum, in February 2018, the Director established the [High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata](#) under the able leadership of Her Excellency, Dr. Michelle Bachelet, to examine the future of health systems in the Americas, review progress within the context of Alma-Ata, and determine how to promote greater social participation in health policy-making. The Commission brings together different perspectives, State and non-State actors, and experts working with different population groups, including indigenous people, Afro-descendants, LGBT persons, youth, persons with special needs, and migrants. The Forum and the High-Level Commission will continue work throughout 2018-2019 to advocate for this Region’s strong contribution to the UNGA high-level meeting on UHC in 2019.

31. During the reporting period, PASB worked collaboratively with Member States in the implementation of the regional Strategy for Universal Health in accordance with their respective national contexts and needs.

### **Renewed focus on equitable health for all**

32. During the reporting period, PASB implemented several initiatives to respond to the differentiated needs of people, including persons living in conditions of vulnerability. In addition, 15 countries undertook reviews of inequities and inequalities in health, and developed country plans to address challenges identified.

33. The Commission on Equity and Health Inequalities in the Americas, established by the Director of PAHO in 2016 under the leadership of its Chair, Sir Michael Marmot, advanced in its mission to gather evidence about health inequities and inequalities in the Region, with a view to their reduction. The Commission’s first draft report was discussed in June 2018, and its final report, with recommendations to reduce or eliminate health equity gaps, is expected to be completed by the end of 2018. In 2017, the Commission convened several expert and advocacy meetings to discuss key issues affecting inequities, including in Colombia to examine ethnicity and its impacts on health, and in Costa Rica to focus on matters pertaining to gender and violence. In 2018, the Commission met in Trinidad and Tobago to address human rights issues, and in Atlanta, Georgia, United States of America, to discuss issues related to civil rights and minority populations in North America, under the auspices of the Morehouse School of Medicine.

34. A new PAHO Policy on Ethnicity and Health (Document [CSP29/7, Rev. 1](#)) was approved by the 29th PASC in 2017, following an extensive process of consultations with ministries of

health; indigenous, Afro-descendant, and Roma peoples; and other key stakeholders. The policy seeks to ensure access to health for all ethnic groups by incorporating intercultural approaches into technical cooperation. The discussions surrounding the policy generated increased attention to ethnic disparities in health and fueled demand for technical cooperation and evidence on this issue. A number of PASB initiatives responded to this increased interest or reflected interprogrammatic collaboration resulting from ongoing efforts to mainstream gender and ethnicity concerns in all PAHO technical cooperation. For example, PASB collaborated with the Population Division ([CELADE](#)) of the Economic Commission for Latin America and the Caribbean ([ECLAC](#)) and the United Nations Population Fund ([UNFPA](#)) to produce [a comprehensive Spanish-language report on the situation of Afro-descendants in Latin America and the Caribbean](#). The report is being used as a key source of data for analysis of Afro-descendants' health in the Andean and other subregions. In addition, several reports analyzing the needs of indigenous and Afro-descendant populations in specific health issues were completed. PASB produced an analysis of human immunodeficiency virus (HIV), hepatitis, and sexually transmitted infections (STIs) among indigenous and Afro-descendant people, followed by the development of specific methodologies for addressing the identified issues.

35. The Bureau adapted WHO's "Innov8," an integrated programmatic tool focused on gender, equity, and rights, for use in The Americas. The tool, to which PASB added an ethnicity component, was used by the Dominican Republic and Jamaica in health program design and implementation, with the aim of ensuring inclusivity. PASB also intensified efforts to ensure the inclusion of gender and ethnicity perspectives in PAHO Country Cooperation Strategies ([CCSs](#)), particularly in Jamaica and Trinidad and Tobago.

36. PASB developed regional conceptual documents and technical webinars to support resolutions and facilitate new areas of technical cooperation in the areas of gender, masculinities, and health; gender identities; and access to health for LGBT persons. The Bureau made progress in the preparation of a report on the health situation and access to care of LGBT persons, the barriers they can face in accessing health care services, and the impact of reduced access for these persons. This report was mandated by the landmark PAHO resolution titled "Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual and Trans Persons" (Resolution [CD52.R6](#)), which was adopted by the 52nd PAHO Directing Council in 2013, based on data provided by 33 Member States and 28 nongovernmental organizations (NGOs) in the Americas. Following a peer review, the report will be finalized and presented to PAHO Member States by the end of 2018. Its findings on barriers, such as stigma and discrimination, lack of policies or comprehensive services, and inadequately trained personnel, will provide the basis for greater attention to the utilization of health services by LGBT persons and to targeted technical cooperation in this area.

37. PASB prepared a regional interprogrammatic report on gender, masculinities, and health, the findings of which will be discussed by key stakeholders at the subregional level and which will form the basis for spearheading new policy responses to address gaps related to masculinities and men's health. Progress is being made by countries in advancing gender equality in health under the umbrella of universal health, including documentation of social protection in health, with attention to unpaid health care; commitments to women's, children's, and adolescents' health for 2018-2030; and monitoring equity with specific gender indicators.

38. During this period, the PASB increased leadership and technical support to advance the health of women, children, and adolescents. The launch of Every Woman, Every Child – Latin America and the Caribbean ([EWEC-LAC](#)), and the [Santiago Commitment to Action](#), with the sponsorship of the President of Chile, Her Excellency Michelle Bachelet, in 2017, gained interministerial-level political commitment for the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health in the Region. EWEC-LAC is an interagency movement that supports country efforts to reduce inequities in access to health for women, children, and adolescents.<sup>3</sup> PASB refocused technical cooperation for the implementation of the Strategy and made progress in the development of a plan of action that will be presented at the 56th PAHO Directing Council in September 2018.

39. Within this framework, during this period, implementation was accelerated on the Director’s “[Zero Maternal Deaths by Hemorrhage](#)” flagship initiative, which aims to reduce the equity gap in maternal mortality in 10 priority countries with at-risk maternal mortality indicators: Bolivia, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru, and Suriname. PASB employed an interprogrammatic approach, building synergies across technical departments and Country Offices to improve efficiency in technical cooperation. Ten additional advisors on women’s health and maternal mortality reduction have been placed in these countries to increase technical cooperation for country-specific interventions, particularly innovative interventions to strengthen local capacity to reach women most at risk and in situations of vulnerability. These interventions consider the clear linkages between gender inequalities and high rates of maternal mortality among indigenous women in the Region. This modality of technical cooperation has proven to be effective. Four of the countries involved (Bolivia, the Dominican Republic, Guatemala, and Peru) reported that since the implementation of this initiative, there have been no maternal deaths due to hemorrhage. Paraguay reported reductions of 30% in the maternal mortality ratio and of 18.6% in the neonatal mortality rate, as of December 2017. PASB undertook technical cooperation with 32 countries in the Region. The regional [Network for the Surveillance of Maternal and Neonatal Mortality](#) was consolidated, with the implementation of two projects related to maternal mortality, [Near Miss](#) and the Assistance Network for Women in an Abortion Situation (MUSA). The Network for Surveillance aims to improve the analysis of data on maternal and neonatal health in the Region. The Region of the Americas is the only WHO region that has implemented this surveillance initiative.

***Country-focused interprogrammatic work – maternal and perinatal health and environment***

**Nicaragua:** An interprogrammatic project, “Healthy, Green and Sustainable Maternal Houses,” developed self-assessment instruments to evaluate environmental risks and identify priority mitigation interventions. This is part of a broader strategy to reduce maternal and perinatal mortality by improving maternal delivery care and creating environments that protect and promote health in the home. The project was supported by national and local authorities and institutions, including the Center for Health Research and Studies, and the Center for research in Workers’ Health and Environment. Funding is from the PASB-Canada Integrated Health Systems in Latin America and the Caribbean ([IHSLAC](#)) project.

40. In further targeting children’s health, the Bureau promoted integrated policies and services to accelerate progress on the health and development of children through sharing lessons learned

<sup>3</sup> EWEC-LAC’s members are the IDB, PAHO/WHO, UNICEF, UNFPA, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), UNAIDS, USAID, and the World Bank.

from best practices in countries; updating countries on evidence-based approaches and strategies for multisectoral action; engaging health and social development ministries in current global efforts to improve the development of young children; and providing training on responsive caregiving. These efforts will contribute to increased access to, and coverage of, interventions that promote the health and development of children during the first years of life. All these activities were conducted as joint efforts with the UN Children's Fund ([UNICEF](#)) and WHO, in collaboration with other partners, including the [Bernard Van Leer Foundation](#), [Plan International](#), the World Bank, and others. PASB facilitated the development of the [Nurturing Care Framework](#), with the participation of more than 15 countries, and launched it at the 2018 World Health Assembly. The Bureau also established a network of experts and institutions on early childhood that includes UNICEF, the UN Educational, Scientific, and Cultural Organization ([UNESCO](#)), and research centers and universities from various countries. Political advocacy, partnership, and engagement of communities have been central to these efforts.

41. As part of its technical cooperation, PASB worked with 21 countries to review and update their adolescent health strategies, implement standards for adolescent health services, and build capacity for the implementation of Global Accelerated Action for the Health of Adolescents ([AA-HA!](#)) through subregional and country level workshops, the latter in Barbados, Brazil, Guyana, Haiti, Saint Vincent and the Grenadines, and Suriname. PASB also undertook technical cooperation in the development of health plans for indigenous and Afro-descendant youth, based on the priorities self-identified by these groups. The regional [Accelerating Progress Toward the Reduction of Adolescent Pregnancy in Latin America and the Caribbean](#) report has been completed, and a report on youth health is being prepared.

42. The Bureau made progress in the implementation of the IHSLAC project, a collaborative effort between PASB and [Global Affairs Canada \(GAC\)](#). The project, which runs from 2016 to 2019, is being implemented in 11 countries: Bolivia, Colombia, Ecuador, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru, and Suriname. The aim is to improve the health of children, young girls, and women (including mothers) in situations of vulnerability in Latin America and the Caribbean. Through this project, national health authorities have been able to reach out to underserved, hard-to-reach, and socioeconomically disadvantaged communities. The results reported during this period included: 100% exclusive breast-feeding of children (11,000+) born to mothers in maternity homes; provision of basic equipment, commodities, and other materials to support service delivery in 150 health facilities and two community networks in eight countries (Bolivia, Colombia, Ecuador, Guatemala, Haiti, Honduras, Nicaragua, and Peru); and community action, including support for implementation of telemedicine services, in Paraguay. Among other results reported during this period were: deworming treatment provided to approximately 305,214 people; screening of 1,457 children under 15 years of age for Chagas disease; screening of 1,500 women for cervical cancer; and building awareness on empowerment issues among 11,000+ women, including concerning entrepreneurship, leadership, participation, and the right to paid work. In addition, the project supported the development of policies, plans, standards, guidelines, and tools that are based on equity, human rights, ethnicity, and gender approaches. All 11 countries supported human resources capacity-building activities, and more than 11,000 health providers benefited from training and/or awareness activities.

43. PASB conducted advocacy and strategic interventions to support implementation of Resolution [CD55.R13](#), on the health of migrants, which was approved by the 55th PAHO Directing

Council in 2016. At a side event at the 29th PASC in September 2017 that had been proposed by Mexico and other countries, panelists agreed that health should be at the center of any migration policy, and that PASB and PAHO Member States should jointly advocate for its inclusion in the Global Compact for Safe, Orderly and Regular Migration, currently in development. Such advocacy builds on the April 2017 Ministerial Declaration on Health and Migration, which was signed by 10 countries in Mesoamerica (Belize, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, and Panama) and for which PASB provided political and technical support. The Ministerial Declaration established a series of joint working agreements to improve available information on the health situation of migrants and create partnerships to address their health needs in a comprehensive and timely manner.

44. Conscious of the need to strengthen the mainstreaming of PAHO's crosscutting themes of human rights, gender, ethnicity, and equity in order to progress towards UH, during the reporting period the Director of PAHO undertook a reorganization of the Bureau that places the Office for Equity, Gender, and Cultural Diversity at the Executive Management level. This move aims to increase strategic and political actions to ensure that all PAHO programs and interventions take the crosscutting themes into consideration.

*Selected PASB-supported interventions for groups in conditions of vulnerability*

**Argentina:** The ministries of health and education collaborated to implement a comprehensive policy of care for children in the School Health Program (PROSANE), including dental, eye, and ear examinations, and immunization. In the framework of the Gran Chaco project, the preparatory phase of the implementation of Health Promoting Schools (HPS) in Salta Province was completed. HPS will foster intersectoral action for water, sanitation, hygiene, food and nutrition security, and disaster risk management. The preparation included workshops on ethnicity and intercultural health, with community participation in identifying actions for improving indigenous people's access to quality health services.

**El Salvador:** A national policy on intercultural health was finalized in June 2018, under the leadership of the Ministry of Health and with full participation of indigenous groups, human rights associations, health sector institutions, and academia. The inclusion of indigenous groups represents an important step forward in reaching the unreached and leaving no one behind.

**Guyana:** Community awareness and sensitization sessions on gender-based violence and violence against women and children were conducted with law enforcement officers and health care providers in Regions 1, 7, and 8.

**Jamaica:** A comprehensive situation analysis of older persons was completed in December 2017 and a national framework for healthy aging drafted in January 2018, with ongoing identification of PHC best practices in this area.

**Mexico:** A community and gender approach to care of persons with diabetes was implemented in two states (Mexico and Campeche) in collaboration with local health authorities and the World Diabetes Foundation.

**Panama:** The UN Country Team contributed to advances in UH within the framework of the integrated health services delivery network ([IHSDN](#)) model. With special attention to indigenous people and border areas, PASB worked with UNICEF on healthy schools, with UNFPA on maternal health, and

with the Food and Agriculture Organization of the United Nations ([FAO](#)) on family nutrition and community gardens.

**Suriname:** Ministry of Health programs for control of malaria, leishmaniasis, leprosy, and HIV/STIs collaborated to provide integrated PHC services to the mining population in the hinterland of Suriname.

**United States of America:** PASB collaborated with the United States National Council on Urban Indian Health ([NCUIH](#)) to adapt [the Mental Health Gap Action Program](#) (mhGAP) for indigenous communities, and to pilot an adapted guide with a group of Native American community health workers.

**South American subregion:** In May 2018, meetings were convened in Paraguay and Brazil to discuss, respectively, border health in countries of the Southern Common Market ([MERCOSUR](#)) and indigenous people's health in national health systems of the [South American Chaco](#). The meeting in Paraguay aimed to promote South-South cooperation, while the event in Brazil addressed the incorporation of an intercultural focus in the respective national health systems.

## UH and a PHC approach for better health outcomes

### *Promoting and accompanying health systems transformations based on PHC for UH*

45. During this period, PASB advanced the implementation of a country-focused, comprehensive approach for technical cooperation with countries initiating or continuing major health systems transformation or strengthening initiatives. The technical cooperation modality, aiming at developing comprehensive road maps or national plans to advance towards UH, was tailored to the differing needs, realities, priorities, logic, and dynamics of country processes. Technical cooperation with an interdisciplinary approach was undertaken with a number of countries (The Bahamas, Belize, Bolivia, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Jamaica, Panama, and Peru) to strengthen governance and stewardship, health financing, health legislation, and/or service delivery models consistent with a PHC approach and the Strategy for Universal Health. This technical cooperation modality involved direct technical support, capacity-building exercises, advocacy with high-level officials, facilitation of intersectoral national dialogues, and sharing of country experiences and evidence, according to needs.

### *Country-focused transformation of health systems towards UH*

**Dominica:** A post-hurricane recovery action plan towards universal health is being developed, with close collaboration between PASB and Government authorities, to rebuild and transform the country's health system towards greater resilience and effectiveness in the delivery of quality health care. The work included a first mission to reach agreements with the national authorities on the scope and areas of the technical cooperation, in accordance with the National Strategic Plan, and a rapid assessment of health services post-Hurricane Maria. Follow-up missions included assessment of first-level care facilities, governance and stewardship, and human resources for health. The action plan should be finalized by August 2018.

**Haiti:** In the context of the Government's current initiative to develop a comprehensive transformation of the health system, members of the recently-created National Commission for the Reform of the Health System and Hospital Care were invited to a high-level discussion at PAHO Headquarters. PASB's team facilitated the dialogue between the Reform Commission and Ministry of Health authorities, presenting



case studies from other countries of the Region and facilitating discussion of feasible options for Haiti and a road map for increased collaboration. At the same time, a special mission to address important problems with the main public hospital in Port-au-Prince (Hôpital Universitaire de la Paix) was undertaken. During the mission, recommendations aiming to resolve urgent issues at the hospital, in order to make it an integral part of a network of care, were provided. Also, considering the importance of priority programs and development partner financing in Haiti, a joint mission to evaluate the country's response to tuberculosis was undertaken, with a strong programmatic component and a health systems perspective.

**Jamaica:** Responding to a Government request to assess successes, challenges, and lessons learned from the implementation of a health sector reform program started in 1997, PASB conducted a comprehensive assessment of the public health care delivery services in Jamaica. The assessment concluded with specific recommendations on strengthening the PHC strategy, improving the stewardship capacity of the Ministry of Health, and increasing and improving health financing, among other areas. The findings were presented to a Cabinet meeting that included the Prime Minister. Concurrently, PASB undertook technical cooperation for the production of a national health insurance plan, supporting the supervisory national committee through virtual participation in meetings and provision of inputs to drafts of the plan.

**Suriname:** Following work started in 2017, PASB conducted an intensive two-week mission to Suriname to develop the outline of the Strategic Plan for Health and Well-being and a road map of activities to achieve the goals of the Plan. In a previous mission, technical cooperation involved discussion and development of a document on the model of care and organization of services for Suriname. In addition, PASB conducted a special study on fiscal space for health to provide Government authorities with specific feasible options for increased resources for the health sector, in the context of the delicate macroeconomic and fiscal situation that the country is experiencing. The presentation of the report will include the facilitation of necessary national dialogue between health and finance authorities.

46. PASB developed technical cooperation frameworks and tools geared towards strengthening stewardship and governance. The Monitoring Framework for Universal Health was finalized during this period and used to analyze progress being made by countries in increasing utilization of health services, eliminating barriers to access, and reducing health inequities. This included the analysis of access to health and equity using national health databases from seven countries in the Region (Canada, Chile, Colombia, Mexico, Peru, United States of America, and Uruguay) through robust methodologies standardized by the PASB. The results of this analysis provided information for the [Regional Outlook](#) on progress made in the last 5 to 10 years on health systems' performance and impact on UH metrics across the Region of the Americas ("[The Quest for Universal Health: Summary of Indicators on Health Systems Performance](#)") that is in the internet-based 2017 edition of PAHO's flagship publication, Health in the Americas+, which provides health information and data for the Region. Progress was also made in the update of the Essential Public Health Functions Framework, through consultations with ministries of health, public health experts, and academia. The framework and tools will be critical for capacity-building on stewardship with national health authorities.

47. Technical cooperation in health financing addressed budgeting, financial resources and fiscal space, insurance, segmentation, and health accounts, among other issues. PASB experts met with representatives from 19 countries to discuss issues related to resource allocation and the challenges countries face in efforts to increase public expenditure in health with equity and efficiency. PASB's technical cooperation supported dialogue and exchange of experiences to inform policy options for improving health financing, including payment systems and strategic

purchasing in health services. During this period, PASB provided direct technical support to 17 countries<sup>4</sup> for the improvement and regulation of financing systems that aim to enhance progress towards UH by prioritizing investment in PHC. Moreover, Chile, Colombia, Guyana, Haiti, and Peru now include social protection in health as a basic tenet of their health systems, and Mexico, Peru, and Uruguay have developed or updated their guaranteed health care benefit packages. Health financing studies were finalized in Barbados, Bolivia, Brazil, Chile, Colombia, Costa Rica, Ecuador, Guyana, Honduras, Jamaica, Nicaragua, Paraguay, and Peru, in order to provide them with concrete options for optimizing the efficiency of health system financing and for improving the fiscal space for health. A Spanish-language PAHO publication on fiscal space for health was premiered in April 2018 at the [Cuba Salud 2018](#) convention.

48. Interprogrammatic collaboration has been recognized as improving the efficiency of health services, given the common concepts and platforms that characterize many public health interventions. This collaboration was consolidated, particularly with HIV prevention, to emphasize sustainability, especially in those countries graduating from Global Fund to Fight AIDS, Tuberculosis and Malaria ([Global Fund](#)) support. There was also enhancement of joint work involving health systems strengthening; healthy life course and healthy aging; management and incorporation of vaccines, with [Gavi](#); control and management of cancer and mental disorders; and control and management of Zika outbreaks. PASB supported full implementation of the interprogrammatic chronic kidney disease project (Document [CSP29/INF/7](#), Item B) at regional and country levels during 2017.

49. PAHO's cooperation among countries for health development (CCHD) framework for South-South and triangular cooperation continued to garner support from Member States and partners. Several new CCHD initiatives were launched in 2017-2018, including an intervention to improve maternal and child health along the border between the Dominican Republic and Haiti, and an intervention to improve the health of the populations of the South American Chaco, which spans Argentina, Bolivia, Brazil, and Paraguay.

*Countries helping countries – PASB facilitating CCHD*

**Belize, Costa Rica, El Salvador, and Mexico:** These four countries, on the road to elimination of malaria, undertook a comprehensive assessment of their programs in December 2017, aiming to strengthen their capacity for epidemiological and entomological surveillance, their information systems, the identification of foci of transmission, and the quality of their responses, in order to prevent endemic transmission.

**Belize and Guyana:** Key mental health personnel from Guyana participated in a one-week study tour to Belize that involved capacity-building activities and the development of an outline road map for a community-based mental health program in Guyana.

<sup>4</sup> The 17 countries were: Antigua and Barbuda, The Bahamas, Belize, Bolivia, Chile, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Peru, and Suriname.

**Canada and Cuba:** An agreement between Canada and Cuba was signed in April 2018 for the strengthening of biosafety in the Cuban laboratory network, with a focus on the Pedro Kouri Institute of Tropical Medicine ([IPK](#)). Outputs include procurement of media for transfer of infectious substances to the national network, personal protection equipment, supplies and guidance from international experts for the establishment of a Biosafety Level 3 laboratory, and training in Canada for Cuban laboratory specialists.

**CARICOM and Chile:** CARICOM has long recognized NCD prevention and control as a priority issue for the subregion, as evidenced in the [2007 Port-of-Spain Declaration](#) and the more recent [Caribbean Cooperation in Health, Phase IV 2016-2025](#). Control of obesity has emerged as a key subregional strategy for NCD reduction, especially childhood obesity prevention, exemplified by the [CARPHA Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014-2019](#). Chile has a history of efforts to establish a regulatory framework for addressing overweight and obesity, dating back to 2007. A law was approved by the Chilean Senate in 2012 and [came into force in 2016](#), with provisions for front-of-package (FOP) nutritional labeling, restriction of the sale and promotion of unhealthy products in schools, and prohibition of the marketing of unhealthy products to children. Chile and CARICOM are implementing a project with the goal of learning from Chile's knowledge and experience in order to develop and implement FOP labeling in the Caribbean. In addition to PASB, the cooperation team comprises the CARICOM Health Desk, UWI, HCC, CARPHA, Caribbean Law Institute Center ([CLIC](#)), CARICOM Regional Organization for Standards and Quality ([CROSQ](#)), CARICOM Office of Trade Negotiations, and the Government of Chile.

**Central America and South America:** The national cancer institutes of [Argentina](#) and [Colombia](#) collaborated with the ministries of health of El Salvador, Guatemala, Panama, Paraguay, and Peru to develop a CCHD project addressing population-based cancer registration. Also involved were the International Agency for Research on Cancer ([IARC](#)) and the Network of National Cancer Institutes of the Union of South American Nations ([UNASUR](#)). The project will reinforce the surveillance and information systems of the participating countries and facilitate decision-making and policy development for cancer prevention and control.

**Cuba and Nicaragua:** In the context of the transfer of manufacturing technology for influenza vaccine in Nicaragua, Cuba continued its tradition of South-South cooperation, using the Cuban National Regulatory Authority, [CECMED](#), to work with Nicaragua to develop all functions recommended by WHO for medicines and biologicals, including licensing, postmarket surveillance, and regulatory oversight of locally manufactured products. Currently, CECMED is a National Regulatory Authority recognized by PAHO as a regional reference.

**Gran Chaco project:** A CCHD project called Towards Universal Health among the Population of the South American Chaco was initiated in 2017. It seeks to engage the Governments of Argentina, Bolivia, Brazil, and Paraguay in collaborative efforts to advance to UH in 20 municipalities in El Chaco. The project will benefit approximately 400,000 persons living in conditions of vulnerability, including indigenous people and rural populations.

### ***Public health policies and intersectoral action***

50. PASB continued to strengthen regional capacity on the Health in All Policies ([HiAP](#)) approach, and 30 experiences and good practices related to HiAP from 16 countries have been documented on PAHO's online HiAP platform. Currently in development, a virtual course on HiAP for the Region of the Americas establishes a structured capacity-building program that can

be rolled out across the Region, thereby supporting the sustainability of HiAP programming. By focusing on multisectoral approaches for addressing pressing health inequalities, the course will equip policymakers and other stakeholders to promote health equity across multiple dimensions, including interventions that target gaps in health outcomes according to the PAHO crosscutting themes of gender and ethnicity. This virtual course is the first example of an online adaptation of the [WHO HiAP Training Manual](#) to be rolled out, providing a unique opportunity for mainstreaming the crosscutting themes into intersectoral policy-making, and potentially serving as a model for other courses tailored for the Region.

51. The PHC approach requires revisiting health promotion and healthy cities interventions, and deciding, based on lessons learned, how to move forward with a comprehensive approach that is anchored in the twenty-first century, aligned with SHAA2030 and the SDGs, and enables progress towards UH. During the reporting period, PASB initiated the process for the development of a new strategy and plan of action on health promotion, including a review of experiences in the Region and informal consultations with health promotion networks and PAHO Member States. The strategy and plan of action on health promotion are expected to be completed in 2018.

52. As part of its efforts to reactivate the Network of the Americas for Healthy Municipalities, Cities, and Communities, PASB created the Healthy Cities Action Toolkit in 2017, which provides guidance to municipal leaders regarding planning health-promoting initiatives and policies. Piloting of the toolkit began in nine municipalities in El Salvador in January 2018 and is expected to start in municipalities in other countries in the Region by the end of 2018.

53. The Network of Health Promotion Managers of Latin America and the Caribbean ([REDLACPROMSA](#)) was instrumental in bringing health promotion to the local level. The groundwork to support the Network over the reporting period led to the ongoing development of a new network of mayors for healthy municipalities. It also contributed to the sustainability of initiatives and actions agreed upon among countries of the Network to advance the sustainable development and health promotion agendas, across different political administrations.

54. PASB fostered a better understanding of the economics of NCDs with two main goals: 1) to help health authorities advocate with heads of state and ministries of finance on the urgency of financing NCD prevention and control programs; and 2) to demonstrate how economic policies that are outside the portfolio of ministries of health can help curb the NCD epidemic and have a positive economic impact. Toward these goals, PASB developed, and promoted the development of, evidence on the impact of NCDs on social and economic development at country and regional levels, as well as the costs and benefits of implementing prevention and control measures in country-specific contexts. PASB also promoted health and fiscal policy coherence, especially to mainstream taxation as a public health measure, and advocated for health and trade policy coherence. The Bureau highlighted the need to pursue the benefits of trade and investment agreements and economic integration, while also taking measures to prevent the negative impacts on health and well-being of increased accessibility and affordability of commodities such as tobacco, alcohol, and energy-dense, nutrient-poor, ultra-processed food.

55. The Bureau strengthened its unique role of facilitating intersectoral dialogue among finance, trade, and health officials by partnering with organizations that included WHO, United Nations Development Program ([UNDP](#)), World Bank ([WB](#)), International Development Research

Center ([IDRC](#)), [RTI Health Solutions](#), and the Public Health Agency of Canada ([PHAC](#)). In February 2018, PASB led a meeting on the economics of tobacco control, where the WB and International Monetary Fund ([IMF](#)) discussed their role in the use of tobacco taxes as a health measure. PASB also organized training on taxation of NCD risk factors, including tobacco, alcohol, and sugar-sweetened beverages.

56. In a related development, in 2017 the 29th PASC approved the new Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018-2022 ([CSP29/11](#)), with the objective of accelerating implementation of the WHO Framework Convention on Tobacco Control ([FCTC](#)). The primary goals are to have a 100% smoke-free environment in all enclosed public and work spaces and to have graphic health warnings on the packaging of tobacco products in all Member States by 2022. The Strategy aims at reinvigorating the discussion on tobacco control in the public policy agenda, in light of SDG Target 3.a: “Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.”

57. The Bureau also addressed food labeling aimed at reducing consumption of unhealthy foods, which included support for 12 countries (Brazil, Canada, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Uruguay) and two integration mechanisms (the Caribbean Community ([CARICOM](#)) and the Central American Integration System ([SICA](#))) in the design, formulation, revision, implementation, and/or monitoring and evaluation of front-of-package nutritional warnings. These warnings on packaged food and drink products will alert consumers to contents high in sugars, fats, and/or sodium. Such initiatives are key for addressing NCDs and protecting the right to health of all populations, but especially those in vulnerable situations, such as children and populations with low literacy.

58. In collaboration with regional and subregional integration entities, and civil society organizations, the Bureau played an important role in preparing Member States for participation in the Third UN High-level Meeting on NCD Prevention and Control ([HLM3](#)), scheduled for September 2018. PASB provided technical materials and undertook advocacy for countries to be represented at the highest political levels, calling on Member State capitals to ensure that their ministries of foreign affairs and permanent missions to the UN are well prepared to contribute to negotiations of the draft and final HLM3 outcome documents. As part of this advocacy, and given PAHO’s status as the specialized health agency of the inter-American system, PASB representatives participated in the Joint High-level Session of the Permanent Council of the Organization of American States ([OAS](#)) and the Inter-American Council for Integral Development that took place in March 2018. PASB was also represented at the [Healthy Caribbean Coalition \(HCC\) Caribbean NCD Forum](#) held in Jamaica in April 2018, and the Bureau’s contribution to the preparation of the Caribbean subregion for HLM3 was recognized in the [Communique from the 39th Regular Meeting of the Conference of Heads of Government of CARICOM](#), held in July 2018.

59. PASB supported a number of subregional and country initiatives to address the high levels of violence against children and women in the Caribbean. This included workshops organized in collaboration with CARICOM, United Nations Entity for Gender Equality and the Empowerment of Women ([UN Women](#)), UNFPA, UNICEF, and the [Johns Hopkins University School of Nursing](#), aimed at strengthening the capacity of health systems to prevent and respond to violence against women. Technical cooperation was also undertaken with countries to ensure that existing

normative guidance (policies and protocols) informing the health service response to violence against women is based on the latest available evidence and on WHO recommendations. PASB's alliance with Canada in this area has been instrumental in promoting the health of women and children survivors of intimate partner and sexual violence in the Americas, enabled by the that country's Feminist International Assistance Policy, which was launched in June 2017. PASB worked with The Bahamas, Barbados, Guyana, and Trinidad and Tobago to review their existing guidance and partnered with UN Women and the Inter-American Development Bank ([IDB](#)) to carry out national surveys on violence against women in seven Caribbean countries (The Bahamas, Barbados, Guyana, Jamaica, Suriname, Trinidad and Tobago, and Turks and Caicos Islands).

60. Using a methodology developed by WHO, PASB undertook technical cooperation with the Dominican Republic to reduce road traffic injuries, based on evidence.

*Addressing road safety in the Dominican Republic*

Ranked as the country with the highest estimated road traffic mortality rate (41.7 per 100,000 population) in the 2015 Global Report on Road Safety, the Dominican Republic decided to make road safety a top priority in its 2016-2020 Government Plan and established a presidential commission on the issue. With PASB's technical cooperation and the commission's leadership, the country developed a National Road Safety Strategic Plan, promoted a new law (Law 63-17) on road safety, and established the National Institute of Traffic and Land Transportation (INTRANT). In parallel with these activities, the Strategic Plan for the Transformation of Urban Mobility (2017-2022) was developed, which complements the national plan to improve road safety.

61. PASB's technical cooperation during the reporting period addressed environmental health issues and climate change adaptation. Household air pollution is a significant and avoidable public health risk in the Region, amenable to elimination or substantial reduction, in line with SDG Target 7.1.2 ("Proportion of population with primary reliance on clean fuels and technology") and Target 3.9.1 ("Reduction of mortality due to air pollution"). A special initiative is being conducted in countries where solid fuels and kerosene are still in regular use for cooking, to accelerate the transition to clean energy and technologies, with a focus on urban settings. This represents a stepwise approach to clean energy for all by 2030, and presents an opportunity for numerous health-environment co-benefits, including climate change mitigation. Small island developing states (SIDS) are among the nations most vulnerable to climate change and health impacts, and the Caribbean region is not exempt from these impacts. PASB is implementing a special initiative on climate change and health in SIDS. The Bureau is developing, jointly with relevant Member States, a Caribbean action plan, to ensure that, by 2030, all health systems in Caribbean SIDS will be resilient to climate variability and change.

62. PASB continued to strengthen the role of health actors in the response to reduce the adverse health effects of air pollution, particularly among children, adults with cardiovascular and respiratory diseases, and older persons. To this end, the regional [BreatheLife](#) campaign was launched during the 29th PASC in 2017. The initiative increases awareness of the impact of household and ambient air pollution on health, and the co-benefits of reducing air pollution to mitigate the effects of climate change. Ten cities have joined the campaign, committing to reduce emissions to safe levels by 2030 and to measure related health outcomes. The launch was followed

by a technical workshop for representatives from ministries of health and environment in 15 Member States, organized in collaboration with [UN Environment](#), [Climate and Clean Air Coalition \(CCAC\)](#), and [Clean Air Institute](#). Funding was provided by Norway for the CCAC.

63. As a broader initiative to mainstream climate change into national health policies and strategies, PASB organized capacity-building workshops for health representatives in the Caribbean, Central America, and South America, to develop chapters on health in national adaptation plans on climate change. The efforts were co-funded by the respective subregional integration mechanisms and subregional institutions, including the CARICOM Secretariat, CARPHA, Caribbean Community Climate Change Center ([5C's](#)), Amazon Cooperation Treaty Organization ([ACTO](#)), and Andean Health Organization ([ORAS](#)).

***Strategic focus on the first level of care within integrated health services delivery networks to address priority health problems***

64. A PHC approach to the organization of service delivery requires people- and community-centered models of care to ensure access to comprehensive, quality health services that include promotion, prevention, cure, rehabilitation, and palliation, for common conditions. During this period, the PASB's technical cooperation resulted in improvements in the organization of health services through the development of health care models that focus on the needs of people and communities, and on increasing response capacity at the primary level of care through integrated health services delivery networks to address a wide range of public health priorities, including maternal and child health, sexual and reproductive health, NCDs, mental health, injury prevention, communicable diseases, and health emergencies.

65. As part of the implementation of road maps for UH, PASB undertook technical cooperation for health services organization with Belize, Chile, Dominican Republic, Ecuador, Guatemala, Guyana, Jamaica, and Suriname in areas that included policies, legislation, hospital management, strengthening the first level of care, and integrated health services delivery networks. In order to facilitate countries' development of IHSDNs, PASB developed a new tool for assessing progress in this regard, which was tested in five countries: Colombia, Cuba, Honduras, Panama, and Paraguay. The tool is designed to assess the level of integration of service delivery networks based on the IHSDN framework, to identify gaps, and to define interventions to strengthen management of the networks, including the primary level of care and specialized services. During the first semester of 2018, a virtual training course on IHSDNs was made available to all Member States via the Virtual Campus for Public Health ([VCPH](#)), to facilitate the development of such networks. By mid-2018, the course had drawn 290 participants from 16 countries. In addition, more than 200 managers received training on IHSDNs in Belize, Guyana, Panama, Peru, and Saint Lucia. Furthermore, a course on universal health was made available on the VCPH, drawing 1,200 participants by July 2018.

66. Seven countries implemented the updated Productive Management Methodology for Health Services ([PMMHS](#)) developed by the PASB: Brazil, Chile, Dominican Republic, Ecuador, El Salvador, Honduras, and Panama. New tools, including the [PERC](#) (Production, Efficiency, Resources and Cost), for the analysis of productivity, efficiency, and cost of health services, and the Assessment of Essential Conditions ([AEC](#)), to analyze the quality of health services, were made available to countries. With the AEC tools, technical cooperation was undertaken with

32 hospitals in five countries (Brazil, Colombia, Dominican Republic, Honduras, and Panama), for the analysis of essential conditions.

67. PASB's technical cooperation to develop people-centered models of care also addressed the promotion of intercultural approaches, including traditional, complementary, and integrative medicine (TCIM). During this period, the interprogrammatic action plan that had been developed collectively with countries in a June 2017 regional meeting on traditional and complementary medicine for advancing toward universal health was implemented. Efforts are focused on technical cooperation with Member States to strengthen their capacity to integrate TCIM into national health systems. The Bureau facilitated the development of an expert network in this area, and in March 2018 the Director of PAHO launched the Virtual Health Library on Traditional, Complementary, and Integrative Medicine, ([VHL TCIM](#)), which aims to improve information access and foster research capacity and collaboration in this area, with the goal of supporting informed decision-making.

68. In May 2018, the PASB hosted a webinar on the contributions of TCIM to PHC that described the Brazilian experience, the perspective of indigenous peoples, and the initiatives of the United States National Center for Integrative Primary Healthcare ([NCIPH](#)). The Bureau also facilitated the participation of delegates from Brazil, Cuba, and Curaçao in a WHO interregional training workshop on appropriate integration of traditional and complementary medicine in health systems and health care services, as well as the participation of delegates from Chile and Peru in a WHO interregional training workshop on the quality of traditional and complementary medicine services. Both those events were in the Macau Special Administrative Region of China. PASB supported other WHO-led initiatives, such as an update to the Second Global Survey on National Policies and Regulations on Traditional and Complementary Medicine, to which 25 PAHO Member States responded, and the participation of regional experts in working meetings for the development of TCIM training and practice benchmarks.

69. The functionality and well-being of older persons living with a chronic condition were improved through the implementation of evidence-based chronic disease self-management programs in 13 countries: Anguilla, Antigua and Barbuda, Argentina, Barbados, Chile, Dominica, Grenada, Martinique, Mexico (Mexico City and Guadalajara), Peru, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines.

70. PASB supported the implementation of the [Global Hearts Initiative](#) in primary care clinics in Barbados, Colombia, Chile, and Cuba, to reduce cardiovascular risk through hypertension control and secondary prevention. Demonstration sites were established in Bridgetown, Barbados; Santiago, Chile; Cali, Colombia; and Matanzas, Cuba. The interventions comprise implementation of standardized hypertension treatment control guidelines, training of providers, establishment of a core set of medications, and use of a registry for patient follow-up. A network of 12 municipalities and states was established in the four implementing countries with partner organizations that included the [Latin American Society of Hypertension](#), the [InterAmerican Heart Foundation](#), and the [Inter-American Society of Cardiology](#). Early results show that these interventions can lead to increased coverage and access to hypertension control services, and improved hypertension control in the populations served. The activities were carried out in collaboration with the countries' ministries of health and with support from the United States



Centers for Disease Control and Prevention ([U.S. CDC](#)), the [World Hypertension League](#), and several leading international experts in hypertension control.

71. Via its technical cooperation work, the Bureau increased access to, and the quality of, services for cervical cancer prevention and control, focusing on the promotion of human papillomavirus (HPV) testing for cervical cancer screening and the diagnosis and treatment of precancerous lesions in primary care. This work included disseminating new evidence and PAHO guidelines on the effectiveness of HPV testing throughout the Region; updating national cervical cancer guidelines in the Dominican Republic, Peru, and Suriname; training primary care providers in El Salvador and Guyana on screening; conducting refresher training to improve the competencies and skills of gynecologists from Bolivia, Colombia, Honduras, Paraguay, and Peru in colposcopy, biopsy, and treatment of precancerous lesions; equipping clinics in Bolivia and Honduras with new colposcopy units; and conducting a cervical cancer program needs assessment in Bolivia, in collaboration with the [United Nations Joint Global Program on Cervical Cancer Prevention and Control](#).

72. PASB also launched a Web-based training course on comprehensive cervical cancer control through the PAHO VCPH, in which, as of mid-2018, over 3,000 primary care providers had participated. Partners in these activities included ministries of health, the U.S. CDC, and the International Agency for Research on Cancer ([IARC](#)). Financial support was received from the Government of Canada, the U.S. CDC, and the OPEC Fund for International Development ([OFID](#)).

73. PASB supported efforts to integrate interventions for ocular health in primary care, with notable initiatives in four countries during the reporting period: Argentina, Chile, Colombia, and Trinidad and Tobago. In Argentina, the Bureau supported a policy and legislative advocacy effort by national professionals that achieved increased coverage for the control of visual loss from retinopathy of prematurity. In Chile, the National Board of School Aid and Scholarships documented best practices and barriers to coverage of services for refractive errors associated with visual impairment, as well as increased the percentage of children wearing glasses. In Colombia, ocular health among indigenous people in the department of Vaupés was improved through the training of PHC personnel in the detection of visual deficiencies in adults, and of surgeons in cataract removal techniques, as well as through the use of a public-private partnership to offer care to indigenous people in remote rural environments. In Trinidad and Tobago, a “health system dynamics” framework was used to synthesize data and identify health system barriers, in order to prioritize actions for strengthening primary care for the early detection of eye disease.

***Country-focused strengthening of integrated health services delivery networks***

**Chile:** PASB supported the implementation of the PERC tool in the 25 reference hospitals and the development of cost and expenditure models that account for the complexity of the health services offered. These models are used by the Ministry of Finance and the Ministry of Health to map out equitable payment mechanisms based on efficiency and quality of health services.

**El Salvador:** In the framework of the health reform program 2017-18, PASB supported the Ministry of Health in the implementation of the PERC system, generating updated information on production, efficiency, and costs of all primary care services and the hospitals in 17 basic integrated health systems (SIBASIs) and five health regions. This process involved PAHO's transfer of appropriate technology and

the development of institutional capacities in the country. Currently, in addition to the Ministry of Health, the PERC tool is installed and operating in all the facilities of the Salvadoran Institute for Comprehensive Rehabilitation (ISRI) and the Solidarity Fund for Health (FOSALUD).

**Honduras:** The implementation of the Evaluation of Essential Conditions (VCE) in national hospitals as part of the PMMHS facilitated the development of continuous improvement plans aimed at guaranteeing access to health services and quality care. These processes have produced transformations in the organizational culture that are evident to patients, and the transfer of knowledge to the work teams of the hospitals has allowed continuity in the processes.

**Nicaragua:** PASB supported the integration of complementary medicine practitioners who were located in health centers and primary level hospitals as part of the Family and Community Health Model ([MOSAFC](#)), and facilitated training for the incorporation of new protocols in 11 clinics of the Ministry of Health's Institute of Natural Medicine and Complementary Treatment.

**Peru:** Studies on the use of medicinal plants have been conducted, and the process is proceeding for the Center for Complementary Medicine of [EsSalud](#), the national social security program, to become a WHO Collaborating Center.

**Venezuela:** The progressive loss of operational capacity in the national health system over the past five years intensified during 2017. Since April 2017, PASB and the Ministry of Health (MPPS) have cooperated to strengthen services in 11 high-priority hospitals of high complexity in main cities, including Caracas. Staff were trained in hospital safety and prevention of health care-associated infections, and on evaluations of essential capabilities within these hospitals. In addition, basic and complementary units of the Interagency Emergency Health Kit, which provides medicines and medical devices for 10,000 people for approximately three months, were distributed to the 11 hospitals, with more to be procured for those institutions. The Bureau is working with the MPPS to strengthen the national primary health care network, where Cuban medical cooperation has been provided for 16 years. With PASB support, professionals from 24 states were trained in essential methodologies to improve obstetric and other medical services.

74. The integration of mental health into primary care services has proven essential for the development of equitable service delivery, bridging the mental health treatment gap, and enhancing UH. PASB provided technical cooperation in this area through the Mental Health Gap Action Program Intervention Guide ([mhGAP-IG](#)). In coordination with ministries of health, local universities, and PAHO/WHO Collaborating Centers, PASB assisted in mhGAP training in 12 countries<sup>5</sup> and in one regional training-of-trainers event during the reporting period. Additionally, mhGAP was implemented using the PAHO VCPH to train PHC providers in constrained-resource settings, and a pilot virtual clinic was set up to ensure supervision and follow-up for those PHC professionals trained online in mhGAP. In addition, work was initiated on a study funded by the IDB to examine the association between alcohol and/or drug use and traffic-related injuries in selected emergency departments in four countries of the Region (Chile, Dominican Republic, Jamaica, and Peru). The study will provide evidence to inform brief interventions at the primary care level for injured patients, with the aim of preventing subsequent episodes.

<sup>5</sup> The 12 countries were Argentina, Bolivia, Brazil, Chile, Colombia, Guyana, Mexico, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and Venezuela.

***Country-focused improvements in mental health services in primary care - mhGAP***

**Argentina:** Training of trainers from the Ministry of Health in the Mental Health Gap Action Program (mhGAP) was undertaken and followed by training in three provinces, representing the start of countrywide capacity-building and implementation in different localities. In **Jamaica**, in March 2018, two trainers were trained in the updated version of mhGAP, to facilitate their instruction of PHC providers on the integration of mental health care into primary care services. In **Trinidad and Tobago**, two mhGAP training-of-trainers sessions were held and then rolled out to the various regional health authorities to strengthen the capacity of front-line primary care physicians and nurses for screening, initial management, and referral of persons with mental health disorders.

**Brazil:** Technical cooperation to implement the [Portuguese-language translation of the mhGAP guide](#) facilitated the training of approximately 300 primary care and mental health professionals in the states of Rio Grande do Sul, Minas Gerais, Goiás, Tocantins, Ceará, and in the Federal District. In **Mexico**, PHC teams in six border states received mhGAP training, in partnership with the United States-Mexico Border Health Commission. In **Venezuela**, PHC workers were trained in the detection and treatment of mental health problems.

***Human resources for universal health***

75. The Region's health leaders approved the PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document [CSP29/10](#)) through Resolution [CSP29.R15](#) at the 29th PASC in September 2017. Subsequently, PASB led the development of the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 (Document [CE162/16](#)) through a process of extensive consultation with countries and key stakeholders. The Plan of Action will be presented to the 56th PAHO Directing Council in September 2018, and, like the Strategy, focuses on the importance of human resources as a fundamental component for the achievement of UH, particularly utilizing a PHC approach for the expansion of access to quality comprehensive services for populations in conditions of vulnerability in underserved areas. Both frameworks highlight the need for intersectoral action, between health, education, labor, and finance, among others; long-term human resources planning and forecasting; increased public investment in human resources; widening of access to interprofessional teams in primary care settings; and reorienting education for the health professions toward PHC.

76. PASB developed a diagnostic instrument called the Indicators for Social Accountability Tool (ISAT) to help educational institutions dedicated to the health professions assess their progress towards social accountability. A product of the PASB-supported [Consortium of Social Accountability in Health Professions Education in the Region of the Americas](#), the tool measures the extent to which education programs have curricula that are aligned with social needs; select students in targeted ways to guarantee diversity and gender equity; include training in the primary care context in which graduates are expected to serve; include regional postgraduate training and career pathways in underserved regions; offer interprofessional education and practice; and engage in meaningful partnerships with communities and other stakeholders. The ISAT will be available in Spanish, English, and Portuguese and will be tested in Argentina, Barbados, Brazil, Canada, Chile, Cuba, Guyana, Jamaica, Mexico, Nicaragua, Panama, Suriname, Trinidad and Tobago, and the United States of America during 2018.

77. In order to strengthen health workforce planning, PASB conducted workshops for over 50 ministry of health staff, PAHO/WHO technical officers, and other stakeholders in Costa Rica and Guatemala. The workshops were a first step in introducing an innovative model for workforce strengthening that focuses on futures thinking and horizon scanning, an analysis of workforce characteristics, and generating and quantifying scenarios. As follow-up, the PAHO VCPH will provide virtual resources and deliver workshop-related webinars. Additional workshops are planned for 2018 in Belize, Dominica, El Salvador, Guyana, Paraguay, and Suriname. PASB is also collaborating with WHO Headquarters, the WHO European Regional Office, and academic institutions to develop a network for health workforce planning, to complement the training.

78. PASB supported a subregional study on the migration of health workers in the Caribbean. The results will be used to inform implementation of the Caribbean Plan of Action on Human Resources for Universal Health (HRUH) 2019-2023, the output of a subregional workshop held in April 2018. The Caribbean Plan of Action on HRUH is aligned with the regional Plan of Action for Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023, which was discussed at the 162nd Session of the Executive Committee in June 2018 (Document [CE162/16](#)) and which will be presented to the 56th PAHO Directing Council in September 2018 for approval. The Caribbean Plan of Action also aligns with the CARICOM health agenda (the Caribbean Cooperation in Health (CCH)), which is now in its fourth phase, [CCH IV 2016-2025](#).

79. The Bureau organized a regional initiative with the PAHO/WHO Collaborating Center in Primary Health Care and Health Human Resources at McMaster University (Canada) that was centered on advanced practice nursing (APN). A six-part webinar series was offered in English and Spanish, with the goal of increasing interest in, and awareness of, the APN role for nurses and key stakeholders in Latin America. The initiative also produced regionally focused publications on nursing education for UH, doctoral training in nursing, and strategic direction to nursing. In addition, a new publication titled “[Expanding the Roles of Nurses in Primary Health Care](#)” was launched during the celebration of International Nurses Day 2018.

80. The Regional Network for Interprofessional Education in the Americas was established with the support of the ministries of health of Argentina, Brazil, and Chile during a regional technical meeting on interprofessional education (IPE) held in Brasilia in December 2017. Approximately 120 participants from 23 countries<sup>6</sup> of the Americas were present at the event, which resulted in the presentation of national IPE plans prepared by 18 countries and a regional plan of activities and publications for 2018-2019. PASB is monitoring the activities and providing technical cooperation for development of the network.

81. PAHO’s VCPH continued to grow as a learning platform based on people, institutions, and organizations that share courses, resources, services, and activities for education, information, and knowledge management. A new node was established for the English-speaking Caribbean in collaboration with the Caribbean Public Health Agency ([CARPHA](#)), and a node in Central America was updated in collaboration with the Council of Ministers of Health of Central America

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<sup>6</sup> The 23 countries were The Bahamas, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Nicaragua, Panama, Paraguay, Peru, Suriname, United States of America, and Uruguay.

([COMISCA](#)). The number of VCPH users increased from 174,568 in 2016 to 568,037 by mid-2018. In 2017, 13 tutored courses were offered and were completed by 525 professionals, while more than 200,000 additional professionals per year took self-learning courses. The VCPH's most popular course, as of mid-2018, was on the correct completion of death certificates. The course is available in English, Spanish, and French, and has attracted more than 80,000 certified participants, to date.

82. The Region has numerous successful initiatives for strengthening HRUH, several implemented at subnational level, focused on expanding access to quality comprehensive services.

*Country-focused HRUH strengthening for improved access to quality services*

**Argentina:** In the framework of the Gran Chaco project, and in collaboration with the [Garrahan Foundation](#), capacity-building of health workers, health promoters, nurses, doctors, and obstetricians took place in the province of Salta, aiming to strengthen services in areas with the highest levels of poverty and infant and maternal mortality. In the province of Santiago de Estero, 1,015 community health workers and 31 doctors were trained in the management and implementation of the Integrated Management of Childhood Illnesses ([IMCI](#)) strategy, to improve the care given to children and pregnant women at the primary level. The capacity-building also aimed to validate the role of community health workers, empower them, and contribute to their career development.

**Brazil:** The **Mais Médicos** program was started in 2013 and has now been extended until 2023. The program has deployed over 17,281 Brazilian and foreign health care professionals to more than 3,819 municipalities, most of them socioeconomically vulnerable areas in remote zones, on the outskirts of cities, or in Brazil's 34 special indigenous health districts. As of June 2018, the program was serving an estimated 59 million people in historically underserved communities. The participation of foreign health care professionals, many from Cuba, provides a demonstration of triangular cooperation in support of UH. PASB continued to undertake technical cooperation with the Mais Médicos program for the development and implementation of a monitoring and evaluation framework, as well as documentation of best practices and lessons learned. A systematic analysis focusing on the effectiveness of the program was done, with results showing a decrease in hospitalizations due to conditions sensitive to primary care of up to 20%; a reduction of hospital costs of up to 32%; and improvements in trends of indicators for exclusive breast-feeding, among other effects.

**Caribbean:** In September 2017, the CARICOM Council for Human and Social Development ([COHSOD](#)) agreed on seven priority areas for the Caribbean Roadmap 2018-2022 to strengthen HRUH in the subregion, in line with the PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage. Ten Caribbean countries now have finalized (or are in the process of finalizing) HRUH plans, aligned with the strategic objectives in the PAHO Strategy and with PHC. The implementation of these plans will be facilitated by the subregion's strengthened and expanded partnerships for HRUH development; partners now include CARICOM; Organization of Eastern Caribbean States ([OECS](#)); University of the West Indies ([UWI](#)); universities of [Belize](#), [Guyana](#), and [Suriname](#); IDB; Caribbean Development Bank ([CDB](#)); European Union ([EU](#)); [NextGenU](#), the World's first free, online accredited university; [Humber River Hospital](#); [Axon Medical Technologies](#); and International Business Machines ([IBM](#)).

**Chile:** PASB successfully conducted an evaluation of the National Single Examination of Medical Knowledge ([EUNACOM](#)) in Chile, the first country where PASB has conducted such an assessment. The EUNACOM is applicable to all graduates of medical schools in Chile and to doctors who qualify abroad and wish to practice in the country. The purpose of the examination is to ensure that these health

professionals have the appropriate profile and performance for Chile's needs, and provide quality care at all levels. The PASB evaluation aimed to contribute to strengthening HRUH in Chile, especially at the primary care level.

**Nicaragua:** With PASB's technical cooperation, the School of Medical Sciences at the National Autonomous University of Nicaragua (UNAN) in León incorporated a course titled "Community Practices Based on Primary Health Care" into its core training curriculum. The course will allow students to undertake rotations of six to nine weeks each year in Years 2 through 6, located in various settings, including the classroom, laboratories, health centers, and hospitals. The aim is to improve coverage in areas where students are located, including in more remote communities.

**Peru:** PASB partnered with national and local health authorities, and academia, to reduce illness and death due to diabetes in nine regions of the country with high prevalence of the disorder, with financing from the World Diabetes Foundation. The capacity of 979 health professionals was strengthened through their participation in the course "University Diploma in Comprehensive Management of Diabetes Mellitus Type 2" implemented by the [Cayetano Heredia Peruvian University](#). Related activities included provision of supplies to PHC facilities and implementation of a communication strategy.

**Trinidad and Tobago:** PASB supported a Cabinet-approved training of caregivers and parents of children living with autism and other developmental disorders, in partnership with the Office of the Prime Minister; the Gender and Child Affairs Unit, which provided funding; WHO; and [Autism Speaks](#).

### *Access to medicines and health technologies*

83. The selection, incorporation, and use of medicines and other health technologies significantly affect the efficiency of health systems and are critical determinants of health outcomes. PASB's technical cooperation helped countries to advance in strengthening and institutionalizing health technology assessments (HTAs), as called for by the 28th Pan American Sanitary Conference in 2012 (Resolution [CSP28.R9](#)). As of mid-2018, 13 countries had established HTA units, commissions, or institutes, and 33 institutions from 16 Member States were members of the Health Technology Assessment Network of the Americas ([RedETSA](#)). The first regional HTA database ([BRISA](#)) was launched in November 2017, initially with 600 reports, and approximately 450 health professionals were trained in the assessment and management of health technologies through PASB and RedETSA capacity-building activities.

84. An integrated approach to the assessment and rational use of health technologies was implemented and a first road map developed with the English-speaking Caribbean countries. This road map presents proposals for the evaluation, selection, incorporation, prescription, dispensing, use, and monitoring of medicines and other health technologies for the Caribbean countries, as well as the implementation of relevant guidelines. The road map is being considered by the CARICOM COHSOD, and is coordinated by a subregional working group. PASB's technical cooperation also addressed strengthening the essential medicines lists in Guatemala, Guyana, Haiti, Honduras, and Jamaica.

85. PASB continued its technical cooperation in improving drug regulatory oversight by strengthening national regulatory authorities (NRAs). This initiative aims to build capacities, promote transparency and good regulatory practices, avoid duplication of effort, and foster a cooperative environment where NRAs can share information and work together to ensure the

quality, effectiveness, and safety of medicines and other health technologies. As of mid-2018, 16 PAHO Member States<sup>7</sup> were actively reporting to, and exchanging information through, WHO's global rapid alert system for substandard and falsified products, while 17 countries<sup>8</sup> were exchanging pharmacovigilance alerts through the PASB-supported focal points' regional network.

86. In related work, PASB is managing the development of a regulatory exchange platform (REP), a Web-based tool that allows the exchange of nonpublic/confidential regulatory information on medical devices and on the results of regulatory inspections. The Bureau is collaborating with Australia, Brazil, Canada, Japan, and the United States of America in the development and implementation of the tool.

87. PASB also continued its collaboration with CARPHA for the further development and implementation of the [Caribbean Regulatory System](#) (CRS). The CRS has helped to reveal existing regulatory challenges and has provided a platform for updating knowledge and introducing international best practices, spurring countries (including The Bahamas, Belize, Guyana, Haiti, Jamaica, and Trinidad and Tobago) to initiate reforms aimed at modernizing their regulatory systems. The CRS itself has brought the same high-quality medicines that are approved by strong regulatory authorities (including by WHO prequalification) to the Caribbean. It has recommended 18 WHO prequalified essential medicines, some of which have been registered through in-country, fast-track processes and purchased by national procurers. The CRS also launched a new regional platform for reporting adverse reactions and substandard and falsified medicines. In addition, the CARPHA drug testing laboratory is now focused on postmarket surveillance testing of medicines in a proactive and risk-based manner.

88. PASB worked closely with five countries (Ecuador, El Salvador, Honduras, Nicaragua, and Paraguay) to strengthen public health supply chains. This program is aimed at improving national capacities by identifying gaps in forecasting, warehousing, and supply and demand management processes. Over the period of July 2015 to August 2017, the activities were partly supported through an agreement with the Global Fund aimed at improving logistical management information systems and access to HIV, tuberculosis, and malaria treatments in target countries in Latin America and the Caribbean.

89. The Bureau, through a grant from the United States Agency for International Development ([USAID](#)), undertook technical cooperation with Guyana and Paraguay to increase access to maternal health-related technologies for vulnerable populations of the hinterlands in Guyana and the Paraguayan Chaco. This project supported an assessment of over 65 health centers in both of these Key Countries, and the current phase of the project involves the implementation of corrective actions.

90. PASB provided recommendations to all countries for improving the quality and safety of, as well as access to, radiological services, and assessed these services in The Bahamas, Bermuda, and Trinidad and Tobago. More than 150 radiotherapy photon beams in more than 25 countries

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<sup>7</sup> The 16 Member States were Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Nicaragua, Paraguay, Peru, Uruguay, and Venezuela.

<sup>8</sup> The 17 countries were Argentina, Barbados, Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Paraguay, Peru, Uruguay, and Venezuela.

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and territories<sup>9</sup> were evaluated through the International Atomic Energy Agency ([IAEA](#))/PAHO postal dose quality program, which seeks to assure proper calibration of radiotherapy beams to avoid mistreatment of cancer patients and prevent radiation accidents. In addition, the Bureau organized national courses, workshops, and educational activities on diagnostic imaging in Guatemala, Guyana, Suriname, and Trinidad and Tobago, as well as regional webinars and online courses on pediatric imaging and ultrasound, and on the role of radiology in tuberculosis.

91. During 2017, the PAHO Strategic Fund for Public Health Supplies (commonly called the [PAHO Strategic Fund](#)) continued to ensure timely access to medicines and other health technologies through forecasting-related assistance, proactive management of the stock levels, and technical cooperation. The Strategic Fund received requests for more than 200 products from the 33 signatory countries, with total procurement of US\$ 90.4 million. Member States utilized US\$ 14.9 million from the Strategic Fund Capital Account. The PAHO Strategic Fund provides a mechanism for pooled procurement of essential medicines and strategic health supplies, and ensures that affordable quality medicines are available at all times in a country, in the required presentation and quantities needed.

92. During this period, PASB established multiyear long-term agreements (LTAs) with suppliers for essential medicines and strategic health supplies, particularly for drugs to treat HIV, tuberculosis, and malaria. The LTAs ensure that affordable, quality medicines are available to PAHO Member States in the required presentation and quantities needed, with increased savings. The Bureau also engaged in direct negotiations with suppliers to reduce current vaccine prices and to increase the availability of yellow fever, inactivated polio, and measles vaccines, the last-mentioned for use in controlling the outbreak in Venezuela.

### ***Health information and knowledge management***

93. Achieving UH requires information from national, subnational, and local levels to enable decisionmakers to prioritize issues, allocate resources, and formulate policies that ensure that no one is left behind. In response to identified challenges and capacity gaps concerning Information Systems for Health (IS4H), and building on achievements within countries and prior subregional strategies, PASB, in conjunction with WHO, developed an innovative framework for IS4H. Using a strategic approach based on UH, the framework aims to improve countries' decision- and policy-making mechanisms by strengthening IS4H to ensure universal, free, and timely access to quality and open data and strategic information. The framework uses the most cost-effective information and communication tools, and provides a comprehensive road map to adopt and implement standards for interoperable and interconnected systems. It also enables information communication technology (ICT) solutions and identification of best practices in vital and health statistics and in data and information management, all to facilitate improved decision-making.

94. As at mid-2018, PASB had undertaken targeted technical cooperation with seven countries and territories—Anguilla, Belize, British Virgin Islands, Ecuador, Guyana, Jamaica, and Sint

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<sup>9</sup> Among them were Antigua and Barbuda, The Bahamas, Barbados, Bermuda, Bolivia, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.



Maarten—to implement the new IS4H approach, including comprehensive IS4H assessments, provision of model governance frameworks, and guidance in establishing national IS4H committees and working groups. PASB continued its work with the Caribbean IS4H Technical Working Group, following up on the High-level Meeting on IS4H held in that subregion in 2016, and convened a meeting with IS4H national focal points from Central America at PAHO Headquarters in 2017 to generate a subregional consensus on the IS4H framework. The Bureau is planning a similar meeting with South American IS4H personnel during 2018. Partners in this initiative include WHO, the [Federal University of Santa Catarina](#), Brazil; [the University of Illinois](#), United States of America; and the [Buenos Aires Italian Hospital](#), Argentina.

95. The Bureau continued its coordination of the Metrics and Monitoring Working Group ([MMWG](#)) of EWEC-LAC. The MMWG is dedicated to ensuring that the measurement and monitoring of social inequalities in health are included in countries' systematic health analyses, and it facilitates the use of disaggregated data at subnational levels to identify the most vulnerable social groups. The MMWG has catalyzed regional and country efforts that have led to the development of 14 country teams<sup>10</sup> responsible for health inequality measurement and monitoring; a toolkit to measure and respond to health inequities; and the creation of guides and action items for reducing inequality and improving health.

96. The Bureau supported the implementation of the iPIER (Improving Program Implementation through Embedded Research) initiative in 10 countries: Argentina, Bolivia, Brazil, Colombia, Chile, Dominican Republic, Mexico, Panama, Peru, and Saint Lucia. iPIER emphasizes the benefits of embedded implementation research to support health policy, programs, and systems. Key results of the initiative to date include the establishment of national research priorities in Brazil, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, and Peru; the creation of mechanisms for evidence-informed, rapid-response decision-making in Argentina, Brazil, Colombia, Chile, and Mexico; and strengthening of evidence-for-policy mechanisms ([EVIPnet](#)) to support decision-making in Brazil, Colombia, and Chile. Partners in this work include the Alliance for Health Policy and Systems Research ([AHPSR](#)), WHO's Special Program for Research and Training in Tropical Diseases ([TDR](#)), and the National Institute of Public Health of Mexico ([INSP](#)).

97. PAHO's information products continued to serve as trusted sources of authoritative, scientific, technical information on public health in the Americas. During the reporting period, PASB published 19 new ISBN<sup>11</sup> titles and 10 translations.

#### *Documenting health in the Americas – a selection*

PAHO's publications during the period under review included the 15th edition of its flagship report, *Health in the Americas*. [Health in the Americas+ 2017](#) examined the Region's public health developments between 2012 and 2017, focusing on advances in expanding health care coverage to the subnational level of each country and territory. The report's country chapters present unique information at the country level, analyzing key health indicators for population groups such as children, the elderly, and people with disabilities, among others, as well as key achievements of, and challenges to, each

<sup>10</sup> The 14 country teams were in Belize, Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Paraguay, and Peru.

<sup>11</sup> ISBN = International Standard Book Number.

country's health system. The report discusses the role of civil society, the reform of health systems towards UH, and the application of new information technologies to improve health. The report was presented during the 29th PASC in September 2017 and is available in print and electronic format.

PASB coordinated the preparation of a [special issue of the Pan American Journal of Public Health on the Cuban health system](#), published in April 2018. The Bureau collaborated with the Cuban National School of Public Health ([ENSAP](#)) to identify topics for the articles and to conduct 16 studies pertaining to advances made in the system.

98. PASB continued to foster national capacity-building for knowledge management and promoted access to, and sharing of, knowledge related to public health. This included maintaining the Institutional Repository for Information Sharing ([IRIS](#)), PASB's online institutional memory library, which, as at June 2018, consists of more than 40,000 full-text documents. During the reporting period, PASB organized 40 on-site training exercises on information access and scientific communication in partnership with ministries of health, and disseminated methodologies and tools to support countries' implementation of policies and programs on knowledge management.

99. During the reporting period, 17 new [PAHO/WHO Collaborating Centers were designated in the Americas](#), bringing the number of active centers in the Region to 192. These centers make an important contribution to PASB's technical cooperation by generating knowledge and evidence related to the Organization's programmatic areas.

## **Public health emergencies and disease elimination**

### ***Public health emergencies***

#### *Outbreak response*

##### *Yellow fever*

100. Between January 2017 and April 2018, seven countries and territories of the Americas reported confirmed cases of yellow fever: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Peru, and Suriname. The number of human cases and epizootics collectively reported in this period in the Americas was the highest observed in decades.

101. In response to the largest outbreak of yellow fever in Brazil since the 1940s, the Bureau activated its Emergency Operations Center (EOC) and Incident Management System (IMS) at the Headquarters and the country levels to support coordination of the health response, health information management, capacity-building, and monitoring of vaccination activities. Specialized technical experts, including epidemiologists and data managers, were deployed to assist the health secretariats of each of the five affected states (Minas Gerais, Esp rito Santo, Rio de Janeiro, Bahia, and S o Paulo) in data collection, analysis, and reporting.

102. PASB also provided interprogrammatic support for the Ministry of Health in Brazil to update the emergency response plan for yellow fever, which included introducing the use of fractional doses of yellow fever vaccine, as recommended by the WHO Strategic Advisory Group

of Experts on Immunization (SAGE) in special situations. The team supported implementation planning for fractional vaccination to protect populations in urban areas and the design of action plans to actively find unvaccinated pockets in selected municipalities. Yellow fever vaccines were procured through PAHO's Revolving Fund for Vaccine Procurement (commonly referred to as the [PAHO Revolving Fund](#)): 20 million 0.1 ml syringes arrived in the country between January and April 2018, enabling national authorities to undertake vaccination activities on a schedule that will allow them to protect all 77.5 million inhabitants of the country by 2019. The PAHO Revolving Fund provides countries and territories with guarantees of quality, safe, adequate supplies of vaccines, as well as lower prices. Through the Revolving Fund, Member States pool their national resources to procure high-quality, life-saving vaccines and related products at the lowest price. PASB also assisted national authorities in Brazil to strengthen surveillance of adverse events following immunization (AEFIs) and to develop a comprehensive and updated vaccination plan that includes vaccine production and risk communication.

103. For the 2017-2018 monitoring period, up to 8 May 2018, Brazil recorded 1,261 laboratory-confirmed cases of yellow fever, including 409 deaths, and 738 confirmed epizootics among nonhuman primates.<sup>12</sup> Most of the cases and epizootics were reported in the country's southeast, in areas not previously considered at risk, bordering large urban centers.

104. PASB represented the Americas in the global Scientific and Technical Advisory Group on Geographical Yellow Fever Risk Mapping and the revision of tools and processes for updating requirements related to the [International Certificate of Vaccination or Prophylaxis](#). Between January 2017 and April 2018, six revisions and updates to the risk map were made.

105. Funding for the yellow fever response came primarily from PASB's own resources, including through the PAHO Epidemic Emergency Fund, and Brazil's national voluntary contributions.

### *Diphtheria*

106. As of 7 April 2018, four countries in the Region—Brazil, Colombia, Haiti, and Venezuela—had reported suspected and confirmed diphtheria cases.

#### ***Addressing diphtheria in Haiti***

Haiti has reported 515 cumulative probable cases of diphtheria from the onset of the outbreak in Epidemiological Week (EW) 51 of 2014 to EW 18 of 2018. In support of the emergency response, PASB activated the IMS at the country level and undertook key activities with support from the PAHO Epidemic Emergency Fund, the U.S. CDC, and the WB. These included:

- Development of a PAHO/WHO internal alert system to strengthen diphtheria surveillance and response activities.
- Revision of national diphtheria guidelines; training in infection control and prevention, clinical management of the disease, and epidemiology; and data management support.
- Mobilization of epidemiologists to be stationed in the Ministry of Health in eight departments (Artibonite, Centre, Grand'Anse, Ouest, Sud, Nord-Est, Nord-Ouest, Sud-Est) to strengthen

<sup>12</sup> <http://portalarquivos2.saude.gov.br/images/pdf/2018/maio/09/Informe-FA.pdf>.

department-level surveillance and data management, and continued support from the central level in case of outbreaks in Haiti's two other departments (Nippes and Nord).

- Procurement of 2,000 vials of diphtheria antitoxin (DAT) serum, adequate treatment for the expected number of severe cases for one year, given the epidemiological conditions. Personal protective equipment for infection control and prevention was also procured, for appropriate clinical management.
- Evaluation of 55 health care facilities across the 10 departments to assess their preparedness and capacity to treat diphtheria cases.
- Distribution of erythromycin treatments (95,500 tablets and 1,780 vials of suspension) and 50 diphtheria infection control and prevention kits to health care facilities and health directorates across nine departments.
- Support to the Ministry of Health in planning and implementing the first round of a mass vaccination campaign in March 2018, which covered 2,251,581 of the total 2.3 million persons targeted (estimated average coverage of 98%) in nine departments (at the time of the vaccination campaign, Grand'Anse department did not have any reported diphtheria cases). PAHO was able to mobilize the diphtheria-containing vaccines used in the campaign through its Revolving Fund.

### *Infectious diseases in Venezuela and neighboring countries*

107. In Venezuela, there has been an increase in the number of outbreaks of infectious diseases, particularly of measles, diphtheria, and malaria. The situation is being aggravated by population movement both within the country and to neighboring countries.

#### *Country-focused management of disease outbreaks – Venezuela and neighboring countries*

**Venezuela:** PASB's technical cooperation is contributing to the Venezuelan Ministry of Health's implementation of its rapid response plan to halt the outbreak of measles and to control diphtheria in the country. The plan includes vaccination, extensive contact tracing, and associated laboratory work. The Bureau continues to collaborate closely with other members of the UN System, including UNICEF, FAO, UNDP, and UNFPA. Venezuela is a signatory to the PAHO Strategic Fund and acquires a significant number of medicines and supplies through the Fund, including antiretroviral agents (ARVs), diagnostics, and reagents. It has also obtained mosquito bed nets and medicines for malaria, leishmaniasis, leprosy, and other communicable diseases.

#### *Measles*

Since the first reported case of measles in Venezuela in July 2017, there have been 1,631 confirmed cases, including two deaths, as at May 2018. About 67% of the confirmed cases were reported in the state of Bolívar, with cases also occurring in the states of Apure, Anzoátegui, Delta Amacuro, the Capital District, Miranda, Monagas, and Vargas. Children under 5 years of age have been the most affected age group among the confirmed cases, followed by those aged 6-15 years. The spread of the virus to other areas is in part due to the high levels of population movement associated with mining and commerce, among other factors.

PASB's technical cooperation included support for a national rapid response plan designed to interrupt transmission of the virus, through the mobilization of national, regional, and municipal rapid response teams. On 6 April 2018, Venezuelan health authorities launched a vaccination campaign to immunize 4 million children between the ages of 6 months and 15 years against measles. The campaign has been initiated in nine states with the greatest number of the measles and diphtheria cases (Anzoátegui, Apure, Bolívar, Delta Amacuro, the Capital District, Miranda, Monagas, Vargas, and Zulia). There are plans to extend the campaign to the rest of the country, aiming to deliver an additional 11 million vaccine doses.

***Diphtheria***

In Venezuela, since the beginning of the diphtheria outbreak in July 2016 up to May 2018 (EW 16), a total of 1,716 suspected diphtheria cases have been reported, including 324 in 2016, 1,040 in 2017, and 352 in 2018, of which 1,086 were confirmed by laboratory or clinical diagnosis. There have been 160 confirmed deaths (17 in 2016, 103 in 2017, and 40 in 2018). The state of Bolívar, which borders Brazil and Guyana, has been the epicenter of this outbreak. In 2017, confirmed cases were reported in 22 states and the Capital District. Most of the cases are occurring in states with low vaccination rates, and the mobile mining population has been instrumental in the spread of the disease. However, the risk of diphtheria spreading to other countries in the Region has been assessed as moderate.

Vaccination activities are being implemented in states with confirmed cases and 2.3 million children are expected to receive the vaccine against diphtheria. In addition, 90,000 pregnant women are expected to be immunized against neonatal tetanus, and more than a million adults are expected to be vaccinated against tetanus and diphtheria.

Epidemiological surveillance is being strengthened with active case finding and contact tracing, while health education initiatives are ongoing. The training of local health personnel is constantly being updated, while laboratory capacity for diagnosis is also being strengthened.

***Malaria***

Malaria cases increased 69% between 2016 and 2017 in Venezuela. The total 406,000 malaria cases reported in 2017 was higher than the annual average since 1988. More than 50% of those cases were reported from the state of Bolívar, followed by the states of Amazonas and Sucre. This increase is linked to more frequent migration of illegal miners and indigenous populations into areas with favorable ecosystems for malaria, an overburdened health system with shortages of antimalarial drugs, and weakened vector control programs.

The Government of Venezuela has enhanced its support for the detection and treatment of malaria cases, focusing on the five most affected states. PASB has been supporting the purchase of malaria medicines and rapid tests, providing training for health care workers, and supplying communication material to promote patient adherence to prescribed treatment. In 2017, the Bureau donated 130,000 treatments for *Plasmodium vivax*, 800 complete treatments for *P. falciparum*, 300 treatments for severe malaria cases, and 300,000 quick diagnostic tests. As of April 2018, PASB had given 52 kits to treat severe malaria cases and 25 kits to treat nonsevere malaria, for nearly 10,000 treatments, plus 20,000 quick diagnostic tests. More than 450 health workers have received training in case management, in the states of Bolívar, Sucre, Anzoátegui, and Aragua.

***Access to vaccines, medicines, and supplies***

PASB is collaborating with national and local immunization programs in Venezuela and facilitating the purchase of vaccines through the PAHO Revolving Fund. In 2017, Venezuela purchased the following supplies and vaccines through the Revolving Fund: 1.15 million doses of pentavalent vaccine, 8 million doses of diphtheria and tetanus (DT) vaccine for the immunization campaign, and 1,000 vials of diphtheria antitoxin. PASB also assisted with the purchase of laboratory supplies for diphtheria and measles diagnosis.

In addition to the rapid response plan, Venezuela is also implementing a national plan to increase vaccination coverage in indigenous communities, border areas, municipalities with low coverage, and difficult-to-reach areas. However, the economic constraints and, in some cases, lack of availability of medicines at the national level, are negatively impacting the continuous and timely supply of health products necessary to meet the country's public health needs.

PASB, in coordination with the Ministry of Health of Venezuela, has expanded its support for procurement of high-priority medicines such as immunosuppressant drugs, medicines for maternal and child health care, and for high-prevalence chronic diseases. The Bureau is also supporting the country with the purchase of ARVs and tuberculosis medicines. Along with other UN agencies and civil society groups, PASB has been exploring alternative support mechanisms to ensure continuity in access to ARVs and other essential medicines in Venezuela. Efforts are being made to acquire more than 20 oncological drugs with the Venezuelan Institute of Social Security (IVSS).

**Neighboring countries:** PASB is working with Brazil, Colombia, and Guyana to strengthen their health system responses in border areas and epidemiological surveillance at local and national levels, in order to detect and respond effectively to the needs of Venezuelan migrants and the host population. The Bureau has established field offices in, or deployed additional personnel to, border areas.

**Brazil:** There is an ongoing measles outbreak, with 995 reported cases (611 in Amazonas state and 384 in Roraima state). Of these cases, 114 have been laboratory confirmed (30 in Amazonas and 84 in Roraima), and there have been two deaths. The PAHO/WHO Country Office in Brazil is working with national and local authorities to contain the measles outbreak in these states, aiming to have residents and Venezuelan migrants aged 6 months to 49 years vaccinated against measles. At the request of the Brazilian Ministry of Health, PASB is assisting with the establishment of a vaccination post in Pacaraima, in the state of Roraima, on the border with Venezuela. PASB is also assisting the Brazilian federal Government in procuring syringes, purchasing supplies to maintain the vaccine cold chain, hiring professionals to administer vaccines and other health interventions, and providing specialists to support national and local authorities in training health care workers in case management and intensified epidemiological surveillance.

**Colombia:** Between EW 11 and EW 21 of 2018, 26 confirmed measles cases were reported in individuals ages 10 months to 26 years; 17 of these cases were imported from Venezuela, 7 were of secondary transmission (in people from Venezuela who have resided in Colombia for more than 4 months), and 2 cases were related to importation. No deaths have been reported. The cases were reported in the departments of Antioquia, Bolívar, Cauca, Cesar, Norte de Santander, Risaralda, and Sucre, and the districts of Cartagena and Santa Marta. Colombian health authorities are undertaking detection and follow-up of contacts, active case finding in institutions and communities, and vaccination of susceptible persons, while PASB is supporting national and local authorities through field offices with staff, including epidemiologists, and vehicles in border areas of the departments of Arauca, La Guajira, Vichada, and Norte de Santander.

In **Guyana**, the PAHO/WHO Country Office is working closely with the Ministry of Public Health to monitor the condition of migrants and to strengthen the detection, verification, and risk assessment of events related to epidemic-prone diseases. Work is also being done to assess immunization coverage and laboratory capacities, and identify potential health needs in areas with migrants.

### *Response to Hurricanes Irma and Maria*

108. Hurricanes Irma and Maria were back-to-back, record-breaking, destructive events that impacted several Caribbean islands in September 2017. The most severely affected islands were Antigua and Barbuda, British Virgin Islands, Cuba, Dominica, Puerto Rico, Saint Martin, Sint Maarten, Turks and Caicos Islands, and the United States Virgin Islands. Thirty-nine fatalities were directly linked to the two hurricanes, 31 of them in Dominica, where 34 persons were also reported missing. Some islands lost over 80% of their housing stock and faced serious challenges

in restoring access to electricity and clean water. Over two million people were estimated to be living in areas that were exposed to intense rainfall and winds in excess of 120 kilometers/hour.

109. PASB mobilized more than US\$ 5 million through its humanitarian appeal to support local and national authorities in their response and recovery efforts. In most of the affected islands, PAHO/WHO was the first international organization on the ground, providing immediate support to promote and protect the health of all affected people. PASB focused on four main lines of action: 1) restoring health care delivery capacity and access to health services, including mental health care; 2) increasing epidemiological surveillance to support early detection and timely management of disease outbreaks; 3) ensuring access to safe water, emergency sanitation measures, and vector control; and 4) ensuring efficient coordination and management of information to effectively address the most urgent humanitarian needs.

110. The Bureau activated an IMS in Barbados for the multicountry response to both disasters and sent over 50 expert missions to 11 countries and territories: Anguilla, Antigua and Barbuda, The Bahamas, Barbados, British Virgin Islands, Cuba, Dominica, Haiti, Saint Martin, Sint Maarten, and Turks and Caicos Islands. PASB's support included joint damage and needs assessments in Anguilla, British Virgin Islands, Sint Maarten, and Turks and Caicos Islands, and provision of medicines, vaccines, other medical supplies, equipment, and insecticides, sent from PAHO's strategic warehouse in Panama or procured from local and regional suppliers. The goods were transported with support from the [International Medical Corps](#), [Direct Relief](#), the [Royal Netherlands Navy](#), [Americares](#), and other partners.

111. In response to urgent requests from the British Virgin Islands and Dominica, PAHO coordinated emergency donations of vaccines and medical supplies from Barbados, Haiti, Jamaica, and Trinidad and Tobago and also made vaccine purchases through the PAHO Revolving Fund for Vaccines. PASB's work and impact on the ground was strengthened through the intensification and rationalization of the activities of various networks and partnerships, exemplified by coordination with the [Royal Netherlands Army](#) to repair the water plant at Dominica's hospital. The Medical Information and Coordination Cell (CICOM) was also activated for the coordination and monitoring of emergency medical teams (EMTs). Twelve EMTs were coordinated, and reported on their activities to the CICOM during their deployment in Dominica.

112. Hurricanes Irma and Maria convincingly demonstrated the importance of disaster preparedness. The health sector's efforts facilitated an improved response, reflected in the relatively low number of deaths and affected health facilities, despite the destructive capacity of both events. Continued support from the international community will be vital for the islands' recovery. Financial support for the response to both disasters was provided by GAC; USAID/Office of United States Foreign Disaster Assistance ([OFDA](#)); European Commission/European Civil Protection and Humanitarian Aid Operations ([ECHO](#)), United Nations Central Emergency Response Fund ([CERF](#)); and United Kingdom Department for International Development ([DFID](#)).

#### *Response to the eruption of Guatemala's Fuego volcano*

113. On Sunday, 3 June 2018, Guatemala's Fuego volcano, located about 16 kilometers west of Antigua, erupted. It produced columns of ash of up to 10,000 meters above sea level, constant

pyroclastic flows, lava, mud, ballistic (small rocks) emissions, and fiery clouds with temperatures of up to 700 degrees Celsius. Ash particles and lahars affected communities located near the volcanic dome in the departments of Escuintla, Chimaltenango, and Sacatepéquez. In the first hours following the eruption, ash reached all the way to Guatemala City, affecting air operations and resulting in the closure of La Aurora International Airport for almost 24 hours. The eruptions continued intermittently, generating lahars, pyroclastic flows, and columns of ash for many days. An estimated 1,702,130 people were affected, with 110 persons reported dead, 58 injured, and 197 missing. In addition, over 12,800 individuals were evacuated, including some 4,175 persons relocated to shelters.

114. PAHO's support focused on strengthening the response capacity of the health sector under the leadership of the Ministry of Public Health and Social Assistance. PAHO immediately deployed response experts to assist national and local health authorities in conducting damage assessments, coordinating information management and health response operations on the ground, and facilitating health care delivery in shelters, including mental health assistance. PAHO distributed personal protection equipment, hygiene kits, water quality monitoring kits, and sterile materials for burn patients, to hospitals and shelters in the department of Escuintla. The Bureau also provided departmental health authorities with technical guidance on the management of dead bodies, and procured supplies and equipment for the establishment of field emergency operations centers and situation rooms in the department of Escuintla. Public health messages and educational materials on good practices and psychosocial support were also developed to be disseminated within the affected communities through health promotion and prevention campaigns.

115. PAHO mobilized over US\$ 310,000 from the Central Emergency Response Fund (CERF) to support the health emergency response and prevent the further degradation of the health status of the communities impacted by the El Fuego volcano eruption, focusing on four main lines of action: 1) strengthening public health and epidemiological surveillance and disease prevention in shelters and affected communities; 2) improving access to mental health services and psychosocial support for the victims of the disaster; 3) increasing access to safe water and intensifying vector control interventions to prevent water- and vector-borne disease outbreaks; and 4) raising awareness about health risks and promoting healthy environments and good practices through risk communication and health information campaigns.

#### *Emergency preparedness and disaster risk reduction in the health sector*

116. During the review period, PASB's technical cooperation contributed to strengthening of Member States' health response capacity in emergencies. Twelve countries—Anguilla, Antigua and Barbuda, Cayman Islands, El Salvador, Grenada, Guyana, Honduras, Montserrat, Panama, Saint Kitts and Nevis, Sint Maarten, and Trinidad and Tobago—updated their health disaster plans, and El Salvador completed its national health risk management plan.

117. Anguilla, Bermuda, Dominica, Montserrat, and Saint Vincent and the Grenadines trained responders in emergency care and treatment; Anguilla, Cayman Islands, Dominica, Jamaica, Guyana, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago trained responders in mass casualty management; The Bahamas, Dominica, Guyana, Jamaica, Montserrat, and Trinidad and Tobago received training in the Incident Command System; and



Ecuador and El Salvador carried out workshops to strengthen their national disaster response teams.

118. Based on the experiences with Hurricane Maria, Dominica improved its early warning and rapid response systems for epidemics; Antigua and Barbuda enhanced its EOC infrastructure; and Dominica, Jamaica, and Venezuela strengthened the technical capacity of their EOCs.

### *International Health Regulations*

119. To foster countries' sense of ownership of the International Health Regulations (2005) ([IHR](#)), PASB actively promoted the engagement and participation of States Parties in PAHO and WHO Governing Bodies' processes related to the [IHR Monitoring and Evaluation framework](#) and the development of a draft five-year global strategic plan to improve public health preparedness and response. States Parties from the Americas provided significant contributions during face-to-face and virtual consultations, including a regional consultation held in Brazil in July 2017. Throughout the formal consultative processes from 2015 to 2018, PAHO's Member States have increasingly highlighted the need to frame the application and implementation of the IHR within the context of health system strengthening.

120. Thirty-one of the Region's 35 States Parties reported on their IHR status to the 71st World Health Assembly in 2018. The countries' annual IHR reports to the World Health Assembly between 2011 and 2018 showed steady improvements in, or plateauing of, the scores in all core capacities. However, the status of core capacities differs among the subregions, with the lowest scores reported in the Caribbean, particularly in relation to the capacities to respond to chemical and radiation-related hazards. Accordingly, PASB joined forces with the IAEA and the WHO Collaborating Center for the Public Health Management of Chemical Exposures (which is hosted by Public Health England) to support two of its main initiatives: "Establishing and Strengthening Sustainable National Regulatory Infrastructure" and "Strengthening Cradle-to-Grave Control of Radioactive Sources." Of the 14 States Parties in the Caribbean, 12 of them now have IAEA membership (Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago). The IAEA-PAHO collaboration is recognized as a model worldwide.

121. PASB and the WHO Regional Office for the Western Pacific joined efforts to adapt the IHR Joint External Evaluation Tool to the context of small island developing states ([SIDS](#)). This work is closely related to the collaboration between PASB and the authorities of France, the Netherlands, and the United Kingdom to support capacity-building activities in their overseas territories in the Americas. By mid-2018, proposals on the implementation of after-action reviews and simulation exercises in SIDS had been shared with WHO Headquarters, to be formalized at the global level.

#### ***Easter Island – simulation for Public Health Emergency of International Concern***

Easter Island (native name Rapa Nui), with a population of approximately 6,000 people and a majority of indigenous people, is a remote, volcanic island territory of Chile, located some 4,000 kilometers from the South American coast, in the middle of the Pacific Ocean. It is a major tourist destination due to its

archeological sites and the renowned [moai](#), but its geography and endemic vector-borne diseases make residents and visitors alike vulnerable to public health emergencies.

In collaboration with the Ministry of Health of Chile and the population of Rapa Nui, in December 2017 PASB spearheaded a simulation of a Public Health Emergency of International Concern (PHEIC) in the framework of the IHR (2005). The simulation exercise was conducted at the Mataverí International Airport in Hanga Roa, with the participation of all the sectors involved in the emergency response and with the aim of testing current protocols for the management of a probable PHEIC on the island. The results of the simulation gave rise to a project involving the Ministry of Health, PAHO/WHO, and IDB, to strengthen preparation and response systems in Rapa Nui, including control and elimination of the *Aedes aegypti* mosquito vector, management of dengue infection, and capacity strengthening of local teams.

122. An IHR Joint External Evaluation ([JEE](#)) was hosted by Canada in June 2018, and five other countries have included JEEs in their 2018-2019 PAHO Work Plans: Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines. Additionally, Argentina, Colombia, and Mexico have expressed the intent to host JEEs during the 2018-2019 biennium, and Haiti has requested a follow-up to the JEE it conducted in 2016.<sup>13</sup>

123. Argentina's presidency of the [G20](#) during 2018 offers a valuable opportunity for PASB to advocate for sustainable investments to prevent and mitigate the impact of health emergencies, including the organization of high-level simulation exercises.

124. PASB's work under the IHR umbrella during the period was implemented with support from the U.S. CDC, PHAC, and Brazil's national voluntary contributions.

### *Emergency Medical Teams*

125. In September 2017, Ecuador became the second country in the Region, after Costa Rica, to receive WHO certification for its own EMTs that meet international quality standards for clinical care. The country received certification for two Type 2 EMTs and one specialized surgical cell. Like Type 1 EMTs, Type 2 EMTs are able to serve at least 100 people per day on an outpatient basis and stabilize patients who need to be transferred to higher-level services. However, in addition, Type 2 EMTs and specialized surgical cells have in-patient capacity of at least 20 beds and are able to provide 24-hour emergency care, perform general and emergency surgeries (including obstetrics), and treat fractures and trauma injuries.

126. With support from PASB, four other countries—Chile, Colombia, Costa Rica, and Peru—initiated national procedures to request and deploy EMTs, and began implementation of CICOMs, which are designed to facilitate handling of information and coordination of EMTs during emergencies and disasters.

127. As at mid-2018, the regional EMT coordinators roster listed 78 experts from 23 countries who have been trained with PASB's support and deemed competent to be deployed during an emergency to assist national authorities in coordinating requests for, and reception of, external medical assistance.

<sup>13</sup> <https://www.paho.org/hq/dmdocuments/2016/CD55-12-e.pdf>.

128. Financial support for the work on the EMT initiative during the period came primarily from the Spanish Agency for International Development Cooperation ([AECID](#)), the United States Department of Health and Human Services ([HHS](#)), WHO's Health Emergencies Program (WHE), and PAHO's flexible resources.

*Strengthening laboratory capacity to respond to emerging and reemerging viral pathogens*

129. PASB, with support from the U.S. CDC and the IDB, worked to strengthen the Region's laboratory networks and improve responses to the increased regional threat posed by emerging and reemerging viral and bacterial pathogens. These efforts produced the following outcomes during the reporting period:

- Access by 35 national laboratories in 27 Member States<sup>14</sup> (including 23 National Influenza Centers) to standardized protocols for the safe, accurate, and timely detection of the chikungunya, Zika, yellow fever, and influenza viruses.
- At least one laboratory professional certified for the safe shipment of infectious substances, including Category A pathogens, in all Member States.
- At least one laboratory professional certified for the detection of *V. cholera* O:One and other enteric pathogens, in 11 countries.<sup>15</sup>
- Update of [SIREVA II](#) standard operating procedures for the diagnosis of meningococcal disease.
- Complete laboratory assessments in priority countries of Latin America and the Caribbean, using tools to evaluate installed capacities, general laboratory management, quality assurance policies, and availability of equipment and reagents in national reference laboratories. These assessments identified areas requiring strengthening, particularly in terms of training and laboratory supplies.

130. In order to address the gaps identified in the laboratory assessments, PASB trained laboratory professionals from 17 countries.<sup>16</sup> In the English-speaking Caribbean countries, the training aimed to enhance detection capacities, with hands-on training focused on molecular detection of yellow fever and Mayaro viruses, and distribution of critical laboratory reagents and materials. Additionally, the U.S. CDC trained personnel from four countries—Brazil, Colombia, Paraguay, and Peru—in the use of new serology detection kits for yellow fever diagnosis. With the support of these personnel, PASB expects to replicate the workshop for other countries during the second half of 2018.

131. The diagnosis of emerging viral diseases using tissue samples has been critical to characterize fatal cases, in the context of the recent yellow fever outbreak in Brazil. However, related protocols and capacity are not well established in many laboratories. With PASB's

<sup>14</sup> Argentina, Belize, Bolivia, Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Suriname, Trinidad and Tobago, Uruguay, and Venezuela.

<sup>15</sup> Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, and Peru.

<sup>16</sup> The Bahamas, Barbados, Belize, Bolivia, Cayman Islands, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Guyana, Haiti, Jamaica, Nicaragua, Peru, Suriname, and Venezuela.

technical cooperation, 14 personnel from different laboratories in Brazil were trained in histopathological diagnosis and immunohistochemistry protocols to diagnose and differentiate emerging arboviral diseases. The training courses were conducted at the Pathology Laboratory of Colombia's National Institute of Health.

132. Quality improvement is a critical aspect of effective laboratory services. The results of an external quality assessment panel (EQAP), conducted during the first semester of 2018 with 26 laboratories in 16 countries<sup>17</sup> in the Region, rated the laboratories' performance positively, including in the molecular detection of yellow fever. To further enhance capacity-building and continuous quality improvement, PASB convened an expert advisory meeting in Washington, D.C., in June 2018 to review, update, and validate the current diagnostic algorithms, protocols, and regional guidelines for yellow fever.

### *Smart Hospitals Initiative*

133. Phase II of the Smart Hospitals project, funded by the United Kingdom Department for International Development ([DFID](#)), entered its third year of implementation in the 7 targeted countries: Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines. Three showcase health facilities were retrofitted to improve their resilience to disasters and reduce their impact on the environment: Princess Alice Hospital in Grenada, La Plaine Health Center in Dominica, and Chateaubelair Hospital in Saint Vincent and Grenadines. Additionally, 362 health facilities in 12 countries and territories<sup>18</sup> were assessed, using the [Smart Hospitals Toolkit](#). Training in the use of the toolkit was also provided for evaluators.

### *Disease elimination*

134. PASB continued to support Member States in the elimination of mother-to-child transmission ([EMTCT](#)) of HIV and syphilis, within the framework of the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021 ([CD55/14](#)). Between mid-2017 and 2018, in-country technical cooperation was undertaken with El Salvador, Haiti, Honduras, and Nicaragua through joint integrated missions; with Colombia and Uruguay for the rollout of the [EMTCT Plus](#) framework; and with countries applying to WHO for validation of the achievement of dual elimination targets.

135. In the second half of 2017, Antigua and Barbuda, Bermuda, and Saint Kitts and Nevis were recognized by WHO as having achieved EMTCT of HIV and syphilis. Those three, along with Anguilla, Cayman Islands, and Montserrat, received their certificates in December 2017. In addition, Cuba was recertified by WHO for a further two years for having maintained the validation targets achieved in 2015, a unique global accomplishment, to date. Partners in the EMTCT validation process include the Joint United Nations Program on HIV/AIDS ([UNAIDS](#)), UNICEF, and the U.S. CDC, with guidance in the Americas provided by an expert regional validation committee. Most of the supporting financial resources were derived from PAHO's regular budget.

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<sup>17</sup> The Bahamas, Barbados, Belize, Bolivia, Cayman Islands, Colombia, Costa Rica, Cuba, Ecuador, Guatemala, Guyana, Haiti, Jamaica, Nicaragua, Peru, and Suriname.

<sup>18</sup> Antigua, The Bahamas, Belize, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, Saint Kitts, Saint Lucia, Saint Vincent and the Grenadines, and Suriname.

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136. In a related decision, the PAHO Office of Eastern Caribbean Countries prioritized improvements in the quality of services and data collection to allow for timely and informed decision-making and to strengthen those countries' maternal and perinatal services at the first level of care, which will also support the strengthening and sustainability of the EMTCT strategy. The Perinatal Information System ([SIP](#)), developed by PAHO's Latin American Center for Perinatology, Women, and Reproductive Health ([CLAP/WR](#)), has been identified as a key tool for timely, reliable perinatal data. Full utilization of the SIP is being rolled out in Anguilla, Antigua and Barbuda, Saint Lucia, Saint Kitts and Nevis, and Trinidad and Tobago, with plans for its rollout in the near future in the British Virgin Islands, Grenada, Montserrat, and Saint Vincent and the Grenadines.

137. To foster HIV prevention and advance toward ending the HIV epidemic in the Region, PASB produced a report titled "[HIV Prevention in the Spotlight: An Analysis from the Perspective of the Health Sector in Latin America and the Caribbean, 2017](#)," prepared in close collaboration with UNAIDS and with important contributions from civil society from more than a dozen countries. This first regional report on HIV prevention focused on population groups that are highly vulnerable and have a higher burden of HIV infection. The report examines progress, gaps, and challenges to improve HIV prevention, and outlines the need for expanded access to health services for these population groups.

138. PASB also mobilized interprogrammatic technical missions to review the national health system response to HIV and STIs in four countries—El Salvador, Honduras, Nicaragua, and Suriname—and to promote dialogue among all actors involved in the response at the national level. The interactions generated recommendations and operational plans to expand, innovate, and improve the effectiveness, efficiency, and sustainability of the national response.

*The Region of the Americas – a leader in disease elimination*

**Maternal and Neonatal Tetanus (MNT)**

The [regional elimination of the disease](#), which used to be responsible for the deaths of more than 10,000 newborns every year, was achieved in 2017 after Haiti declared its elimination.

Key partners involved in the elimination effort included the ministries of health of the PAHO/WHO Member States, the U.S. CDC, and the Government of Brazil. For MNT elimination efforts in Haiti, UNICEF collaborated with the Government of Canada, UNFPA, WHO, UNICEF National Committees, and the private sector.

**Malaria**

In June 2018, [WHO certified Paraguay as having eliminated malaria](#), the first country in the Americas to be granted this status since Cuba in 1973. From 1950 to 2011, Paraguay systematically developed policies and programs to control and eliminate malaria, a significant public health challenge for a country that had reported more than 80,000 cases of the disease in the 1940s. As a result, Paraguay registered its last case of *P. falciparum* malaria in 1995, and of *P. vivax* malaria in 2011. A five-year plan to consolidate the gains, prevent reestablishment of transmission, and prepare for elimination certification was launched in 2011, with activities focused on robust case management, engagement with communities, and education to make people more aware of ways to prevent malaria transmission and options for diagnosis and treatment.

The independent Malaria Elimination Certification Panel, in recommending that the WHO Director-General certify the country malaria-free, highlighted such success factors as the quality and coverage of health services (including malaria awareness among front-line health workers), the universal availability of free medical treatment, and a strong malaria surveillance system.

PASB's technical cooperation, including procurement of treatment and collaboration with other partners, such as the Global Fund, has accompanied Haiti's and Paraguay's achievements, and these two PAHO Key Countries are to be particularly congratulated for reaching these milestones.

### **Part 3: Challenges and lessons learned**

139. During the period under review, the achievements made have been tempered by challenges that the PASB will strive to overcome, in close , by the end of 2017, 27 countries<sup>19</sup> in the Region had benefited from 683 scholarships for professionals to complete postgraduate degrees, in Brazil and Mexico. PASB and OAS have formed an interagency working group to coordinate efforts and support for the countries of the Americas to achieve the 2030 Agenda for Sustainable Development Goals. As part of its work, the group aims to align the SDGs with the existing mandates of each agency.

140. The theme for this report, “Primary Health Care – The Time Is Now,” is a call to action that poses particular challenges for the PASB as it recaptures the vision of Health for All expressed by Alma-Ata within universal health and reaffirms PAHO’s commitment to the values and principles of that historic declaration, namely the right to health, equity, solidarity, social justice, community participation and engagement, government responsibility, and multisectoral action.

#### **Challenges**

141. During the period under review, there have been notable changes in the political landscape in the Region. In several countries, new administrations were elected to office and brought a range of different philosophical positions, some of which could impact the health of the public. Additionally, we have seen the emergence of complex sociopolitical conditions, conflicts, and other crises. These circumstances have affected the public health goals of Member States and the health and well-being of their populations, and have also compromised health gains. Significant flows of migrant populations, with concomitant disease spread, have also occurred in our Region.

142. Though the economic situation of some of the larger countries in the Region has improved, others continue to face challenges. Even where there has been economic growth, concerns remain regarding the equitable distribution of benefits, including access to health. The people’s right to health is supported by the State’s responsibility to guarantee such a right. While in past decades there has been progress in recognizing the right to health in normative and legislative reforms, public institutions have been slow in acknowledging their responsibility to fulfill these rights. Without State action, there can be no progressive realization of the right to health, especially for people living in situations of social vulnerability, nor can there be progress toward social cohesion. Critical gaps in sexual and reproductive health and rights exist, and gender, sociocultural, economic, and structural barriers to access persist.

143. According to the IMF, economic growth in Latin America and the Caribbean during 2017 was only 1.3%, due to ongoing fiscal and external adjustments in some countries, and other country-specific factors. Over the medium term, the projections show that growth is likely to remain constrained at 2.6%, after expanding 1.6% in 2018. In this context, the Region cannot rely solely on growth to protect and sustain the enormous social gains and reductions in inequality that have been achieved over the past 15 years. Instead, the challenge will be to increase investment in

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<sup>19</sup> Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, United States, Uruguay, and Venezuela

people, particularly the poor, using countercyclical policy frameworks to ensure sustainable and equitable long-term growth.

144. Government leadership and political will are functions that need to be strengthened to guarantee intersectoral action for health that can address complex social determinants of health, including political, social, economic, environmental, and commercial factors that impact health equity and health outcomes. Effective articulation between health authorities and stakeholders involved in social development, agriculture, education, housing, environment, and commerce is essential. For that, there must be political and technical capacities within ministries of health and other sectoral entities, in addition to political will at the highest level. The HiAP approach, which is aimed at addressing these factors, faces obstacles. The voices of people, particularly those in conditions of vulnerability, are often not heard, and mechanisms for civil society's participation in decision-making processes and social accountability are still weak.

145. Within the context of limited national capacity to spearhead sustainable efforts to address key equity issues, manage emerging priorities, promote accountability, and ensure effective approaches, a critical imperative is strengthening the stewardship role of the health authorities to formulate, organize, and direct national health policy. This enables transformation of health sector governance and improvements in the effectiveness, efficiency, and equity of the health system. The process of transforming a health system has both political and resource implications. The actors involved are responsible for making the process both feasible and viable, and also for regulating the health system's critical resources, whether financial, human, or related to medicines and health technologies. Balancing the political and resource-related aspects for an adequate response is a central and strategic component within the framework of health system strengthening and transformation, to advance towards UH.

146. The capacity of health systems to deliver evidence- and rights-based policy and programming to remove access barriers to all, particularly populations in situations of vulnerability, is weak. Health care reforms in the Region have focused on expanding and transforming health systems to improve access and meet the health needs of the population, especially those in situations of vulnerability. However, in their efforts to meet the needs of different population groups, health systems have exacerbated the problem of segmentation. Vulnerable populations receiving basic packages of services through specific programs have been excluded from the broader packages of guaranteed services available to other segments of the population. This has become an obstacle to achieving equity in the context of explicit government efforts to fight poverty and reduce inequality. Furthermore, many countries have been unable to address critical gaps in services and address the specific needs of women and girls (including for sexual and reproductive health services); migrants; LGBT, indigenous, and Afro-descendant people; adolescents; and older persons. Currently, the people most affected by lack of universal access to health and universal health coverage are those who live in conditions of greatest vulnerability.

147. The majority of countries are challenged to implement a comprehensive approach to NCDs. This is despite the demographic, epidemiological, and socioeconomic changes that have resulted in an increasing burden of these diseases in the Region and the imperative to accelerate interventions for their effective prevention and control. Health services are still organized to



respond to acute conditions, and they lack resolution capacity at the first level of care to provide comprehensive quality care for NCDs and mental health disorders. The implementation of public policies to influence risk factors is limited, and industry interference remains a significant obstacle to the implementation of policies at country level to reduce the harmful use of alcohol, encourage healthy nutrition, and impose tobacco control. This interference with population-based preventive policies will result in continued high health care costs and non-achievement of health for all. The tobacco industry has attempted to deter officials from making progress with effective tobacco control measures that comply with the mandates of the WHO Framework Convention on Tobacco Control ([FCTC](#)), and from ratifying the [Protocol to Eliminate Illicit Trade in Tobacco Products](#). However, with its ratification by the United Kingdom of Great Britain and Northern Ireland in [June 2018](#), this Protocol is poised to enter into force in September 2018. A comprehensive approach to prevention, promotion, and integrated care, as fostered in PHC-based approaches to advance to UH, is paramount in reducing the epidemic of NCDs, which threatens to reverse many of the hard-earned achievements in health and development in the Region of the Americas.

148. Important challenges also occur in sustaining the gains in the prevention and control of communicable diseases. Despite improvements in epidemiological surveillance and vaccination coverage in all the countries in the Region, during this period there was a setback in measles elimination. Further, a number of zoonotic diseases persist, including rabies, leishmaniasis, yellow fever, equine encephalitis, avian influenza, and brucellosis. There are limited effective intersectoral strategies for their surveillance, control, and prevention at the human-animal interface that are consistent with the [One Health](#) approach. This approach is critical to addressing food safety and controlling zoonoses, as well as mitigating the rising threat of antimicrobial resistance (AMR). Despite collaboration among the participating international agencies—FAO, World Organization for Animal Health ([OIE](#)), International Regional Organization for Plant and Animal Health ([OIRSA](#)), and Inter-American Institute for Cooperation in Agriculture ([IICA](#))—multisectoral engagement at the country level poses challenges for the implementation of AMR national action plans.

149. Segmentation and fragmentation of health services exist in the majority of the countries of the Region, which exacerbates difficulties in access to comprehensive, quality services and results in inefficiencies and low response capacity at the first level of care. Planning processes that lead to further centralization of health services are evident in some countries. Health care reforms that focus on expanding health coverage through basic health services packages—with limited initiatives to strengthen the model of care and organization of health services—have resulted in inadequate improvements in access to care. This is particularly true for the poorest people and populations in situations of greatest vulnerability. Data on economic inequalities in access conditions for the Region of the Americas show that the percentage of the population facing access barriers in the Region differs greatly among countries. They range from 6.8% to as much as 66%, and they are highest in the poorest households. In many instances, investments in health continue to prioritize specialized and hospital-based services, in an ad hoc manner and without appropriate investment plans. The development of new facilities takes place in the absence of appropriate considerations of human resources needs, financing, management of service delivery, and specific interventions to strengthen the primary level of care. Issues of sustainability and resilience are not

taken into consideration, and plans often favor the organization of health services in developed urban centers, leaving the needs of poorer peri-urban and rural areas unmet.

150. Furthermore, inequities persist in the availability, distribution, and quality of the health workforce within and between countries, as well as between different levels of care, and the public and private sectors. Funding for HRUH continues to be highly inconsistent within the Region, and in many countries it is insufficient to ensure the delivery of quality health services, particularly at the first level of care, and to meet the needs of underserved populations. Poor retention rates in rural and neglected areas, precarious working conditions, low productivity, and poor performance constitute some of the challenges that countries are facing. All these factors hinder the progressive expansion of services, particularly at the first level of care. Even when human resources for universal health are in place, they often lack appropriate profiles and competencies, consequently affecting the health of the communities they serve.

151. There has been exponential growth in health sciences education within the Region over the past few decades. Despite this, the regulation of these processes remain insufficient, and there are concerns about the quality of training, the relevance of many academic programs, and the standards of professional practice. Many countries are having difficulty in moving toward skills-based training, establishing interprofessional learning programs, designing flexible curricula, strengthening teaching capacity, and extending training to all levels of the care network.

152. A PHC approach to health financing is far from a reality. Health financing in the Region is far from meeting the objectives set by PAHO Member States in 2014, when they adopted the Strategy for Universal Health. Economic recovery from previous global downturns has been slow in some countries, resulting in insufficient allocation to the national health budget, which puts health gains at risk and delays progress in priority areas. Although collaboration between ministries of health and ministries of finance has increased during the reporting period, only five countries—Canada, Costa Rica, Cuba, United States of America, and Uruguay—have achieved public health expenditures of 6% of GDP. This situation is compounded in many countries by limited capacity to introduce changes in the health system due to the rigidities of the public financial management systems and line item budgets. Competing national priorities and inefficient health financing often result in failure to ensure access to comprehensive services for priority health programs. Limited priority is given to NCDs and NCD-related policies and regulations, at times resulting in inadequate domestic investment in the implementation of these policies. The failure of investment aggravates the adverse effects of the direct and indirect costs of NCDs and their risk factors, mental health disorders, and injury and violence, which significantly impact national health systems, individual and population health, productivity, and overall national development.

153. An efficient investment in health needs to sustain and expand gains in other priority health issues such as HIV, tuberculosis, immunization, and sexual and reproductive health. It should be possible to build resilience in health systems by ensuring adequate financing for essential public health functions, including capacities for IHR implementation and for preparedness and response to health emergencies. Neither national budgets nor new sources of funding have fully succeeded in filling the gaps created by the withdrawal or reduction of external funding from some international development partners for national immunization and HIV prevention and control

programs. Other communicable diseases, such as neglected infectious diseases and hepatitis, remain underprioritized and underfunded. The response to hepatitis lacks resources from international development partners and is entirely dependent on domestic financial commitments. This challenge is exacerbated by inadequate recognition of the disease as a priority for action, as compared with other pressing public health issues in the Region; the high cost of hepatitis medicines to individuals and health systems; and the higher costs of those medicines in the Region of the Americas as compared with other regions.

154. Ongoing work to strengthen preparedness and response for health emergencies is critical for building resilience in health systems and the community. Implementation of the IHR is a key part of this work. It requires the constant efforts of States Parties and the PASB to manage public health events of potential international concern, as well as to comply with recurrent, discrete, and long-term obligations such as the establishment and maintenance of core capacities for surveillance and response, including at designated points of entry as detailed in Annex 1 of the IHR. Among the challenges that hinder progress in implementation is a lack of full and harmonized understanding of IHR concepts. Additionally, the four components of the IHR Monitoring and Evaluation framework—which is designed to ensure mutual accountability—are not tailored to the needs of all States Parties in the Region, such as small island developing states.

155. With respect to disasters, most Latin American and Caribbean countries have the capacity to respond to minor and moderate events that affect the health of their populations, by applying a single-hazard approach and without needing international support. The challenge arises when responding to large and/or multi-hazard emergencies when there is overwhelming external cooperation, as well as when there is politicization or “verticalization” of the response.

156. Disasters and emergencies often result in the suspension or reduction of many priority health programs. This can occur during those events and for long periods afterwards. These disruptions may involve critical services for persons with chronic conditions and others in positions of vulnerability.

157. Forty years after the Alma-Ata Declaration, many countries in the Region are still lagging in ensuring equitable access to the environmental determinants of health. Adequate water quantity and quality, basic sanitation of acceptable quality, and adequate, safe living conditions in the home, school, workplace, and community are requirements for progress to UH. The projected negative impact of climate change on the environment, health, and other critical developmental issues has been recognized, but there are delays in the development and implementation of national climate change adaptation plans. Stronger engagement, political commitment, and multisectoral approaches are needed to meet ambitious SDG targets related to environmental health and to tackle challenges in climate change, particularly in Key Countries. Enhanced capacity-building, awareness, and human resources, as well as the allocation of specific country resources for environmental health agendas, are needed to fully integrate environmental health topics into the programs, policies, and interventions of ministries of health, other sectoral agencies, civil society, and the private sector.

158. Quality data and epidemiological analyses using disaggregated data are very limited in the Region, particularly in PAHO’s Key Countries and the Caribbean, which hinders efforts to monitor

progress on UH. Despite Member States' efforts to collect information to systematically monitor and evaluate progress in health equity, most countries still need to strengthen national monitoring systems. Even in countries that collect information disaggregated by socioeconomic variables, health equity analysis and use of evidence for policy-making are often limited.

### **Lessons learned**

159. The commitment to leave no one behind, as specified in the 2030 Sustainable Development Agenda, requires Member States to set specific, attainable targets for reducing health inequities and to establish functional health inequality monitoring systems. Member States must commit to investing in their national and subnational planning, reporting, monitoring, and evaluation systems to attain UH. Information systems for health must be conceived as an integrated mechanism of interconnected and interoperable systems and processes that ensure the convergence of data, information, knowledge, standards, people, and institutions. Various measures are key to the maintenance and sustainability of interventions, including during political transitions and changes of government. Among these vital processes are the evidence-based definition of a national health agenda for the medium and long term; development of PASB's medium-term strategic agenda for technical cooperation with the country (the CCS); and formal agreements for technical cooperation. The activities to develop these frameworks should be participatory, with involvement of a wide range of stakeholders, including parliamentarians, health workers, local leaders, and civil society, during the planning, implementation, monitoring, and evaluation phases, in order to obtain "buy-in" and commitment to action.

160. Addressing governance in a comprehensive and integrated manner, as well as creating interconnected regulation mechanisms (including financial resources, human resources, and health technologies and services), are linchpins in institutional transformations to achieve equitable improvements in health service access. Research on the most effective role of the ministry of health, in relation to other ministries that also have impact on population health, and rethinking the purpose and functions of relevant civil service structures, would be useful for enhanced efficiency and effectiveness on the road to UH. Greater social participation in health policy planning, implementation, and oversight is to be fostered, in order to promote more responsive policies, and to ensure transparency and sustainability. Enhanced awareness of the various priority health issues and of strategies to overcome cultural and psychosocial barriers at community level must be included in efforts to improve the accessibility, availability, affordability, and quality of integrated health services. Intensification of the promotion of, and technical cooperation in, HiAP, with reinforcement of messages concerning equity, can further advance progress in HiAP even as political changes occur. This is particularly relevant for political support and financing. In this regard, the establishment and strengthening of networks and strategic alliances would be critical for success.

161. Even during difficult times and economic stagnation, it is possible to increase public investment in health. Countries can identify and utilize existing fiscal space for health, and increased public resources can come from a wide range of sources. These can include improved tax collection (by reducing evasion and elusion), new or increased public health taxes, reduced waste and corruption, the prioritization of expenditure in health over other sectors, and social contributions. Every country can do something, according to its national context. However,

promoting greater fiscal space requires a broader social dialogue among all stakeholders. Related decisions, which involve States, tend to be political and are based primarily on technical arguments, often to the detriment of input from key social partners, including civil society and the private sector. An important consideration is increased efficiency. This can be achieved by investing in the first level of care so as to provide comprehensive, quality health services within integrated health services delivery networks; by giving attention to priority health problems; and by providing adequate financing for human resources, medicines, and other health technologies.

162. The collection, documentation, and dissemination of good practices are critical for showcasing opportunities for the introduction and sustainability of strategic interventions for UH. PAHO's technical modality of cooperation among countries for health development (including cross-border cooperation that focuses on migration and other issues with first and direct impact on communities and PHC) can strengthen work at the subnational level, contribute to improved local capacities, and help mitigate potential challenges that may arise due to changes in national policy directions.

163. Given challenges with sustainability, countries may benefit from strengthening the subregional approach. This will facilitate the adoption of standards, technologies, solutions, and methodologies. It will also help manage data, information, and knowledge, as well as encourage collective decision-making, evidence-based policy development, and pooling of resources. The production of subregional public goods is also valued as a cost-effective strategy to reach small island developing states, which often have limited capacity to develop complex programs. Identification of priorities within and across subregions, and PASB's greater interaction with its counterparts in other WHO regions, will facilitate the Bureau's effective technical cooperation with PAHO Member States in their various and varied political integration groupings.

164. As an integral component of public health systems, dedicated supply chain management (SCM) is aimed at holistically managing the complete health system and at leveraging the results achieved with vertical health programs. SCM can contribute significantly to long-term sustainability in access to medicines and technologies. SCM impacts all areas of a public health system directly or indirectly, and an interprogrammatic approach to SCM involving all PASB technical units can make many contributions. They include enhanced access to medicines across all levels of national health systems; introduction of new health technologies; migration of patients as part of an effort to align clinical practices with WHO recommendations; and supply chain economic studies that review and highlight opportunities to maximize the use of government funds. The Caribbean Regulatory System has the potential to be one of CARICOM's major successes on the promise of a common market, by providing harmonized regulation and a single point of entry for medicines and other health technologies to the Caribbean subregion. There should also be advocacy for greater use of the PAHO Strategic Fund.

165. Evidence has shown that investing in HRUH improves employment rates and enhances economic development. Strong political will is essential for translating commitments into effective budget allocations for HRUH. In addition, effective governance and regulation are critical for developing HRUH-related strategic policies and for designing, funding, and implementing a national HRUH plan. Effective intersectoral coordination, high-level involvement, and strategic positioning of HRUH issues are needed to spearhead a public-sector commitment to HRUH

reform. This should include greater efforts to develop HRUH information systems and institutional frameworks that enable shared accountability for the analysis and use of the information. The decentralization of training institutions and the recruitment of students from underserved communities can increase the production, deployment, and retention of health workers in underserved health services settings.

166. Evidence has also shown that a strong first level of care, with capacities to respond to priority health programs and supported by an integrated network of services, leads to better health outcomes, equity, and efficiencies. Obtaining high-level political commitment to ensure mobilization and efficient allocation of needed human, financial, and technical resources facilitates an adequate response in order to maintain and advance disease elimination (including EMTCT, hepatitis B, Chagas disease, and cervical cancer); to prevent the reestablishment of endemic diseases such as malaria; and to achieve homogenous vaccination coverage at the national and subnational levels. PASB's ongoing advocacy to integrate the various interventions required to advance towards equitable access to quality health services is crucial. Also essential is increased capacity of the first level of care to provide appropriate services related to such issues as NCDs, mental health, and sexual and reproductive health, so as to enable people to optimize their functioning and well-being throughout the life course.

167. Innovative solutions and approaches that look beyond traditional models of service delivery and that involve communities and multisectoral stakeholders are required to address the complex interplay of different factors affecting the health of the population in the Region. Participatory action that includes local community leaders, health workers, scientific societies, government, civil society organizations, and other key stakeholders is critical to responding in a comprehensive manner to multiple health challenges. Multisectoral environmental health programs and initiatives are advancing across the Region, due in part to the inclusion of other sectors in capacity-building activities to which countries have committed.

168. There is a need for more extended dialogue at the country level with interested groups and various stakeholders, including the private sector, in implementing the One Health approach and in developing and executing AMR national action plans. In addition, increased awareness, capacity-building, task-shifting, human resources, and national budgets for environmental health agendas are necessary for effective action in communicable disease control. Finally, demonstrations of the central role of water, sanitation, and hygiene measures in the context of public health emergencies and disasters are key.

169. Comprehensive multisectoral engagement, including with the private sector as appropriate and with due regard for possible conflicts of interest, is critical to address NCDs and their risk factors, and requires sustained political commitment. In working with the private sector, collaboration with other UN agencies to promote the Framework of Engagement with Non-State Actors and Resolution [E/2017/L.21](#) (on tobacco industry interference, adopted by the UN Economic and Social Council ([ECOSOC](#)) in June 2017) can facilitate mutually beneficial cooperation and resistance to industry tactics. There is a need to expand awareness among high-level officials in health and nonhealth sectors of the solid evidence on which the FCTC is based and of the value of effective tobacco control policies. Strengthened intersectoral work, including in law and trade, is important for a common understanding and negotiation of outcomes that are consistent across government sectors. Nonetheless, the health sector has an essential role to play,

given its remit to address all major causes of morbidity and mortality. Promoting country ownership through strong political leadership is vital for the successful implementation of any initiative, particularly regarding NCDs, which are by nature chronic and multifactorial. NCD prevention and control and UH are mutually reinforcing.

170. In order to have long-term impact on making health systems more resilient, PASB's IHR-related technical cooperation requires ongoing advocacy at different levels, focused on establishing communication bridges between technical and decision-making levels in-country. While the IHR provides for mechanisms to ensure mutual accountability, along with requirements for monitoring implementation and compliance by the States Parties, application of the four components of the IHR Monitoring and Evaluation framework should be tailored to the needs of States Parties in the Region, such as for small island developing states.

171. Public health emergencies during 2017-2018 highlighted the need to strengthen surveillance, including data collection mechanisms, in the Americas in four areas: sylvatic epidemics, intensive animal production, human mobility, and social media. There is also a need to strengthen interprogrammatic approaches and mechanisms to integrate critical interventions for persons with priority conditions or vulnerabilities into the disaster or emergency response, and to enable more holistic efforts.

## **Part 4: Institutional strengthening within the Pan American Sanitary Bureau**

172. The PASB continued to hone its managerial and administrative systems for greater efficiency and effectiveness, closely aligning with ongoing WHO reform and strategic planning, while recognizing and respecting PAHO's status as an independent international organization which, along with its Director, is directly accountable to the Member States of the Americas.

### **Strategic planning**

173. As the PAHO Strategic Plan 2014-2019 comes to a close, the Bureau has initiated preparations for the development of the Strategic Plan 2020-2025, taking into consideration frameworks including, but not limited to, the SDGs, SHAA2030, and the WHO GPW 13. The process will also benefit from the final evaluation of the Health Agenda for the Americas 2008-2017 and the end-of-biennium assessment of the 2016-2017 Program and Budget. A road map for the elaboration of the new Strategic Plan was developed and endorsed by the 162nd Session of the Executive Committee in June 2018 (Document [CE162/INF/2](#)). PAHO's Member States will be fully involved in the formulation of the Strategic Plan, through a strategic plan advisory group and consultations with countries.

### **Knowledge management**

174. PASB strengthened its knowledge management and information-sharing processes with the establishment of the new Office of Knowledge Management and Publications (KMP) in January 2018. This Office includes knowledge management and institutional memory, publication services, and oversight of the PAHO/WHO Collaborating Centers and the Pan American Journal of Public Health. KMP will work to foster PASB's scientific and technical publications, by increasing the outreach and impact among key audiences, including policymakers, and by supporting authors at national levels so as to ensure that relevant evidence is published.

### **Country focus and country-to-country cooperation**

175. In line with its commitment to enhancing PAHO's country focus, PASB continued to develop and implement CCSs outlining the medium-term strategy for the Bureau's work in and with countries. During the reporting period, 14 CCSs were updated and included a focus on UH with a PHC approach. By June 2018, a total of 28 CCSs were current and updated.

176. During 2017, a new plan was developed for operationalizing the PAHO Key Country Strategy, which targets the eight countries recognized in PAHO's 2012 Budget Policy (Document [CSP28/7](#)) as having the lowest health development indices. The plan will facilitate more effective PASB support to Key Countries to achieve their health objectives, including UH.

### **Framework of Engagement with Non-State Actors**

177. In September 2016, PAHO Member States at the 55th PAHO Directing Council adopted the Framework of Engagement with Non-State Actors (FENSA) (Document [CD55/8, Rev. 1](#)) through Resolution [CD55.R3](#). FENSA promotes and strengthens PAHO's interaction with non-



State actors (NSAs), including the private sector, while establishing the processes needed to assess risks to protect the Organization from conflicts of interest and undue influence. The Framework also provides a road map and specific steps that PASB follows when deciding on proposed engagements with non-State actors.

178. PASB coordinated with the WHO Secretariat to develop operational tools to implement FENSA in a manner that promotes engagement, while protecting and preserving the Organization's integrity, reputation, independence, and public health mandate. The Bureau's Office of Legal Counsel provided guidance on the Framework and interim processes for implementing it to PAHO/WHO Representatives and Department Directors. Since the implementation of FENSA, all new engagements are reviewed under this policy framework to encourage and enhance engagement with NSAs, and during 2017 PASB conducted over 100 standard due diligence and risk assessment reviews and hundreds of simplified reviews for low-risk engagements with NSAs.

### **Partnerships and resource mobilization**

179. At regional, subregional, and national levels, PASB strengthened and expanded its relations with existing partner organizations while also seeking to forge new partnerships. In terms of financial partnerships, US\$ 186.7 million in PAHO voluntary contributions were mobilized during the 2016-17 biennium from existing partners, 11 new partners, and organizations with which PAHO had no agreements during the previous five years. These partners and organizations include the Government of Luxembourg; OFID; Japanese International Cooperation Agency ([JICA](#)); [Together for Girls](#); United States of America HHS Secretary for Preparedness/Response; South American Council on Health ([ORAS](#)); Council for International Organizations of Medical Sciences ([CIOMS](#)); [Therapeutic Goods Administration](#), Department of Health, Australian Government; Pan Caribbean Partnership against HIV/AIDS ([PANCAP](#)); and the Binational Development Plan for the Ecuador-Peru Border Region.

180. PASB continued activities related to its partnership with the OAS during the period, participating in the Summit Implementation Review Group (SIRG) and meetings of the Joint Summit Working Group (JSWG) to advocate for the inclusion of health priorities in the Summit of the Americas agenda. PASB also continued its support of the [OAS-PAHO scholarship program](#), with the aim of contributing to health systems strengthening, advancing the policy on research for health, and enhancing strategic approaches to capacity-building in the health sector. As a result of this partnership, by the end of 2017, 27 countries<sup>20</sup> in the Region had benefited from 683 scholarships for professionals to complete postgraduate degrees, in Brazil and Mexico. PASB and OAS have formed an interagency working group to coordinate efforts and support for the countries of the Americas to achieve the 2030 Agenda for Sustainable Development Goals. As part of its work, the group aims to align the SDGs with the existing mandates of each agency.

<sup>20</sup> Argentina, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, United States, Uruguay, and Venezuela

### Country-focused partnerships for UH through PHC

**Belize:** PASB is contributing to implementation of the IHSDN approach through the DFID-funded Smart Health Facilities project, and through the financing agreement signed between the Government of Belize and the EU to support a comprehensive health systems strengthening intervention. The project includes evaluation of the health reform implemented in Belize and redesign of the health system; the adoption of Smart Health Facilities interventions at community and regional hospitals; assessment of the service delivery and model of care; enhancement of the Belize Health Information System; and expansion of the national health insurance scheme. The project is also linked to improvement in primary care services for healthy nutrition and NCD prevention and control.

**Brazil:** PASB partnered with the Ministry of Health, the National Council of State Secretaries of Health (CONASS), the Federal University of Rio Grande do Sul, and the University of Brasilia to strengthen the SUS, with the development of methodologies for planning and scaling-up the workforce for PHC and emergencies, through the Project for Strengthening Labor Management. The SUS aims to provide universal access to health care services.

**Caribbean:** PAHO signed an agreement with the Caribbean Development Bank in June 2018 to execute a project with the theme of “building individual and social resilience to cope with the impacts of natural hazard events: enhancing capacity for mental health and psychosocial support in disaster management in the Caribbean.” Based on lessons learned from the 2017 hurricane season, the 18-month project, which began in April 2018, will not only build regional capacity, but will also provide an entry point to strengthen mental health services and their integration into PHC. Special attention will be paid to emphasizing the needs of groups that are often at greater risk during a disaster situation, including children; women; older persons; indigenous people; those with preexisting mental disorders; migrants; persons with disabilities; homeless persons; and those living in shelters. Given the potential impact of climate change on the small island developing states of the Caribbean, PAHO is working with CARPHA and the Caribbean Community Climate Change Center to mobilize resources to build climate-resilient health systems in the Caribbean, using a One Health approach. This approach will facilitate the inclusion of a sectoral health component in the National Adaptation Plans for climate change that Caribbean countries are developing.

**Chile:** PASB partnered with the University of Chile, the Ministry of Health, health professionals in clinics and hospitals, and pediatric professional associations to facilitate and finalize a study to monitor the implementation of the International Code of Marketing of Breastmilk Substitutes (the Code) and subsequent World Health Assembly resolutions. The Network for Global Monitoring of the Code, known as NetCode, is the entity that monitors implementation of the Code, and Chile was one of eight countries invited to participate in the application of a new NetCode protocol. Chile was the only country to complete the study, and it presented the results at the 3rd NetCode meeting, which was held at WHO Headquarters in Geneva in April 2018.

**Colombia:** The UN interagency “Health for Peace” project, which involves the UNFPA, the International Organization for Migration (IOM), PAHO, and the Ministry of Health, focused on key elements for rural health development and reduction of inequities among vulnerable and excluded populations. Funded by the UNDP-managed UN Multi-Partner Trust Fund for Post-Conflict in Colombia, the project established 27 Defined Spaces for Capacity-Building and Reincorporation (ETCRs) in 14 departments and 25 municipalities, focusing on PHC, sexual and reproductive health, and infant and nutritional health. Capacity-building was provided in community Integrated Management of Childhood Illnesses (IMCI) for 44 ETCR community leaders; in clinical IMCI and nutritional health for 47 health professionals; and in mental health for 48 PHC professionals.

**Ecuador:** PASB has been instrumental in the establishment of an intersectoral board for health promotion, which includes more than 25 local entities, representatives of public institutions, academia, and civil society. This has resulted in the creation of six intersectoral commissions to work in a coordinated manner on specific themes related to health promotion and disease prevention, and to address challenges at the policy level. The board has given parents, teachers, students, neighborhoods, street vendors, local health committees, and professional associations, and others the opportunity to play an active role in decision-making.

**El Salvador:** PASB contributed to the definition of the national health research agenda and the establishment of an interinstitutional commission, led by the National Institute of Health. The commission includes the seven entities that comprise the National Health System; academia; and national investigators, and aims to identify public health priorities and generate evidence to inform public policy. At the instigation of the commission, the Sustainable Sciences Institute of San Francisco trained 30 professionals to write scientific articles and in September 2017, teachers from the Cayetano Heredia Peruvian University trained 35 epidemiologists in outbreak investigation and control.

**Grenada:** PASB collaborated with the EU and national authorities to better define the PHC-focused EU budget support package being negotiated with the country. PASB also partnered with Dalhousie University to provide support for renewal of the HRUH Strategy and Policy and development of a costed action plan. PASB's technical cooperation, in collaboration with the UNDP-administered India, Brazil, and South Africa (IBSA) Fund, the EU PHC grant, and the Cooperation Agreement with the UWI Health Economics Unit, has been critical for progress in the implementation of the National Health Insurance program in Grenada.

**Guatemala:** PASB promoted the participation of the Ministry of Health and representatives of AECID and the EU in the high-level meeting on universal health in the 21st century held in December 2017 in Ecuador. Since that meeting, PASB, AECID, EU, and the Ministry of Health in Guatemala have convened meetings to align their work plans and new projects with the implementation of the PHC-based model of health care and management in the country.

**Nicaragua:** PASB, including the VCPH, joined with Collaborating Centers for the International Classification of Diseases-10 in Argentina and Mexico in strengthening vital statistics through national and local capacity-building in registration and the correct completion of death certificates.

## Communication for health

181. PASB adopted a new Communications Strategic Plan 2018-2022 in late 2017 that sets the stage for making Communication for Health, or "C4H," an area of PASB technical cooperation. C4H refers to health communication that seeks to influence behaviors and attitudes, and generate positive public health outcomes. Drawing on the growing body of evidence on the types of communication that are most effective, the approach emphasizes evidence-based, emotive, and exceptional content and storytelling that engage audiences and effectively communicate important health information. The approach seeks to amplify "front-line voices" across the public health spectrum to tell field-based stories of health needs and changes, and to provide health information in more persuasive ways for individuals, families, and communities, as well as policy- and decisionmakers. C4H emphasizes the engagement of new and younger audiences through targeted content on social media and other new platforms. During the reporting period, PASB provided capacity-building in C4H to ministries of health in Guatemala, Guyana, Mexico, and Uruguay.

**PASB human resources**

182. During the period under review, the Bureau took steps to streamline staff selection, improve human resources planning, increase work efficiencies, and enhance corporate learning. PASB joined WHO in launching a cloud-based talent-management software program, Stellis, which automates the recruitment and selection process from beginning to end. A revised selection process was also implemented. These initiatives reduced the average time from the date of vacancy closing to new staff appointment from approximately eight months to just five.

183. A new online platform was implemented to create a more accessible, streamlined process for redefining staff functions and positions, with linkages to organizational commitments and crosscutting areas.

184. PASB implemented a telework program in 2017 with the goal of achieving administrative efficiencies, improving work-life balance, and facilitating the recruitment and retention of a highly qualified workforce. Over 140 staff participated in telework in 2017, with 66% reporting that both work productivity and morale had increased as a result.

185. PASB also implemented iLearn, the WHO global learning management system, making it available to both employees and contingent workers. As of mid-2018, more than 200 different iLearn courses had been accessed by some 785 users across PAHO Headquarters, Country Offices, and Centers.

186. PASB's Respectful Workplace Initiative, launched in 2015, continued to support the creation of a safe and respectful working environment. A three-hour iLearn course was launched to generate awareness among all PASB personnel of the early signs of conflict, and to offer guidance on how to approach difficult situations and find resolutions when conflict is inevitable. During the reporting period, 600 staff at Headquarters and in PAHO Country Offices were trained in conflict resolution and communication skills. Finally, a Respectful Workplace Recognition Award was created to reinforce and acknowledge positive and appropriate behaviors in the workplace.

187. In 2017, PASB's Ethics Office automated its Declaration of Interest program, which requires staff in designated positions and categories to disclose any activities or interests that may give rise to conflicts of interest with the work or mandate of the Organization. A Declaration of Interest questionnaire was issued electronically to approximately 200 staff members, and it will be reissued on an annual basis. The Ethics Office reviews responses received from staff to determine possible conflicts of interest.

188. The 2017 Annual Report of the Audit Committee recommended that there should be complete separation of the investigation function from the Ethics Office in order to allow for enhanced performance of both the ethics function and the investigation function, in accordance with best practices. Following a decision by PASB's Executive Management that was endorsed by the 161st Session of the PAHO Executive Committee in September 2017 (Document [CE161/6](#)), a new Investigations Office was established and began operations in January 2018. The transfer of this function to another entity will allow the Ethics Office to devote more time and attention to its

advisory, training, and outreach roles, and more actively promote ethical behavior throughout the Organization.

189. The increased focus on promotion of an ethical atmosphere in the Organization is timely, given the negative attention received by some other international agencies because of allegations of sexual misconduct involving their senior staff. The Ethics Office will redouble its efforts and conduct additional training sessions at both Headquarters and in Country Offices to ensure that staff conduct themselves and the work of the Organization in a dignified, professional, ethical manner. In the age of the [“Me Too” movement](#), the Ethics Office is creating a communications campaign to inform staff of their rights and obligations with respect to the treatment of their co-workers. This campaign will focus on staff members’ right to work in a harassment-free workplace and to speak up in uncomfortable situations, free from fear of retaliation. It will also send strong signals to potential harassers that their behavior is inappropriate and will not be tolerated at PAHO. In addition, the Ethics Office is working with the Office of the Ombudsman to create a training session addressing the specific issue of sexual harassment in the workplace.

190. The risk of fraud in organizations is also receiving increased attention. The Ethics Office is preparing an Organization-wide fraud policy and is including fraud in its training sessions, in order to mitigate the risk of fraud in PAHO, make it clear that the Organization has zero tolerance for fraud and corruption, and indicate that staff will be held accountable for their actions.

191. During the reporting period, the Ethics Office administered an Organization-wide election for staff representatives on the PAHO Board of Appeal. Some 1,650 votes were cast, and a full slate of staff representatives from both the general service and professional categories were elected and appointed to the Board of Appeal.

### **Enterprise risk management**

192. The Enterprise Risk Management (ERM) program in PASB has continued to mature and demonstrate its usefulness. PASB’s ERM framework was first developed in 2011, and an ERM Standing Committee was established in 2015. ERM has been institutionalized in planning and operations processes, and the Bureau instituted a risk register and developed tools to facilitate cost center managers’ input into the register. ERM worked closely with the Department of Planning and Budget to integrate risk factors into the PAHO Program and Budget 2018-2019.

193. The Report of the Audit Committee, presented to the 162nd Session of the Executive Committee in June 2018 (Document [CE162/9](#)), noted that there has been good development and improvement in the institutional structure and review of risk. However, the Committee recommended that there be more explicit links between PASB’s internal control framework and risk management.

### **Financial management and budget**

194. The PAHO Program and Budget 2018-2019 ([Official Document 354](#)) was reviewed and approved by the 29th Pan American Sanitary Conference in 2017. This planning cycle was the first in which PASB presented a full Program and Budget proposal to the Subcommittee on

Program, Budget, and Administration (SPBA) for review, prior to the Executive Committee. A total budget of US\$ 619.6 million was approved for base programs, representing an increase of 1.1% over 2016-2017 figures. This increase was due to the increased WHO budget space allocation to the Region.

195. The Program and Budget 2018-2019 was developed through a combination of bottom-up, results-based prioritization using the PAHO-Hanlon methodology, and costing in PAHO Country Offices and technical programs. The Program and Budget 2018-2019 sets out measurable programmatic results for two years and is the principal means of providing corporate accountability for the resources that PAHO receives from its Member States and development partners.

196. During the period under review, the Bureau implemented its first closure (2016-2017) and opening (2018-2019) of a biennium using the new PASB Management Information System (PMIS), an enterprise resource planning tool that integrates all core business processes. During its introduction, PMIS presented several major challenges to staff, who were learning the new system while simultaneously meeting daily operational challenges. PASB staff worked efficiently to resolve administrative issues that arose, with the overall result of relatively few delays in the rollout of operations for the new biennium. Notably, technical cooperation and day-to-day operations were not disrupted.

197. Several improvements were made to the PMIS, especially by eliminating redundant steps, and introducing collaboration spreadsheets that provide live data-sharing in a secure environment. In May 2018, PASB launched automatic production and electronic delivery of statements of account, invoices, and development partner reports to Member States in PMIS. This is expected to significantly improve timeliness and reduce administrative costs.

198. The PASB obtained an unmodified audit opinion for 2017, a major milestone for the Bureau in the first biennium of implementation of the new PMIS. Financial reporting was made more efficient and timely, supported by the automation of a number of processes previously done manually.

199. Staff from PASB's Financial Resources Management department visited 18 Country Offices to perform financial reviews and verify compliance of operations with PAHO's Financial Regulations and Financial Rules, and related policies and procedures. As a result of both in-person and virtual training across the Bureau, the quality of accounting data supplied by entities improved, with reduction in the need for adjustments.

### **Information technology and security**

200. During the reporting period, PASB improved cybersecurity, including strengthened control of user access to systems through multifactor authentication, and increased user awareness. The Bureau also implemented disaster-recovery-as-a-service (replication and hosting of servers by a third party as backup in the event of a man-made or natural catastrophe) as a key element in the Organization's Business Continuity Plan (BCP). Implementation of the BCP included deployment

of a new PAHO alert system, integrated with PMIS and capable of alerting PASB staff to any emergency situation via voice, text, or email.

201. PASB also improved its information technology services to enhance collaboration and communication among and between PAHO teams and partners within secure, managed, and cost-effective environments. The addition of Microsoft Office 365 to the PASB portfolio of cloud-based services enabled greater mobility, ensuring that staff can access their services, tools, and repositories directly at any time, from any location, and on any device. The use of Skype for Business enhanced responsiveness and agility by providing flexible and mobile virtual meetings, messaging, and file-sharing. The scheduling of technical cooperation meetings at PAHO Headquarters was enhanced through installation of a new, user-friendly, Web-based meeting reservation tool.

### **General services**

202. In terms of physical infrastructure, a modern video and audio recording studio was completed at the PAHO Headquarters building for the production of professional-quality content in support of PAHO's Communications Strategy.

203. A new centralized vehicle replacement plan was implemented, under the Master Capital Investment Fund. In addition, more than 60 obsolete vehicles were replaced across PAHO Country Offices and Centers to ensure reliable support for technical cooperation activities in the countries.

### **Challenges**

204. Official Development Assistance (ODA) to the Region of the Americas has continued to decline, as financial resources from countries of the Organization for Economic Cooperation and Development Development Assistance Committee ([OECD/DAC](#)) have been directed primarily to Africa and Asia.

205. Resource mobilization efforts continue within a highly competitive environment and an international context with unforeseen political challenges. Specifically, government changes within the Region, including governments that provide a significant percentage of the Organization's voluntary contributions, may affect new opportunities and existing agreements—some of them annual commitments—with a significant impact on resource mobilization. Resource mobilization at the country level is uneven, with several substantial successes as well as untapped opportunities for both voluntary and national voluntary contributions.

206. In PASB's resource mobilization efforts, partnerships, and alliances, there may be potential conflicts of interest with private partners that may affect the image and reputation of the Organization.

207. Notwithstanding the benefits of the digital era, information access and knowledge management and sharing are not always addressed sufficiently in the agenda of UN agencies and Member States. For example, the downsizing of libraries by PAHO and other UN agencies and the lack of knowledge sharing inside the organizations can result in lost information about the

organizations' legacies and heritage. This puts the new generation at a disadvantage even if they are willing to learn about these institutions' achievements, which is problematic, given that these are the future decisionmakers, researchers, health authorities, and stakeholders.

208. Given the heightened awareness of security issues locally, nationally, and globally, the PAHO Headquarters building, located in Washington, D.C., requires upgrades to mitigate security risks for staff and visitors alike.

### **Lessons learned**

209. PASB must manage the risks of fluctuating interest and exchange rates in order to minimize their impact on PAHO's liquidity, investments, cash balances, and Miscellaneous Revenue. The Bureau must also mitigate the risk that political and economic instability might impact the ability of some Member States and development partners to meet their financial commitments to the Organization.

210. PASB should continue and intensify measures to reinforce its resource mobilization capacity, including diversifying its development partner base, by exploring opportunities with nontraditional or new partners (such as China, Korea, Russia, Singapore, and other countries) as well as philanthropic foundations and the private sector. The Bureau should also expand and strengthen training and capacity-building of its staff in Country Offices in resource mobilization and project design. Such efforts could facilitate resource mobilization and establish new partnerships; improve data gathering on, and analysis of, development partners, scenarios, and voluntary contributions; scale up management and corporate communications, which reinforce the Bureau's ability to keep current partnerships and establish new ones; and promote the modality of national voluntary contributions (NVCs) with Member States. NVCs allow countries of the Region to work with PASB at the national level, directing their own resources to achieve national health goals and priorities. Resource mobilization at the country level can be enhanced through capacity-building, clear country-level targets, assignment of time and resources, and increased accountability.

211. The implementation of FENSA, with the conduct of due diligence and the assessment, avoidance, or management of risks and potential conflicts of interest, is critical to preserve and strengthen the Organization's reputation as an honest broker, convener, and partner in public health.

212. PASB needs to work effectively to implement new techniques to organize and disseminate the information aimed at filling the digital divide that persists in the Region. Strategies include new methods to collect more concrete and tangible examples of work with the PAHO/WHO Collaborating Centers and to engage national authorities on the importance of this modality of technical cooperation. In addition, given that knowledge management is a crosscutting component of technical cooperation, there should be greater and sustainable inclusion of this component in the preparation and implementation of institutional policies, programs, and projects, as well as in technical cooperation with PAHO's Member States.



213. The timeliness of delivery of goods and services, with the best prices available, will be improved by the Bureau's expansion and enhancement of demand planning for goods and services, especially those purchased through the PAHO Strategic Fund and the PAHO Revolving Fund. PASB should improve communication with Member States in order to receive and provide information regarding goods and services procured and delivered as part of technical cooperation. Some products purchased for Member States are sold by monopolies or oligopolies, a situation that is further complicated when the product availability is insufficient to cover global demand. This was exemplified during the reporting period when efforts to procure inactivated polio vaccines proved challenging due to insufficient global availability. PASB should also explore ways to decrease the lead time for the delivery of goods during emergency situations and outbreaks in the Region, to enable an efficient response when products are not available or not in stock.

214. The Master Capital Investment Fund may provide an opportunity to plan and execute a project in the second semester of 2018 for strengthened access and security surveillance controls in the PAHO Headquarters building.

## Part 5: Conclusions

215. The commemoration this year of the 40th anniversary of the Alma-Ata Declaration provides an opportunity for accountability. Over these 40 years, much progress has been made. It is important to learn the lessons of Alma-Ata as we seek to confront the challenges of attaining the SDGs, especially SDG 3: “Ensure healthy lives and promote wellbeing for all at all ages.” Some of these key lessons are that barriers to access must be systematically identified and removed; fragmentation and segmentation of health systems and services is a recipe for failure; social participation at the grassroots level is a prerequisite for success; national governments must lead and own the process towards universal health, in coordination with partners; “universal” *means* universal, with no excuses or half measures in providing all necessary health services to all people; and universal health cannot be attained without multisectoral policies, programs, and actions that address the social determinants of health.

216. In order to advance to the highest attainable standard of physical, mental, and social well-being, we must maintain the long-standing commitment that PAHO’s Member States and PASB have to the values and principles of PHC; the promotion of rights-based approaches to health; equitable national health development; and the concepts of participation and inclusion.

217. Though the priority public health issues for the Region of the Americas may appear to be constant—including health systems strengthening, prevention and control of communicable and noncommunicable diseases, and public health emergencies—they are evolving. As the years pass and the technical cooperation environment changes, informed by new developments and knowledge, so must there be evolution in the strategies, mechanisms, methodologies, and techniques used by PAHO’s Member States and the PASB to maintain and improve the health of the peoples of the Americas.

218. Given the changing political landscapes in the countries and the subregions of the Americas, greater advocacy for UH and primary health care is needed to maintain the health gains achieved in the Region, manage emerging and reemerging issues, and advance the 2030 Sustainable Development Agenda, while maintaining PASB’s country focus and catalyzing exchanges among the Member States themselves.

219. The pursuit of equity in health demands strengthened social participation and community engagement. The involvement of civil society to enable a people-centered approach to health systems strengthening and implementation of the PHC approach, where people are partners in managing their own health and that of their community, is a critical component of progress to UH. In working toward health for all, especially for those in conditions of exclusion and vulnerability, PAHO’s partnerships must continue to include civil society organizations and other non-State actors, working within FENSA as mandated by the PAHO Member States.

220. The Governments of PAHO Member States remain responsible for the health and development of their people, countries, and territories. Government leadership and political will to strengthen the PHC approach and advance to UH are fundamental factors in the processes that aim to strengthen and transform health systems in the Region. The exercise of the stewardship function of the health authorities requires strengthening of their technical capacity to formulate

and implement health policies, as well as to advocate for, and contribute to, the formulation and implementation of all public policies that promote and underpin UH. This technical capacity entails determination of the feasibility, viability, and legitimacy of the changes needed; analysis of health needs and social determinants of health; and identification of relevant interventions. To persuade and support Governments to embrace multisectoral and whole-of-society actions towards UH and equity, the PASB's efforts must include advocacy and provision of evidence to enable sound decision-making; sharing of knowledge and lessons learned; and promotion of cooperation among countries.

221. Mechanisms, spaces, and accountability for social participation are essential tools in ensuring that the design and implementation of health policies is aligned with the people's expectations and needs. The development of a people- and community-centered model of care enables the integration of people and civil society as key stakeholders in this process. This is an opportune time for innovative and creative strategies to enhance community and social participation, and to enable people to make optimal choices for their own health.

222. A key tenet of the PHC approach is the provision of comprehensive health services as close as possible to where people live and work. Effective service coverage and health outcomes can be greatly improved by strengthening the first level of care within an integrated health services delivery network that brings together health promotion, disease prevention, and a set of progressive health services; takes into consideration the specific social and health conditions of the population; and uses an intersectoral approach. Strategic investments in health financing that target the development of human resources for UH and improvement in health infrastructure are critical. So is the establishment of social insurance and social protection programs that allow people to access PHC and integrated health services when needed. Improved financial accessibility of PHC services is an essential component of progress to UH and reduction of health inequities.

223. The Region of the Americas has consistently participated and demonstrated leadership in global processes to define, renew, and strengthen the PHC approach. The Region will continue to do so at the Global Conference on PHC in October 2018 and beyond, by advocating for UH as a concept that includes both coverage of and access to quality, comprehensive, integrated health services and by sharing successful experiences that can contribute to the renewal of national, subregional, regional, and global commitments for PHC as a key strategy to achieve UH and the SDGs. PASB is dedicated to the values and principles of PHC as a strategy to transform health systems towards universal health. PASB's regional leadership in the renewal of the commitment to PHC has made possible stronger alliances with Member States; with technical teams in the ministries of health, health services, and other sectors related to health; with academia; and with both organized and nonorganized civil society.

224. As concepts, strategies, mechanisms, and tools for attaining the desired state of universal health evolve, PAHO Member States and PASB, in alignment with WHO and other UN agencies, and in close collaboration with development partners, civil society, and the private sector—as appropriate—will continue to plan, implement, monitor, and evaluate strategies for countries to enhance primary health care, develop resilient health systems, and progress to universal health, thus advancing health and well-being and leaving no one behind.

## List of acronyms and abbreviations

AECID	Spanish Agency for International Development Cooperation
AMR	antimicrobial resistance
CARPHA	Caribbean Public Health Agency
CARICOM	Caribbean Community
CCHD	cooperation among countries for health development
CCS	Country Cooperation Strategy
CICOM	Medical Information and Coordination Cell
COHSOD	Council for Human and Social Development (CARICOM)
COMISCA	Council of Ministers of Health of Central America
CRS	Caribbean Regulatory System
DFID	Department for International Development (United Kingdom)
EMTs	emergency medical teams
EOC	Emergency Operations Center
EWEC-LAC	Every Woman, Every Child – Latin America and the Caribbean
FAO	Food and Agriculture Organization of the United Nations
FCTC	Framework Convention on Tobacco Control
FENSA	Framework of Engagement with Non-State Actors
GAC	Global Affairs Canada
GDP	gross domestic product
GPW 13	Thirteenth General Program of Work (World Health Organization)
HCC	Healthy Caribbean Coalition
HiAP	Health in All Policies
HIV	human immunodeficiency virus
HRUH	human resources for universal health
IAEA	International Atomic Energy Agency
IDB	Inter-American Development Bank
IDRC	International Development Research Center (Canada)
IHR	International Health Regulations (2005)
IHSDN	integrated health services delivery network
IHSLAC	Integrated Health Systems in Latin America and the Caribbean
IMCI	Integrated Management of Childhood Illnesses
IMF	International Monetary Fund
IMS	Incident Management System
IS4H	information systems for health
LGBT	lesbian, gay, bisexual, and trans
mhGAP	Mental Health Gap Action Program (World Health Organization)
NCDs	noncommunicable diseases
NSAs	non-State actors
OFID	OPEC Fund for International Development
PAHO	Pan American Health Organization
PASB	Pan American Sanitary Bureau
PASC	Pan American Sanitary Conference
PERC	Production, Efficiency, Resources and Costs
PHAC	Public Health Agency of Canada

PHC	primary health care
PMMHS	Productive Management Methodology for Health Services
SDG	Sustainable Development Goal
SHAA2030	Sustainable Health Agenda for the Americas 2018-2030
SICA	Central American Integration System
SIDS	small island developing states
STIs	sexually transmitted infections
SUS	Unified Health System (Brazil)
TCIM	traditional, complementary, and integrative medicine
UH	universal health
UHC	universal health coverage
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
U.S. CDC	United States Centers for Disease Control and Prevention
VCPH	Virtual Campus for Public Health
WB	World Bank

## Acknowledgements

The Pan American Sanitary Bureau is grateful for the support of its Member States through their quota contributions, and for the generous voluntary contributions of governments, agencies, and institutions, including:

Alliance for Health Policy and Systems Research  
Amazon Cooperation Treaty Organization  
Americares  
Andalusian Agency for International Development Cooperation  
Andean Health Organization [ORAS-CONHU]  
Anton de Kom University of Suriname  
Autism Speaks  
Axon Medical Technologies  
Bernard van Leer Foundation  
Bill & Melinda Gates Foundation  
Binational Development Plan for the Peru-Ecuador Border Region, Peru chapter  
Caribbean Community  
Caribbean Community Climate Change Center  
Caribbean Development Bank  
Caribbean Law Institute Center  
Caribbean Public Health Agency  
CARICOM Regional Organization for Standards and Quality  
Cayetano Heredia Peruvian University  
CDC Foundation  
Center for State Control of Drugs and Medical Devices (Cuba)  
Central National Institute of Ablation and Implants (Argentina)  
City of Buenos Aires  
Climate and Clean Air Coalition  
Costa Rican Social Security Fund  
Council for International Organizations of Medical Sciences  
Dalhousie University  
Department of Foreign Affairs and Trade (Australia)  
Department of Foreign Affairs, Trade and Development (Canada)  
Direct Relief  
District Health Fund – Bogota District Health Department  
Durham University  
Emory University  
European Civil Protection and Humanitarian Aid Operations  
European Commission  
European Union  
Federal University of Rio Grande do Sul  
Federal University of Santa Catarina  
Food and Agriculture Organization of the United Nations  
Garrahan Foundation  
Gavi, the Vaccine Alliance

Global Affairs Canada  
Global Fund to Fight AIDS, Tuberculosis and Malaria  
Good Neighbors Guatemala  
Government of Australia  
Government of Brazil  
Government of Canada  
Government of Chile  
Government of Cuba  
Government of Ecuador  
Government of Haiti  
Government of Luxembourg  
Government of Nicaragua  
Government of Norway  
Government of Peru  
Government of Spain  
Government of Sweden  
Government of the Republic of Korea  
Government of Trinidad and Tobago  
Healthy Caribbean Coalition  
Hemispheric Program for the Eradication of Foot-and-Mouth Disease  
Humber River Hospital  
India, Brazil and South Africa Fund  
Inter-American Development Bank  
InterAmerican Heart Foundation  
Inter-American Institute for Cooperation on Agriculture  
Inter-American Network of Food Analysis Laboratories  
Inter-American Society of Cardiology  
International Agency for the Prevention of Blindness  
International Agency for Research on Cancer  
International Atomic Energy Agency  
International Bank for Reconstruction and Development  
International Business Machines Corporation  
International Development Research Center  
International Medical Corps  
International Monetary Fund  
International Organization for Migration  
International Regional Organization for Plant and Animal Health  
Italian Hospital of Buenos Aires  
Japan International Cooperation Agency  
Johns Hopkins University School of Nursing  
Joint United Nations Program on HIV/AIDS  
Korea International Cooperation Agency  
Latin American Association of Pharmaceutical Industries  
Latin American Federation of the Pharmaceutical Industry  
Latin American Society of Hypertension  
Luxembourg Ministry of Development Cooperation and Humanitarian Affairs

MacArthur Foundation  
Ministry of Agriculture, Livestock, and Food Supply (Brazil)  
Ministry of Agriculture, Livestock, Aquaculture, and Fisheries (Ecuador)  
Ministry of Foreign Affairs and International Cooperation Office of Development  
Cooperation (Italy)  
Ministry of Foreign Relations and Trade of New Zealand  
Ministry of Foreign Relations of Chile  
Ministry of Health and Sports of Bolivia  
Ministry of Health, Labour and Welfare of Japan  
Ministry of Health of Argentina  
Ministry of Health of Brazil  
Ministry of Health of Chile  
Ministry of Health of Costa Rica  
Ministry of Health of the Province of Entre Ríos (Argentina)  
Ministry of Health of the Province of Mendoza (Argentina)  
Ministry of Health of the Province of Santa Fe (Argentina)  
Ministry of Health of the Province of Santiago del Estero (Argentina)  
Ministry of Health of the Republic of Panama  
Ministry of Health of the Republic of Peru  
Ministry of Health of Trinidad and Tobago  
Ministry of Public Health of Guyana  
Ministry of Public Health and Social Assistance of Guatemala  
Ministry of Public Health and Social Assistance of the Dominican Republic  
Municipal Secretariat of Health of the City of São Paulo (Brazil)  
National Autonomous University of Nicaragua  
National Cancer Institute of Argentina  
National Cancer Institute of Colombia  
National Council of State Health Secretaries (Brazil)  
National Drug Board (Uruguay)  
National Health Agency (Brazil)  
National Health Foundation (Brazil)  
National Health Regulation, Control and Surveillance Agency (Ecuador)  
National Health Surveillance Agency (Brazil)  
National Institute of Food and Drug Surveillance (Colombia)  
National Institute of Health of Colombia  
National Institute of Health of El Salvador  
National Institute of Public Health of Mexico  
National Institute of Social Services for Retirees and Pensioners (Argentina)  
National School of Public Health (Cuba)  
National Service for Animal Health and Quality (Paraguay)  
Netherlands Ministry of Foreign Affairs  
Network of National Cancer Institutes of the Union of South American Nations  
NextGenU  
Norwegian Agency for Development Cooperation  
Office of United States Foreign Disaster Assistance  
OPEC Fund for International Development



Orbis International  
Organization of Eastern Caribbean States  
Organization of American States  
Pan Caribbean Partnership against HIV/AIDS  
Permanent Mission of Brazil to the OAS  
Plan International  
Population Services International  
Program for Appropriate Technology in Health  
Public Health Agency of Canada  
Rosarino Center for Perinatal Studies  
Royal Netherlands Army  
Royal Netherlands Navy  
RTI Health Solutions  
Sabin Vaccine Institute  
Secretariat of Health of Cundinamarca (Colombia)  
Secretariat of Health of Honduras  
Secretariat of Health of Mexico  
Secretariat of Health of the State of Bahia (Brazil)  
Secretariat of Health of the State of Maranhão (Brazil)  
Secretariat of Health of the State of Pará (Brazil)  
Secretariat of Health of the State of Pernambuco (Brazil)  
Secretariat of Health of the State of Rio Grande do Sul (Brazil)  
Secretariat of Health of the State of São Paulo (Brazil)  
Secretariat of Health of the State of Tocantins (Brazil)  
South American Council on Health  
Spanish Agency for International Development Cooperation  
Special Program for Research and Training in Tropical Diseases  
Standards and Trade Development Facility  
Sustainable Sciences Institute  
Task Force for Global Health  
Therapeutic Goods Administration (Department of Health of Australia)  
Tobacco-Free Kids  
Together for Girls  
United Kingdom Department for International Development  
United Kingdom Department of Health and Social Care  
United Nations Central Emergency Response Fund  
United Nations Children's Fund  
United Nations Development Program  
United Nations Entity for Gender Equality and the Empowerment of Women  
United Nations Environment Program  
United Nations Foundation  
United Nations Fund for International Partnerships  
United Nations Secretariat for the International Strategy for Disaster Reduction  
United Nations Joint Global Program on Cervical Cancer Prevention and Control  
United Nations Multi-Partner Trust Fund  
United Nations Partnership to Promote the Rights of Persons with Disabilities

United Nations Population Fund  
United Nations Trust Fund for Human Security  
United States Agency for International Development  
United States Department of Health and Human Services  
United States Food and Drug Administration  
United States-Mexico Border Health Commission  
United States National Council on Urban Indian Health  
University of Belize  
University of Brasilia  
University of Chile  
University of Guyana  
University of Illinois  
University of the West Indies  
U.S. Centers for Disease Control and Prevention  
Vaccine Ambassadors  
Vital Strategies  
Wellcome Genome Campus  
World Bank  
World Diabetes Foundation  
World Hypertension League  
World Organization for Animal Health

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