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DRAFT PROPOSED STRATEGIC PLAN OF THE PAN AMERICAN HEALTH ORGANIZATION 2020-2025

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Contents

Foreword by the Director

The Director of the Pan American Sanitary Bureau (PASB) will introduce the document.

Executive Summary

1. This section will provide a high-level summary of the contents of the document.

Introduction

2. This Strategic Plan of the Pan American Health Organization 2020-2025 (SP20-25 or the "Plan") sets out the health impact and outcome results that the Pan American Health Organization (PAHO) and its Member States commit to collectively achieve by the end of 2025. It responds directly to the highest-level regional mandate in health, the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030), which represents the regional response to the Sustainable Development Goals (SDGs). This Plan also aligns with the 13th General Programme of Work (GPW13) of the World Health Organization (WHO), ensuring that PAHO will meet its global obligations in carrying out its functions as the WHO Regional Office for the Americas. Finally, this Plan serves as the principal means of ensuring accountability and transparency in the achievement of health objectives mandated by the PAHO Governing Bodies.

3. PAHO adopted a Results-based Management (RBM) approach two decades ago, and this Plan builds on the experience and lessons learned from previous plans. Specifically, the unfinished agenda from the Strategic Plan 2014-2019 (SP14-19) has been taken up and explicitly included in the current Plan. The Programmatic Framework for Results presented below incorporates a results chain that responds categorically to the health challenges that the Region of the Americas faces, and it includes measurable indicators of achievement for all areas of health development.

4. SHAA2030 establishes a hemispheric vision for health in the Americas. This Plan directly addresses the factors that will lead to the realization of this vision.

Vision statement

By 2030, the Region as a whole and the countries of the Americas aim to achieve the highest attainable standard of health, with equity and well-being for all people throughout the life course, with universal access to health and universal health coverage, resilient health systems, and quality health services.

5. SHAA2030 also establishes guiding values for health development in the Region, acknowledging that individual countries have "different needs and approaches to

improving health."[1] This Plan reflects these values, both in its direction and objectives and in the measurement of its achievements. These values will guide the work of PAHO in the years to come and are reflected throughout this Plan. In line with the statements in the SHAA2030, each of these values contributes to the attainment of human rights for all. Throughout the Programmatic Framework for Results, the Plan aims to mainstream equitable, gender-sensitive, and culturally sensitive approaches to health within a human rights framework, with a particular focus on these approaches in Outcome 26.

Guiding Values

- **The right to the enjoyment of the highest attainable standard of health**
- **Pan American solidarity**
- **Equity in health**
- **Universality**
- **Social inclusion**

6. In addition, consistent with the principles of Results-based Management, the Organization will continue to carry out technical cooperation that utilizes its core functions, shown in Figure 1. These are areas where the Organization provides value added in the Region's efforts to reach its desired health outcomes. Only by following an approach that seeks to monitor and learn from past experiences can the Organization identify and successfully implement evidence-based interventions that improve health and well-being.

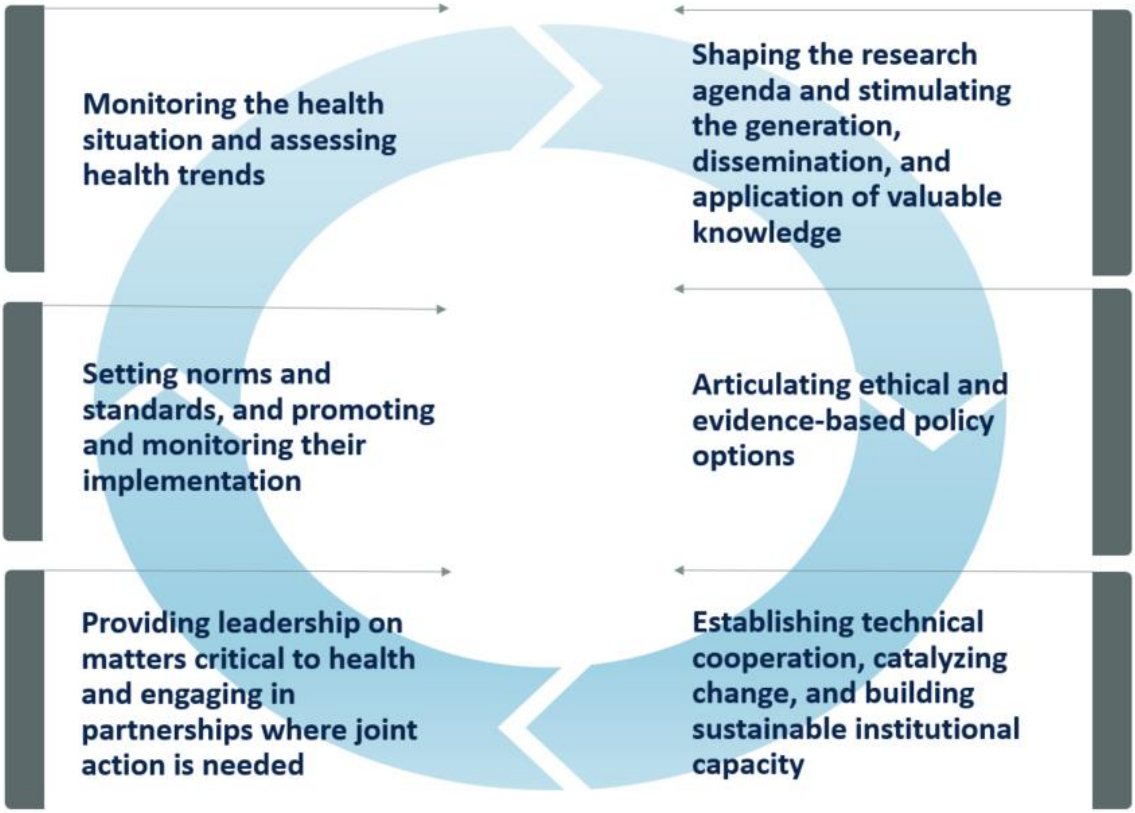
Strategic Plan Development Process

7. This Plan was developed with active participation and input from PAHO Member States, as well as from staff in all parts of the Pan American Sanitary Bureau (PASB or "the Bureau"). Plan development began with the presentation of the proposed process to the 12th session of the Subcommittee on Program, Budget and Administration (SPBA) in March 2018. In June 2018, the 162nd Session of the Executive Committee (CE) established the Strategic Plan Advisory Group (SPAG), consisting of 21 Member States that agreed to collaborate with the Bureau to elaborate the Plan.[2] The final process document was presented to the 56th Directing Council in September 2018 (Document CD56/INF/2).

[1] The values in the SHAA2030 are consistent with the vision, mission, and values of the Organization.

[2] The SPAG had representation from all subregions: the Caribbean (Antigua and Barbuda, Bahamas, Dominica, Guyana, Saint Lucia, and Trinidad and Tobago); Central America (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama); North America (Canada, Mexico, and the United States of America); and South America (Argentina, Bolivia, Brazil, Ecuador, Paraguay, and Venezuela). Panama was appointed Chair, and the Bahamas, Vice Chair.

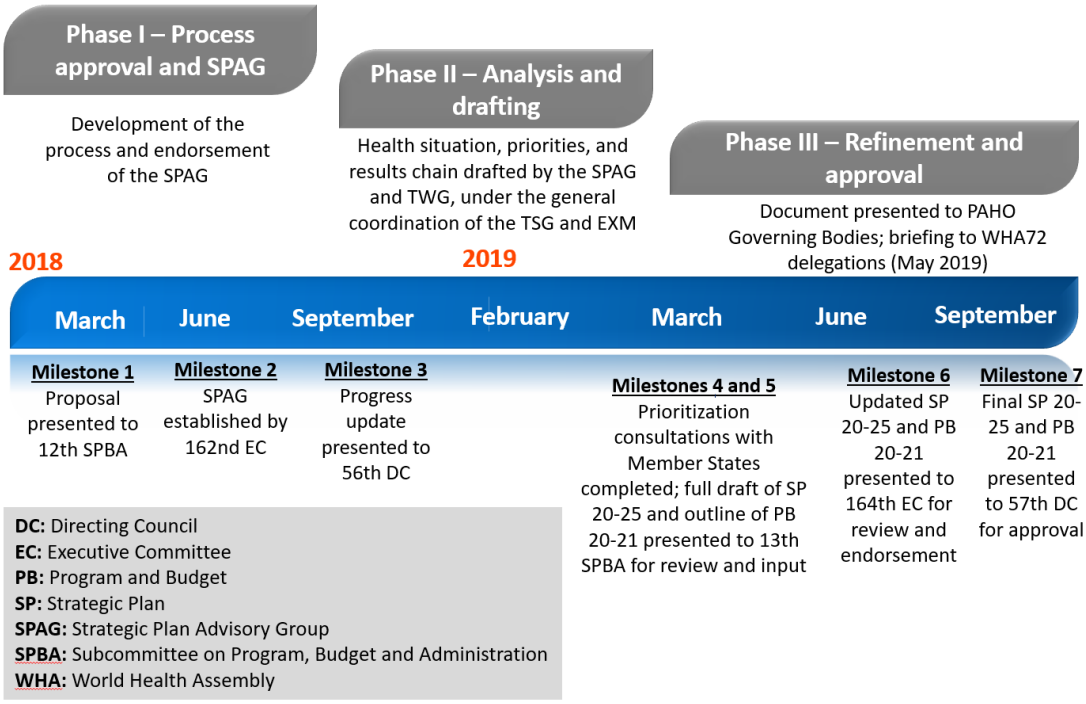
Figure 1. PAHO Core Functions



8. The Pan American Sanitary Bureau held two face-to-face meetings with the SPAG, in Panama City (6-8 August 2018) and Washington, DC (3-6 December 2018). A series of virtual meetings was also held throughout the process. Meanwhile, the Bureau established a Technical Working Group (TWG), comprised of technical teams, to develop the content of the results chain in close collaboration with the SPAG, and under the general coordination of the Technical Secretariat Group (TSG) and the leadership of PASB Executive Management (EXM). The development process was iterative and rigorous, and the end result represents the best collective thinking about where and how the Bureau and the Member States should concentrate their efforts over the next six years. Figure 2 depicts the development process.[3]

[3] This figure contains updates on the development process that was presented to the 56th Directing Council.

Figure 2: Timeline for Development of the Strategic Plan



The Health Context in the Americas: Opportunities and Challenges

9. Drawing on the 2017 edition of Health in the Americas, this section provides a high-level overview of the social, economic, and environmental context in which the Strategic Plan is developed. Health in the Americas 2017 will be updated periodically based on the Region's changing health profile and health determinants, using the most recent health metrics. The vision is that it will serve as the most current health situation analysis for the Americas. This section also presents some of the main lessons learned from the past, which can serve to guide implementation moving forward. Finally, it looks to future trends and the primary reference frameworks mentioned earlier: the SDGs, SHAA2030, and GPW13.

Social, Economic, and Environmental Overview from a Health Perspective

10. Over the past decade, sustained economic development in the Region, with improvements in public sanitation, housing, nutrition, and health care, has driven significant advances in health outcomes, although vulnerable and underserved populations remain in most countries. In all countries of the Region, noncommunicable diseases (NCDs) and injuries have overtaken communicable diseases and maternal and neonatal conditions as causes of ill health, disability, and mortality. Lessons learned from past emergencies (e.g., the 2009 influenza pandemic and the Zika epidemic) have resulted in greater preparedness and increased awareness of the need to strengthen surveillance. Despite this progress, the persistence of specific communicable diseases, as well as preventable maternal and child illnesses, hinders the well-being and development of many populations in the Region.

11. The Region faces new challenges from emerging and reemerging infectious diseases, adversely affecting people, families, and communities, as well as economies and health systems and services. These challenges are related to social, political, and economic factors that have resulted in greater population movements, greater pressure on the environment, and environmental changes.

12. One of the biggest challenges in the Region is the large disparities in health outcomes across different social groups. These are related to the determinants of health and are exacerbated by a lack of health service capacity in disease detection, prevention and control, and policies designed to improve health equity among populations. Furthermore, the need to strengthen culturally sensitive services is an issue in many countries. Likewise, the lack of information disaggregated sub-nationally and by the populations affected by disparities contributes to a lack of accountability for equitable health outcomes.

13. Noncommunicable diseases are the leading causes of ill health, death, and disability in the Region of the Americas. NCDs disproportionately affect people living in vulnerable situations because of the complex interplay between social, behavioral, biological, and environmental factors, along with the accumulation of positive and negative influences over the life course. Mortality due to NCDs tends to be higher in populations with less education, lower income, and less social support, and among populations that experience

racial and ethnic discrimination. The forces driving NCDs include demographic change, epidemiological transition, economic development, rapid and unplanned urbanization, and adverse effects of economic globalization, among other factors. These dynamics have had an impact on the four key risk factors that account for most preventable deaths and disabilities from NCDs: harmful use of alcohol, unhealthy diet, physical inactivity, and tobacco use.

14. Countries in the Region of the Americas have experienced migration flows at various moments throughout their history, as countries of origin, transit, or destination. Social and political conflict, food insecurity, adverse effects of climate change and environmental degradation, economic hardship, violence, and other structural issues are drivers of migration trends in the Region. Approximately 70% of all migration in the Region is intraregional. In recent years, the Region has experienced population movements of unprecedented magnitude in a short time frame, along with changes in the traditional migrant profile and a diversification of destination countries. In 2017, of the worldwide population of international migrants, 38 million were born in Latin America and the Caribbean (LAC) – the third-largest number of any world region. [4] That same year, LAC hosted 10 million international migrants. While migration within South America has intensified, migration northward by Central Americans continues as an important trend within the Americas as a whole. Territories in the Northern Triangle of Central America, as well as Mexican border areas, are key transit locations.

15. Managing migration, especially sudden and large population movements, has prompted profound questions about the resilience and adaptive capacity of health systems in the Region. The increased demand for health services has put pressure on countries' institutions and health care systems, which struggle to adequately address the migrants' health needs while addressing the needs of the local population. Although the health sector is responsible for providing health services, the health issues affecting migrants must go beyond delineated borders. The situation calls for a joint, concerted effort to promote and protect migrant health in close collaboration with all relevant sectors and actors.

Situation Analysis: Health in the Americas 2017

16. During the past decade, the Region achieved important targets related to infant and maternal mortality, reproductive health, infectious diseases, and malnutrition. These successes resulted from economic development, action on environmental factors, and the improved capacity and flexibility of health systems, as well as increased coverage and access to services. However, overall progress at the regional and national levels masks large gaps between population subgroups. These differentials undermine country health systems' performance and stand in the way of sustainable development.

[4] United Nations Department of Economic and Social Affairs. *International Migration Report 2017*. New York: UN DESA; 2017. Available from: http://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationReport2017_Highlights.pdf

17. During the period 2010-2015, life expectancy in the Region reached approximately 75 years. The population gained an average of 16 years of life in the last 45 years, an increase of almost two years per five-year period. Other achievements include a decrease in both the maternal mortality ratio (68.4 to 58.2 deaths per 100,000 live births, a 14.9% reduction) and infant mortality rate (17.9 to 13.6 deaths per 1,000 live births, a 24.0% reduction). The percentage of pregnant women receiving at least four prenatal care visits increased from 79.5% in 2005 to 88.2% in 2015.

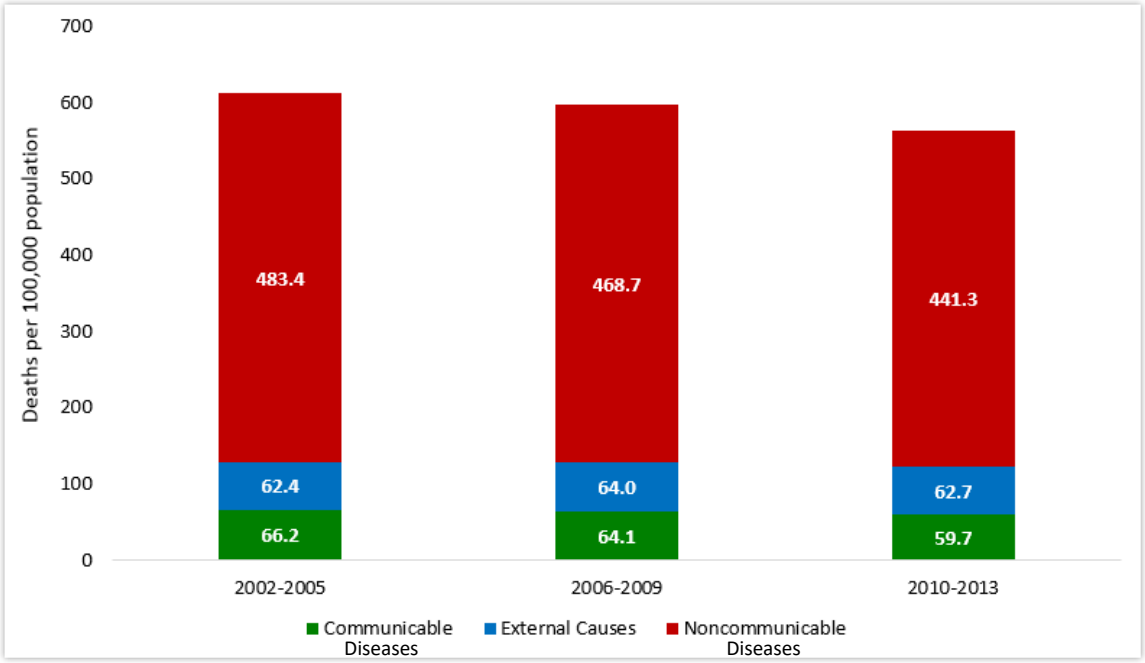
18. Important advances have been made in controlling communicable diseases. The number of malaria cases decreased 62% between 2000 and 2015 (from 1,181,095 cases to 451,242). The number of cases of neglected diseases (onchocerciasis, leprosy, and Chagas disease) has decreased. The Region has interrupted the endemic transmission of rubella. Although the Region was declared measles-free in 2015, new cases threaten this status. The number of AIDS-related deaths decreased from 73,579 to 49,564 in the 2005-2015 period, a 67% reduction.

19. Chronic noncommunicable diseases are responsible for nearly four of five deaths annually in the Americas. Moreover, this proportion is expected to rise over the coming decades as a result of changes in population growth, aging, urbanization, environmental hazards, and exposure to risk factors. Of the deaths caused by noncommunicable diseases in the Americas, 35% occurred prematurely in people 30-70 years of age. Of the total premature deaths in this age group, 65% were due to cancer and cardiovascular diseases.

20. With obesity reaching epidemic proportions in children, adolescents, and adults, the Americas is the WHO Region with the highest prevalence of overweight and obesity. Overweight and obesity increases the likelihood of hypertension and continues to have a negative impact on the development of and mortality from cardiovascular diseases and other NCDs. Approximately 422 million adults age 18 years and older are living with diabetes worldwide, with 62 million (15.0%) of them in the Americas; the number has tripled in this Region since 1980. Annually, approximately 3 million people in the Americas live with cancer, which causes 1.3 million deaths, 45% of which are premature. In Latin America and the Caribbean, prostate, lung, stomach, and colorectal cancers are the leading causes of cancer deaths in males, while the leading causes in females are breast, stomach, lung, cervical, and colorectal cancers.

21. Figure 3 shows the trends in mortality due to noncommunicable diseases, communicable diseases, and external causes (including violence and accidents) in the Region of the Americas between 2002 and 2013. The predominance of noncommunicable diseases is clear. Nonetheless, age-adjusted mortality rates for NCDs decreased steadily, from 483.4 deaths per 100,000 population in 2002-2005 to 441.3 in 2010-2013. Similarly, age-adjusted mortality rates for communicable diseases decreased from 66.2 per 100,000 population in 2002-2005 to 59.7 in 2010-2013. External causes of mortality remained steady throughout the same period.

Figure 3: Global Burden of Disease: Mortality Rates Adjusted by Age in the Region of the Americas, 2002-2005, 2006-2009, and 2010-2013



22. The right to health, solidarity, equity, universality of human rights, and social inclusion are values underlying the Region's pursuit of universal access to health and universal health coverage, as outlined in the SHAA2030.[5] The universal health framework has increased the momentum and commitment of Member States to further promote equitable access to and coverage of services, strengthen stewardship and governance of the national responses, improve efficiency through more integrated health systems, and strengthen intersectoral coordination to address the determinants of health. Almost all the countries in the Region, except for the poorest ones, have achieved good coverage of maternal and child health interventions at the aggregate level. However, there are still inequalities associated with socioeconomic status and other social determinants of health that have a strong impact on health and access to services.

23. Health systems must address the problems associated with demographic changes (such as aging, fertility, and the dependency ratio, among others) and other changes that originate outside the health sector's immediate sphere of action to incorporate an equity approach that ensures no one is left behind. To improve health and well-being of the population with steady progress toward universal health, financing, governance, and efficient planning of human resources development are essential elements to ensure that systems have the capacity to provide health promotion, disease prevention and treatment, rehabilitation, and palliative care for the entire population.

[5] PAHO. Strategy for Universal Access to Health and Universal Health Coverage. 53rd Directing Council, 66th Session of the Regional Committee of WHO for the Americas (Document CD53/5, Rev. 2).

24. It is important to recognize that many determinants of health are beyond the direct control of the health sector and the national health authorities. The 2030 Agenda for Sustainable Development and its health-related SDGs lay out principles to tackle global health challenges and highlight the role of the national governments as the primary actors in health governance and in promoting partnerships with nongovernmental partners. In engaging civil society and mobilizing financial resources, governments are responsible for setting public health agendas and implementing health-related interventions.

Unfinished Agenda and Lessons Learned from the PAHO Strategic Plan 2014-2019

25. The SP20-25 provides an opportunity to reflect on the Region's achievements in health and on the remaining challenges. In that regard, the lessons learned from the SP14-19 are important for guiding future interventions as the Region strives to achieve the ambitious goals and targets of the Sustainable Health Agenda for the Americas 2018-2030.

26. The second interim assessment of the SP14-19 (Document CD56/5) noted progress in improving the health and well-being of the populations of the Region. However, the report also called attention to areas that are lagging and require greater efforts. While overall projections for the nine regional impact goals signaled improvements, including in the areas of healthy life expectancy, maternal and child mortality, elimination of communicable diseases, and reducing death, illness, and disability resulting from emergencies, four of the impact goals did not appear to be on track to meet the targets by 2019. Across the board, progress has been slow in closing health equity gaps between and within countries, signaling the need to boost the intensity of targeted interventions as well as to change course if interventions have not been successful. Progress in serving marginalized and underserved populations requires involving and empowering communities to take charge of their own health, as well as having an equity approach to ensure that no one is left behind.

27. The Region of the Americas continues to be one of the world's most inequitable regions with regard to health. Marginalization and social discrimination, consequences of historical and political inequalities, continue to have an impact on the Region. Overall, the Region experienced positive trends in macroeconomic growth, a reduction in poverty and the proportions of the indigent population, and a reduction in income inequality for the 1990-2015 period, the same timeframe as the Millennium Development Goals (MDG). As a result of these successes, countries in the Americas consolidated undeniable health gains and achievements for several MDGs, including childhood mortality, HIV and tuberculosis incidence, and access to safe water. Additionally, important reductions in health inequalities were observed among key maternal and child survival indicators, as referenced in the 2014-2019 Strategic Plan impact goals assessment.

28. Despite significant improvements, profound social inequalities in health persist among countries, as well as within each country. An example of this is the persistent inequalities observed in maternal mortality: at the regional level, among countries in the lowest human development quartile the maternity mortality ratio (MMR) is 168 maternal

deaths per 100,000 live births compared with countries in the highest human development quartile where it is 20 maternal deaths per 100,000 live births – an eightfold difference.[6]

29. At the beginning of the sustainable development era, marked by the approval of the 2030 Agenda for Sustainable Development, eliminating equity gaps like these and advancing the right to health are significant challenges in meeting the commitment to 'leave no one behind'. Indeed, one of the lessons learned from the MDG era is that having targets for national averages alone is inadequate, underlining the importance of including targets by key affected groups (e.g. by income, gender, ethnicity, race, sub-national levels, etc.) to help ensure inequities are addressed and there is accountability for equitable outcomes.

30. There has not been sufficient progress within the Region in achieving the targets for reducing mortality due to communicable diseases, mortality due to poor quality of care, and premature mortality due to noncommunicable diseases and violence and injuries. These indicators were projected to continue to decline, but not fast enough to reach the impact goal targets. The reduction of homicide and suicide rates in youth 15-24 years of age continues to be a challenge for the health sector, with the homicide rate not falling sufficiently and the suicide rate on the rise. These challenges make clear that desired impact may not occur during the Strategic Plan period, and that interventions sometimes take time and sustained commitment to manifest results.

31. Throughout the period of the SP14-19, competing national priorities made it difficult to mobilize and allocate resources for key programs in areas such as aging, gender and ethnic inequality, substance use disorders, violence, vision and hearing diseases, disabilities, and rehabilitation. At the same time, funding levels needed to strengthen health systems and achieve the goals set for them are often insufficient. The implementation of the SP14-19 also showed that there is a continued need for high-level political dialogue and multisectoral collaboration in order to address priorities involving other sectors beyond health. Finally, gaps in information systems and in availability of data impede the ability of Member States and PASB to make evidence-based decisions. In particular, the lack of disaggregated data in many countries often makes it difficult to develop targeted interventions to address inequities in health.

32. Great strides have been made within the Bureau toward working more inter-programmatically to address cross-cutting issues, with a focus on country impact. These efforts have further reduced the tendency to work in siloes and have promoted an integrated approach to technical cooperation. Subregional approaches with political commitment have proven to be effective in promoting access to medicines, strengthening regulatory capacity, and sharing resources among Member States with limited capacity. Meanwhile, active collaboration between Member States and PASB has improved strategic planning at all levels, but there is an ongoing need to consolidate joint planning and monitoring and assessment gains and to work with more concerted action to implement the SHAA2030.

[6] PAHO. Health in the Americas+, 2017 Edition. Washington, DC 2017.

33. With regard to PASB's leadership, governance, and enabling functions, the Bureau has worked to ensure the efficient functioning of the Organization in support of its mandates. Administrative and enabling functions have managed to streamline processes and reduce costs. Flexible funding has been allocated to fund priority programs that are most in need, in line with the Programmatic Priorities Stratification Framework (Document CD55/2), although resource mobilization for key priorities continues to lag. Government-sponsored initiatives have become an increasingly significant modality of technical cooperation at national level in many countries, as discussed further below.

Future Prospects for Health

34. This section is under development and will be presented for the Executive Committee version.

The Sustainable Development Goals

35. The Region realized significant gains when working toward the Millennium Development Goals (MDGs); the Region achieved most of the health-related MDG targets with the exception of maternal mortality, reproductive health, and universal access to treatment for HIV/AIDS. However, disparities between and within countries were less visible, and the Organization must address the health needs of vulnerable and unreached populations throughout the Americas. PAHO gained substantial experience while working toward the achievement of the MDGs, and we will build on the lessons learned and apply them to achieve the SDGs. The Bureau conducted an internal analysis on how the health-related SDGs are linked to and can be addressed through different PAHO resolutions and programs.[7]

36. Health in the context of the SDGs falls primarily under SDG 3 (Good health and well-being); however, other SDGs also address health-related topics. These health-related goals and targets, sometimes collectively known as SDG 3+, are presented in Table 1. Following approval of the Strategy for Universal Access to Health and Universal Health Coverage in 2014,[8] universal health has become the cornerstone for achieving many of the SDG 3-related targets that depend on the delivery of health services, both preventive and curative. Universal health depends on the elimination of financial, geographic, and discriminatory barriers that hinder the population from seeking health services. It also addresses the social determinants of health with a view to increasing health equity.

[7] PAHO, The Road to Achieve the Sustainable Development Goals for Health: Preparing the Region of the Americas for the Next 15 Years, preliminary version, Sustainable Development and Health Equity (SDE) internal document, 2015.

[8] Resolution CD53.R14, Strategy for Universal Access to Health and Universal Health Coverage.

Table 1. SDGs directly related to PAHO's work

SDG	Name	Target(s)
1	End poverty in all its forms everywhere	1.5
2	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2.1 and 2.2
3	Ensure healthy lives and promote well-being for all at all ages	All
4	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	4.2
5	Achieve gender equality and empower all women and girls	5.1, 5.2, 5.6, and 5.C
6	Ensure availability and sustainable management of water and sanitation for all	6.1, 6.2, and 6.3
7	Ensure access to affordable, reliable, sustainable and modern energy for all	7.1
8	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	8.8
10	Reduce inequality within and among countries	10.2 and 10.7
11	Make cities and human settlements inclusive, safe, resilient and sustainable	11.2, 11.5, 11.6, 11.7, and 11.B
12	Ensure sustainable consumption and production patterns	12.4
13	Take urgent action to combat climate change and its impacts	13.1, 13.2, and 13.B
16	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1 and 16.2
17	Strengthen the means of implementation and revitalize the global partnership for sustainable development	17.18

37. At the regional level, Member States developed SHAA2030 to define the health sector response to the SDGs. The SHAA2030 goals, in turn, are reflected in this Plan as the impact results that the Region seeks to achieve. Therefore, this Plan very much reflects both the SHAA2030 goals and the health-related SDGs. Given that national contributions to SDG targets and their respective indicators are being defined by each country, PASB will work closely with Member States to establish, achieve, and monitor progress toward their specific objectives. Throughout the SP20-25 period, interventions will be planned to support Member States that need additional technical cooperation to advance and reach their SDG targets, in addition to supporting those that need to sustain gains already achieved.

38. Finally, given that not all the SDG 3+ targets are under the direct responsibility of the health sector, the Organization must take a Health in All Policies approach to address the social, economic, and environmental determinants of health. Health in All Policies is defined as an "approach to public policies across sectors that systematically takes into

account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity."[9]

Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030)

39. SHAA2030 was approved by the 29th Pan American Sanitary Conference in September 2017. It represents "the health sector response to the commitments adopted by the countries in the 2030 Agenda for Sustainable Development and unfinished business from the Millennium Development Goals and the Health Agenda for the Americas 2008-2017, as well as the commitments of the WHO regional office for the Americas, other global health commitments of the Region, and future public health challenges that may arise in the Region."[10]

40. The PAHO Strategic Plan 2020-2025 (and the subsequent plan for 2026-2031) will be the principal means of implementation of SHAA2030. This is reflected by the Programmatic Framework for Results, in which the SHAA2030 goals represent the impact level, and the outcome results contribute directly to their achievement (see Annex A). The goals are presented in Figure 4. Furthermore, the outcome and impact indicators in this Plan provide the means to measure achievement of the SHAA2030 targets (see Annex B). SHAA2030 also stipulates that monitoring, assessment, and reporting on SHAA targets will be coordinated through existing processes for reporting on Strategic Plan indicators. These processes include the joint assessment of indicators with Member States at the end of each biennium, in addition to other existing platforms, such as Health in the Americas.

[9] WHO. Health in All Policies (HiAP) Framework for Country Action, 2014.
[10] PAHO. Sustainable Health Agenda for the Americas 2018-2030, 2017, para. 24.

Figure 4: Goals of the Sustainable Health Agenda for the Americas 2018-2030

1. Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.
2. Strengthen stewardship and governance of the national health authority, while promoting social participation.
3. Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health.
4. Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families.
5. Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.
6. Strengthen information systems for health to support the development of evidence-based policies and decision-making.
7. Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research, innovation, and the use of technology.
8. Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks, and emergencies and disasters that affect the health of the population.
9. Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.
10. Reduce the burden of communicable diseases and eliminate neglected diseases.
11. Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.

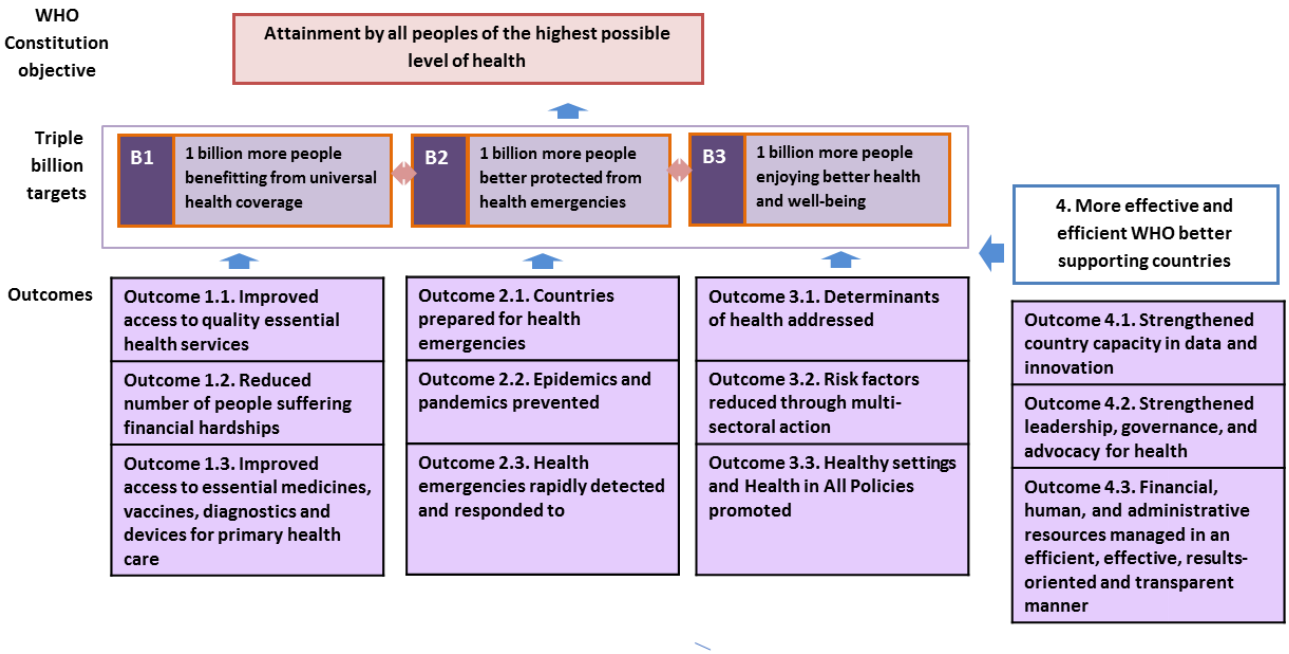
WHO 13th General Programme of Work

41. The General Programme of Work of WHO (GPW13) was approved by the 71st World Health Assembly in May 2018, with a set of three strategic priorities and associated goals for the five-year period: 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies, and 1 billion more people enjoying better health and well-being (known as the "triple billion" targets). The GPW13 is aligned with and articulates WHO's response to the SDGs, and it contains strategic and organizational shifts that will be carried out during its implementation.

42. Following approval of the GPW13, WHO continued to develop its associated results framework, including a set of 12 outcomes different from those contained in the

GPW13 itself. Figure 5 shows the GPW13-associated results framework, including the triple billion targets, plus a fourth group that refers primarily (but not exclusively) to WHO Secretariat functions. WHO also continued to develop the GPW13 Impact Framework, which contains the targets and indicators intended to provide accountability for results.

Figure 5: GPW13 Results Framework



43. The SP20-25 provides the response of the Region of the Americas to the commitments in the GPW13 and its related documents. It details how the regional results chain is aligned with and contributes to the GPW13 Impact Framework (Annex B). Alignment between the regional and global frameworks will be critical for the implementation of this plan and its contribution to global monitoring, assessment, and reporting processes. The GPW13 covers 2019 to 2023, including the WHO Programme Budgets for 2020-2021 and 2022-2023, with 2019 serving as a transition year.

Related Mandates, Strategies, and Plans

44. Annex D contains a mapping between the regional and global plans of action and the new 2020-2025 regional outcomes, reflecting the applicable mandates that already are or will be supporting the achievement of the outcome results. Regional plans and strategies that are considered by PAHO Governing Bodies between 2020 and 2025 should be developed in alignment with this Strategic Plan. PASB will also collaborate with national health authorities to promote the adoption of the SP20-25 results chain in subregional and national health plans, strategies, and policies, including measurement of and reporting on relevant indicators.

Programmatic Framework for Results

45. The core of this Plan is the new results chain and the associated indicators. This section, combined with Annexes A-E, provides the basis for PAHO's program planning, monitoring, and assessment for the next six years, in consonance with the frameworks listed in the preceding section and taking into account the changing health context. It also outlines the methodology for setting programmatic priorities for the six years of the Strategic Plan, the transparency, accountability, and risk management approaches, and the main strategies and mechanisms for implementation, monitoring, assessment, and reporting.

Theory of Change and the New Results Chain

46. For the period 2020-2025, PAHO is adopting a new results chain. For clarity and ease of comprehension, the full programmatic results chain containing the results at impact and outcome levels has been moved to Annex A, which is an integral part of this Plan. Although the elements of the results chain are new, the results chain uses accepted international concepts of programmatic results at impact, outcome, and output levels, depicted graphically in Figure 6:

a) **Impact:** the 11 SHAA2030 goals established by Member States as the regional response to the health-related SDGs.

b) **Outcome:** contribute both to the impact goals and to the global outcomes related to the WHO 13th GPW. While the regional outcomes are designed to align with, and provide for clear aggregation to, the global outcomes, the two sets of outcomes are not identical. The regional outcomes reflect a high degree of regional specificity and a desire for more programmatic granularity at the regional level for programmatic planning and prioritization, while at the same time embracing the need to promote an integrated approach to technical cooperation.

c) **Output:** specified in the respective Program Budgets for this Plan; as such, they are not included in this document.

d) **Biennial work plans:** developed to operationalize the deliverables of PASB for each two-year Program Budget period.

47. Progress toward achieving the highest attainable standard of health is affected by social, economic, and environmental determinants. More specifically, gender and ethnicity are important factors contributing to inequitable health outcomes. Health is linked to human rights for all populations. These cross-cutting themes will frame and weave throughout SP 20-25.

48. The relationship between the regional and global elements of the planning framework are set out explicitly in Figure 7. The regional elements have been designed to allow for accountability and reporting to the global level (as part of PAHO's function as

the WHO Regional Office for the Americas) and to reflect regional needs and specificities in health.

Figure 6. Theory of Change for the Strategic Plan 2020-2025

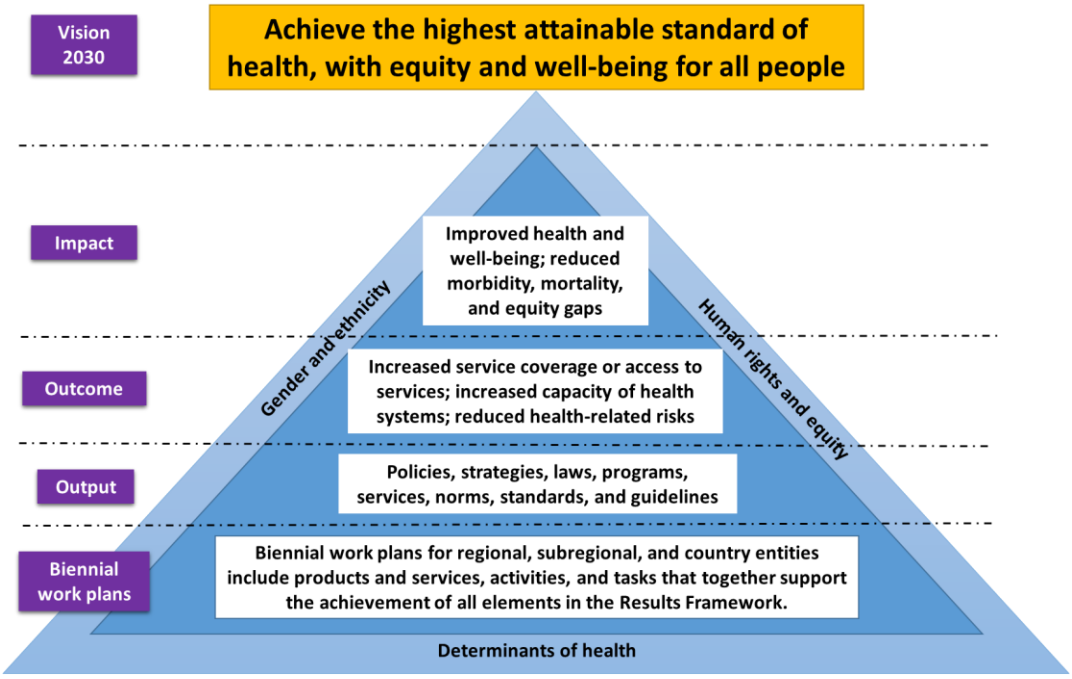
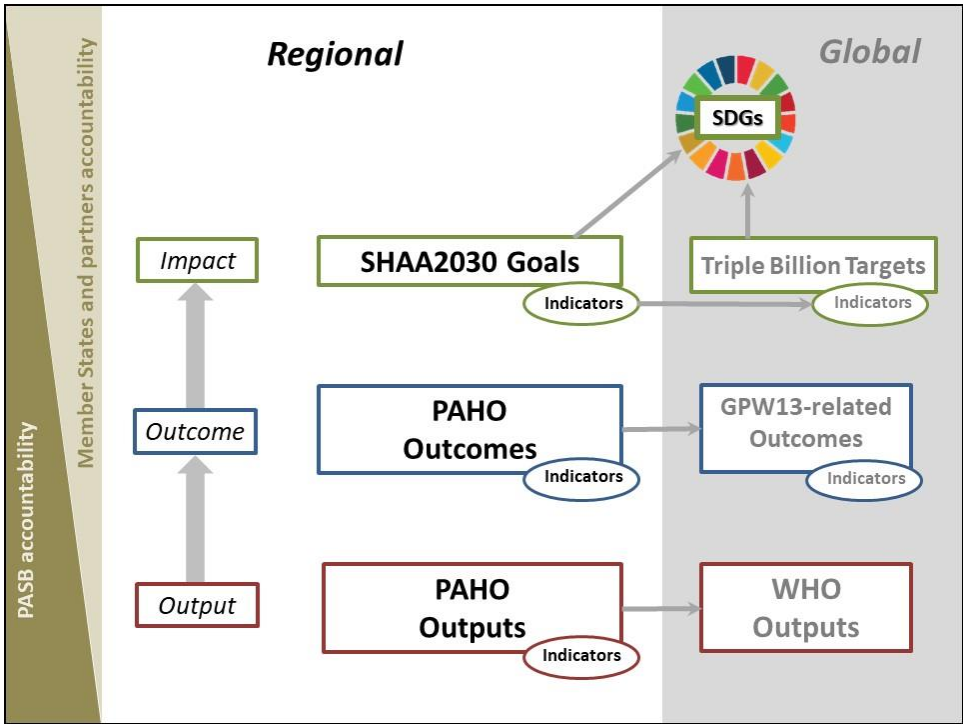
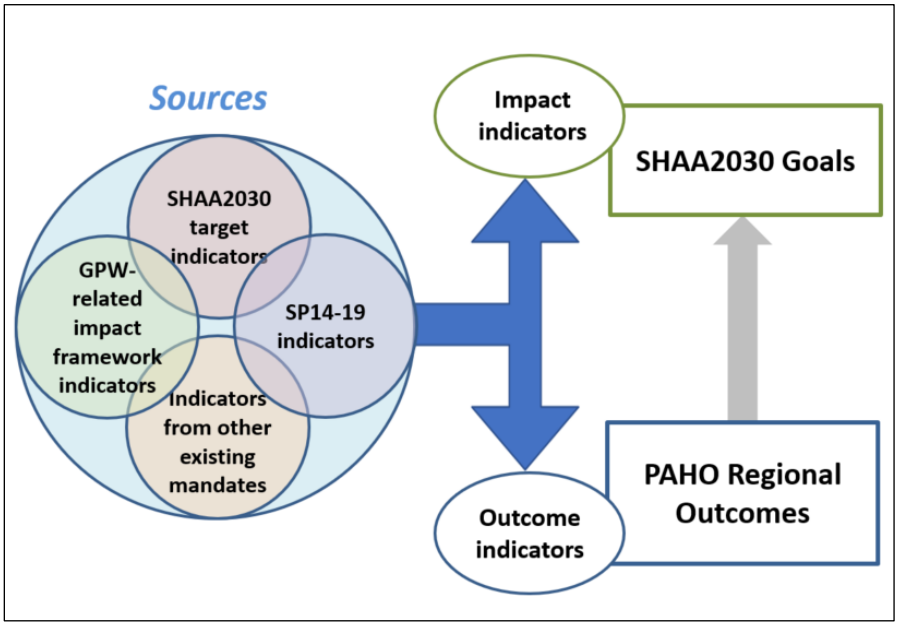


Figure 7. PAHO and WHO Results Chain



49. Impact and outcome indicators will be the main basis for measuring success in the implementation of the PAHO Strategic Plan 2020-2025. Figure 8 depicts the pool of indicators from various sources that will be used to measure either impact or outcome results. For each level of results, indicators have been developed through a comprehensive examination of existing measures and requirements to assess progress toward the targets of the SHAA2030, GPW13, and other relevant regional and global mandates. Consideration was also given to existing indicators from SP14-19 that have served as useful measures of progress. In addition, best practices were taken into account in the development of indicators (i.e., they should be specific, measurable, attainable, realistic, and time-bound).

Figure 8. Development of Impact and Outcome Indicators for the SP20-25



Prioritization

50. The PAHO-adapted Hanlon method[11] is recognized by Member States as a systematic, objective, and robust approach to identify the public health priorities in the Region. Therefore, the Strategic Plan Advisory Group made the following recommendations:

[11] The Programmatic Priorities Stratification Framework, approved by Member States in SP14-19, has served as a key instrument to guide the allocation of all resources available to PASB and to target resource mobilization efforts for implementation of the Plan. The PAHO-adapted Hanlon method (Resolution CD55.R2) was endorsed by the Member States as the instrument to implement the Framework and identify the programmatic priorities of the Plan.

a) The PAHO-adapted Hanlon method will continue to be used to identify the programmatic priorities for the Strategic Plan 2020-2025, with some variations in the criteria definitions, given the inter-programmatic scope of the outcomes.

b) The outcomes will be the element to be prioritized during the national consultations.

c) National consultations will be conducted once at the beginning of the Strategic Plan, with no further iterations for each Program Budget as was done in the past.

51. Region-wide national consultations are being conducted with all countries and territories to apply the PAHO-adapted Hanlon method for the SP20-25 outcomes. Each consultation comprises individual assessments by senior public health officials with a broad understanding of the national public health context. The individual country results are consolidated at the regional level and inform the programmatic priorities for the Strategic Plan 2020-2025. In accordance with the PAHO Programmatic Priorities Stratification Framework, the consolidated regional prioritization results will be key to implement the SP20-25 and its Program Budgets, guide the allocation of resources, and target resource mobilization efforts. Individual country results will inform planning and implementation of the Organization's technical cooperation.

52. Annex C presents the consolidated regional results of the programmatic priorities stratification exercises. It groups the 25 technical outcomes to which the methodology applies into three priority tiers (high, medium, and low).[12] It is important to emphasize that all outcomes will constitute priorities for the Organization. Nonetheless, the outcomes that fall in the top two tiers will be recognized as the greatest challenges across the Region, on which PAHO's technical cooperation is most needed.

Transparency, Accountability, and Risk Management

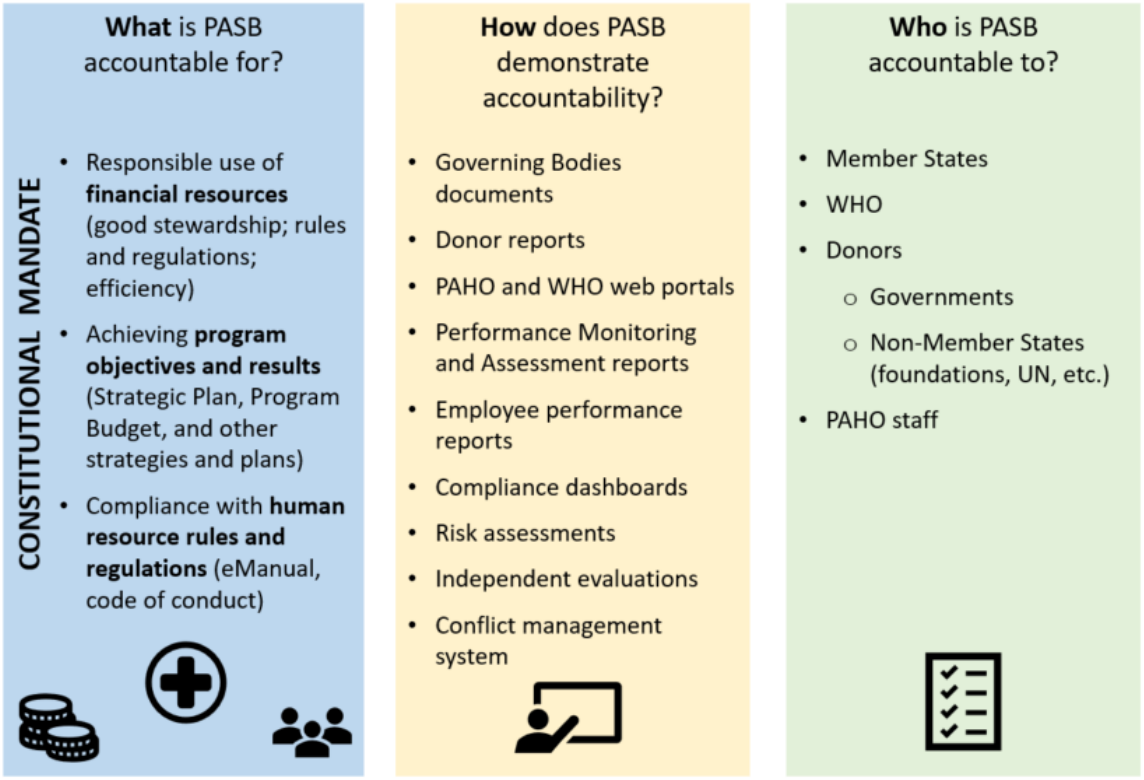
53. PAHO strives for constant and systematic improvement in its mechanisms for corporate accountability and transparency. There are many processes and mechanisms that form part of this framework, and this Plan attempts to set them out in one place for the first time.

54. For the 2020-2025 period, PAHO will rely on a number of mechanisms to provide a transparent view of its operations to Member States and the public (via publicly available Governing Bodies documents, as well as technical websites, PAHO/WHO Representative office websites, and the PAHO Program Budget web portal). This Plan presents the main mechanisms through which PASB provides accountability and transparency to its stakeholders. Figure 9 depicts an overview of the Accountability Framework, including

[12] Two outcomes are excluded from the prioritization consultations due to their scope. These outcomes are focused on strengthening the enabling functions of the Organization to facilitate the delivery of technical cooperation. They include functions and services that contribute to strengthening PAHO's leadership and governance, as well as transparency, accountability, and risk management. They also seek to enhance strategic planning, resource coordination, resource mobilization and reporting, management and administration, and strategic communications. These outcomes depend on flexible funding, and it is important to ensure that the necessary funds are available to cover these corporate functions.

what PAHO is accountable for, how it demonstrates accountability and transparency, and to whom the Organization is accountable.

Figure 9. Overview of PAHO's Accountability Framework



55. The full Framework, with a description of each of its elements, will be included in Annex E. With respect to this Strategic Plan, programmatic accountability is demonstrated primarily through the instruments detailed below under "Implementation, Monitoring, Assessment, and Reporting."

Risk Management

56. The previous Strategic Plan identified and underlined several risks with the potential to affect the accomplishment of the PASB strategic objectives for each of the six categories considered in SP14-19. Inclusion of such risks in the Plan added significant value to the monitoring of its implementation throughout the three biennial work plan cycles. The SP20-25 provides an opportunity to identify and portray the key risks, pre-assess their potential adverse impact, and leverage opportunities to mitigate them. The key risks identified for 2020-2025 are summarized in Table 2.

Table 2: Key Risks and PASB Mitigation Approaches

Key Risk	PASB Risk Mitigation Approach
Risks affecting Strategic Plan Outcomes	
Insufficient resources or decline in investment in health that may hinder achievement of the Strategic Plan targets and health-related SDGs.	Engage in high-level political dialogue to ensure commitment of Member States and partners to invest in and finance priority health programs. Use existing mechanisms to leverage affordable prices for vaccines, medicines, equipment, and other health supplies.
Increasing scale of recurring and new humanitarian crises may affect health outcomes.	Engage relevant actors, including intermediary organizations and United Nations Country Teams (UNCT), to provide immediate services. Promote regional cooperation among Member States, UN entities, and non-governmental organizations. Develop health systems capacity to reintegrate returnees.
Policy focus on results may be uneven across health programs.	Advocate and support the national health authority, facilitating evidence-based interventions, providing appropriate tools, and strengthening the national capacity to plan, implement, and monitor progress across various health programs and interventions.
Competing national priorities may reduce attention to health priorities.	Advocate for a multisectoral, whole-of-government, whole-of-society approach, foster opportunities and platforms to increase intersectoral dialogue, promote the inclusion of non-State actors, strengthen the competencies of national counterparts in negotiation, planning, and strategic dialogue, and nurture national regulatory capacities.
Member states may be insufficiently prepared to manage health crises.	Strengthen the capacity of countries to perform the essential public health functions. Monitor, anticipate and prepare to mitigate the health consequences of emergencies and disasters; improving national preparedness, response, and resilience.
Health information systems may not disaggregate health data and/or lack data on the social determinants of health.	Advocate for investment and upgrading of integrated information systems for health with capacity to generate and analyze disaggregated health data.
Governance collapse or crisis may imperil health outcomes.	Monitor the impact of governance weaknesses on vulnerable populations.
Risks affecting PASB capacity	
Cyberattacks on PAHO	Raise staff awareness and compliance with information security procedures.
Staff skills not always aligned with evolving technical cooperation needs	Integrate learning and development in human resources planning.
Potential fraud, conflict of interest, or misconduct	Implement fraud prevention systems and staff training.
Non-compliance with internal control policies	Implement and operate technology-assisted compliance program.

Implementation, Monitoring, Assessment, and Reporting

57. Monitoring, assessment, and reporting are an integral part of PAHO's Results-based Management framework and reflect the Organization's commitment to continuously improving accountability and transparency. This section outlines the joint process for monitoring, assessing, and reporting on the implementation of the PAHO Strategic Plan 2020-2025 and each corresponding Program Budget. This process builds on lessons learned from the implementation of the PAHO Strategic Plan 2014-2019, the first to be jointly monitored and assessed with the Member States.

58. The current Strategic Plan includes a set of impact and outcome indicators identified through a consultative process undertaken with the SPAG and with PASB technical teams. These indicators reflect the commitment of the Organization to the attainment of the targets in the SHAA2030, the health-related SDGs, the GPW13 Impact Framework, and other regional and global mandates. PAHO's performance will be monitored and assessed by measuring progress toward the attainment of the impact and outcome targets. The commitment of all countries and territories to report on the indicators will be required to effectively monitor the implementation of the Strategic Plan and its Program Budgets. PASB will work closely with the countries and territories throughout the monitoring, assessment, and reporting process.

59. Impact and outcome results will be jointly assessed based on data from Member States and reported to PASB, or from any other official source. The impact indicators will be monitored primarily through the PAHO Regional Core Health Data and Country Profiles Initiative (RCHDI) and other reference databases. Outcome indicators will be assessed mainly via the PAHO Strategic Plan Monitoring System, developed in response to the mandate of Member States for joint monitoring and assessment of the outcome and output indicators (Resolution CD52.R8 [2013]). For both levels, a compendium of indicators with standard definitions and measurement criteria will be developed to standardize monitoring, assessment, and reporting.

60. The Plan will be monitored and assessed on a biennial basis, and a report will be presented to the Governing Bodies during the cycle after the end of each biennium. The end-of-biennium Program Budget assessment will provide a comprehensive appraisal of PAHO's performance, including an assessment of progress made toward achieving the outcome and impact targets and achievement of the Program Budget outputs. The end-of-biennium assessments will form the basis for informing the Member States on progress made in the implementation of the Strategic Plan and will guide any necessary interim adjustments. A final assessment will be conducted at the end of the Strategic Plan period.

The Evolution of PAHO's Role in Health Development

61. In response to the changing regional and global health environments, PAHO is adapting and evolving its capacities to ensure that it remains "fit for purpose," able to provide the most efficient and effective support possible to its Member States as they seek to collectively and individually improve health and well-being in the Region. This section presents a new way to look at health needs and highlights some key modalities for the technical cooperation that the Bureau provides.

A New Health Needs Index

62. In 2012 PAHO used a health needs index to inform the manner in which key countries are determined and to inform regular budget allocation under the PAHO Budget Policy. This Plan seeks to build on that successful experience with an updated health needs index that is relevant for 2020-2025. The new health needs index is under discussion by the Strategic Plan Advisory Group and will be presented in the Executive Committee version of this document.

Key Countries

63. The designation of key countries will be based on the updated health needs index, currently under discussion by the Strategic Plan Advisory Group. This section will be presented in the Executive Committee version of this document.

Technical Cooperation Agreements at the National Level

64. As of 2018, 15 countries in the Region had technical cooperation agreements with the Bureau at the national level, with funding referred to as National Voluntary Contributions (NVC). These agreements involve specific deliverables for which national authorities have determined the Bureau can provide significant added value, and that are aligned with PAHO's technical cooperation priorities as defined in its Strategic Plan and Program Budgets. All PASB activities conducted with funding from national agreements form an integral part of the technical work of the Organization in response to the health needs of the respective countries. At the same time, the Bureau ensures "full cost recovery" for such activities in order to avoid subsidizing national agreements with funds from the Program Budget.

Cooperation among Countries for Health Development (South-South Cooperation)

65. Over the last decade, strong political backing from PAHO Member States has pushed South-South cooperation and triangular cooperation to the center stage of development. This is not only reflected in the Busan Partnership for Effective Development Cooperation but is also noted as an important mechanism for the new 2030 Agenda for Sustainable Development and the Sustainable Development Goals. Also, following the Second High-level United Nations Conference on South-South Cooperation (to be held in

March 2019), and the approval of the UN System-Wide South-South Cooperation Strategy (to be presented in June 2019), Member States have pledged greater commitment to South-South and triangular cooperation modalities and principles.

66. PAHO will continue to promote cooperation among countries by linking a country's challenges in terms of new and reemerging public health problems to existing capacities and proven solutions in other Member States. This will maximize the added value of technical cooperation not only by leveraging expertise within the Organization, but more importantly, by identifying and mobilizing financial resources and technical expertise within countries themselves.

Subregional Technical Cooperation

67. PAHO's subregional work complements country and regional technical cooperation, focusing on the provision of technical cooperation in health to the subregional integration mechanisms in the Caribbean, Central America, and South America. Subregional programs play an important role in ensuring health policy convergence among and within subregional geographic areas. PAHO facilitates discussions among and within subregional integration mechanisms on relevant health issues that are amenable to subregional action, facilitates cooperation between countries and integration mechanisms, and promotes South-South technical cooperation among subregions.

68. PAHO has formal relationships with a number of major subregional integration mechanisms, including CARICOM (the Caribbean Community); SICA (Central American Integration System) and the Mesoamerican Integration and Development Project; and in South America, ORAS-CONHU (Andean Health Agency-Hipólito Unanue Agreement), ACTO (Amazon Cooperation Treaty Organization), MERCOSUR (Common Market of the South), and UNASUR (Union of South American Nations). There is also an emerging interest on the part of the Pacific Alliance, currently consisting of Mexico, Colombia, Peru, and Chile.

69. Regional integration mechanisms have an important comparative advantage, namely their convening power. The added value of the subregional program is to support the integration mechanism with evidence on important and emerging health issues that can be introduced into ministerial, heads of State, or binational Cabinet meetings for decision. Subregional technical cooperation has enabled high-level decisions in key areas including NCDs, HIV, and climate change.

Regional Public Health Goods

70. To streamline end-to-end processes for the delivery of technical cooperation, PAHO will produce Regional Public Health Goods, or Regional Goods. The development of Regional Goods will allow for regional, subregional, and country-level specificity. It will also draw from, complement, and contribute to the Global Goods under development by WHO. This section will be more fully developed for the Executive Committee version of this document.

Strategic Budgeting and Financing

71. This section provides an overview of high-level trends in PAHO's financial situation and shows the way forward for the next six years in terms of budget policy, targeted resource mobilization, and resource management.

Regional Budget Policy

72. This section will present the new regional budget policy, which is closely related to the new health needs index. Along with the new health needs index, the new budget policy is under consideration by the Strategic Plan Advisory Group and will be presented in the Executive Committee version of this document.

PAHO's Funding Modalities

Assessed Contributions

73. The Assessed Contributions (AC) of PAHO Member States have remained flat for the past three biennia. Prior to that, there were biennial increases of between 3% and 4% for the biennia 2008-2009 through 2012-2013.

74. The level of PAHO AC as a proportion of the total budget has stayed at around one-third for the past decade, with some variation as the budget has decreased and increased. Although a number of PAHO Member States have a policy of "no nominal growth" in Assessed Contributions, zero AC growth represents an effective decrease, since the costs covered by AC (mainly staff and administrative costs) continue to increase steadily. For the biennia covered under this SP20-25, a holistic view of how to fund the Organization's work is needed.

Voluntary Contributions (and Other Sources)

75. While the past decade has witnessed a series of economic crises, starting with the global financial crisis of 2008-2009, these challenges have diminished in recent years as the world economy has strengthened. Despite these improvements, analyses suggest that further setbacks or negligible growth in per capita gross domestic product (GDP) are anticipated in Latin America and the Caribbean.[13] It is against this backdrop, and in light of ongoing challenges to development assistance funding for the Americas, that the Organization endeavors to mobilize voluntary contributions to support health in the Americas. The year 2016 was an important inflection point for the Organization, when a five-year decline in funding through voluntary contributions was reversed. The durability of this change is still to be determined; however, it is a positive development given the challenging earlier trend. Regional mobilization of resources has been most affected by the decision of many traditional partners to focus their voluntary resources in countries outside

[13] United Nations. World Economic Situation and Prospects 2018.

the Americas, given the level of socioeconomic development attained by many of our Member States.

76. The Organization has made significant progress in mobilizing resources from new partners, with approximately 20% of partners in 2016-2017 being new or reengaged supporters. Furthermore, the Organization is making substantial efforts to look beyond traditional partnerships, resulting in emerging collaborations with new government partners, interest from important foundations, and opportunities with the private sector.

National Voluntary Contributions

77. Recognizing that PAHO Member States include 11 high-income countries and 23 middle-income countries (as well as one low-income country),[14] since 2005 the Organization has undertaken substantial development of national technical cooperation agreements funded through National Voluntary Contributions. This has created an important mechanism through which the Organization implements its technical cooperation. Currently, 15 countries are working with the Organization to implement national cooperation agreements. These Member States are finding new ways to invest in health and responding to calls for middle-income countries to increase health sector contributions. In response to Member States' needs, and to reinforce its traditional technical cooperation, PAHO will continue to expand this mechanism in full harmony with its programmatic objectives and the mandates established by the Governing Bodies.

WHO Funding for AMRO

78. Flexible funding from WHO is an important source of funding for the Region, totaling around US$ 100 million[15] during recent biennia. However, these resources have not increased commensurate with WHO's global increased funding, nor with the increased budget allocations for the Region (see Figure 10).

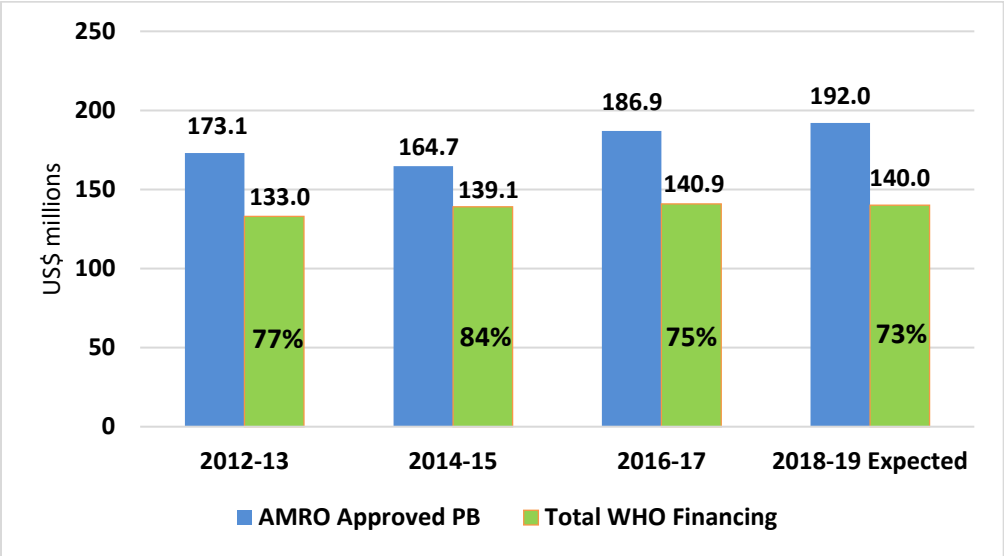
79. WHO voluntary contributions continue to be a funding source for the Region, with $37.3 million received during the 2016-2017 biennium. However, compared to other WHO regions, funding levels for the WHO Regional Office for the Americas (AMRO) have proportionately decreased, even as AMRO's portion of the WHO budget has increased. Recognizing WHO's renewed efforts to mobilize voluntary contributions to support the 13th General Programme of Work, AMRO will advocate an increase in the level of resources made available for this Region.

80. Figure 10 illustrates the level of actual funding received from WHO against the budget ceiling allocated to the Region during recent biennia.

[14] World Bank. World Bank Country and Lending Groups. Available at: https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups, accessed on 12 February 2019.

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

Figure 10. WHO Funding versus Budget for the Region of the Americas (AMRO)



Collective Purchasing Funds

81. PAHO's collective purchasing activities are an integral part of its technical cooperation. The procurement mechanisms include: the Revolving Fund for vaccine procurement (Revolving Fund); the Regional Revolving fund for Strategic Public Health Supplies (Strategic Fund) for medicines and public health supplies; and the Reimbursable Procurement (RP) mechanism on behalf of Member States. The Revolving Fund was established in 1977 pursuant to Directing Council Resolution CD25.R27 to facilitate the timely availability of quality vaccines at the lowest prices. The Strategic Fund was established in 1999 for the procurement of essential medicines and strategic public health supplies to combat HIV/AIDS, tuberculosis, malaria, neglected diseases, hepatitis C, and noncommunicable diseases. Created by PAHO at the request of Member States, the Strategic Fund has worked with countries to improve access to medicines and other health technologies by strengthening demand planning and the organization of national supply management systems while facilitating access to affordable strategic public health supplies through a pooled procurement mechanism. The RP mechanism supports the procurement of health program items that are unobtainable or difficult to procure in Member States.

82. For the 2016-2017 biennium, the total cost of goods procured through the three procurement mechanisms was approximately $1.363 billion. The Funds' operations include an assessed charge of 4.25% on the procurement of all public health supplies: 3% is deposited into a capitalization account that serves as a line of credit for Member States to purchase vaccines, syringes, and related supplies, and the remaining 1.25% is assigned to the Special Fund for Program Support to finance related staff and operating costs, as outlined in Resolution CD52.R12 of the Directing Council in 2013.

83. During the period 2017-2018, an assessment of the Revolving Fund was conducted to ensure the continued improvement of services to Member States. This independent review assessed the current operating model of the Revolving Fund, mapped drivers of change in the operation, outlined governance considerations, and provided short-term and long-term recommendations to preserve the relevance and growth of the Fund. Specifically, in the coming years the Revolving Fund will:

a) Transform to a digital platform, with operational performance metrics and dashboards, improving visibility for Member States;

b) Reinvigorate the Revolving Fund's growth path (fuller alignment with country needs);

c) Optimize use of credit line to support Member States;

d) Leverage the Revolving Fund's position as a market-maker to position new services to Member States;

e) Develop supply capacity within the Region through a network of developing country suppliers.

Organizational Strategies: Taking the PASB to 2025

84. The successful implementation of this Plan in an evolving global and regional context will require PASB to make important changes in the way it operates and collaborates with its Member States and stakeholders, while at the same time leveraging its already existing capabilities. Through implementation of the strategies below, PASB will endeavor to contribute to the implementation of the "strategic and organizational shifts" envisaged in GPW13, and will provide improved cooperation to its Member States.

85. ***Embracing Multisectoral Work Modalities:*** One of the principal purposes of the SDGs is to foster a multisectoral approach to development across social and economic sectors. This is not an entirely new approach for the Bureau, which has implemented Health in All Policies and similar initiatives in the past. Nonetheless, the SDG era presents a fertile landscape for collaboration, making it easier to address health determinants and risk factors across sectors. At the same time, it is an opportunity to learn what related sectors need from the health sector and how cross-sectoral collaboration can be of joint benefit.

86. The Organization strives to build partnerships and strengthen cross-sectoral collaboration among various stakeholders to nurture trust and foster commitment toward the attainment of mutually beneficial goals. Strategic partnerships are based on increased and ongoing engagement of the private sector, civil society, and communities, which complements more traditional government decision-making processes for health-related actions. Given the often-limited health budgets in many countries, strong collaboration with other sectors and partners presents an important opportunity to mobilize resources and implement collective efforts to address multifaceted health issues.

87. ***Managing Human Resources Effectively in the Virtual Age***: It is a truism in a knowledge-based organization like PAHO that "our people are our greatest asset." But in an age of global outsourcing, high worker mobility, and virtual workplaces, new approaches to human resources (HR) management are required. PAHO faces a variety of challenges related to HR. It is getting increasingly difficult to attract high-quality candidates to PAHO vacancies. Staff who have served in PAHO for many years can lose their cutting-edge knowledge and struggle to adapt to changing environments.

88. The combination of these factors, along with the need to constantly renew and improve PAHO's human resources, means the Organization must rapidly modernize its HR practices and seek ways to reduce costs without compromising the quality of its services to Member States. And it must do so while seeking to expand the donor base to ensure sustainable funding in the future.

89. ***Ensuring Efficient Administration and Use of Resources:*** Implementation of the Workday enterprise resource planning (ERP) system in PAHO in 2016 signaled a new era of information technology in the Organization. Since then, PASB has sought to benefit from the system's capabilities and to adopt innovative ways of working. Nonetheless, there

remains a great deal of opportunity for leveraging technology to improve business processes and realize efficiencies. Some key areas for action in the next six years are:

a) Use of information technology (IT) platforms for technical program management.

b) Optimization of business processes to benefit from Workday.

c) Review of enabling functions to realize cost-savings through solutions such as outsourcing and offshoring.

d) Expand and improve opportunities for virtual collaboration, with corresponding reduced need for travel.

90. ***Responding to United Nations Reform:*** PAHO was established in 1902 as the specialized health agency of the Organization of American States (OAS) within the inter-American system. In 1949, through an agreement with WHO, PAHO agreed to serve as WHO's Regional Office for the Americas, known as AMRO. In its capacity as AMRO, PAHO will continue to participate in the United Nations Development System (UNDS) and in the framework of the United Nations Resident Coordinator (RC) system to contribute to the health components of Member States' national goals and objectives. While collaborating with the UNDS and the RC, PAHO will continue to preserve and uphold the Organization's constitutional status and specific mandate, as dictated by its Governing Bodies.

91. PAHO's position within UNCTs at the national level can present challenges, particularly with regard to the new mandate of the United Nations Resident Coordinators in the context of United Nations reform. It is important that PAHO Member States be conscious of the nature of the Organization and its status vis-à-vis the UN system, and that this status be clear in multilateral forums at the national, regional, and global levels.

Annexes

Annex A

Health Impact and Outcome Results for 2025

1. Impact and outcome results for 2025 and accompanying indicators are presented below. The impact and outcome indicators are a preliminary proposal, currently being reviewed and refined by both the Strategic Plan Advisory Group and the Pan American Sanitary Bureau (PASB). The Executive Committee version of the Strategic Plan will contain a refined set of indicators, including preliminary baselines and targets.

Impact Results

2. The Organization has endorsed the 11 goals in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) as the impact results for the Strategic Plan 2020-2025. Altogether, the impact indicators in Table 1 and corresponding targets set forth below represent what the Organization will measure at the impact level to report on its contribution to the collective achievement of the SHAA2030 goals. At the same time, many of the impact indicators in the Strategic Plan will contribute to fulfilling the obligations of the Region to report on the indicators in the World Health Organization (WHO) 13th General Programme of Work (GPW13) and health-related indicators in the Sustainable Development Goals (SDGs).

Table 1. Impact Indicators

Impact Indicator	Baseline (2019)	Target (2025)
1. Healthy life expectancy (HALE)	TBD	TBD
2. Neonatal mortality rate	TBD	TBD
3. Under-5 mortality rate	TBD	TBD
4. Proportion of children under 5 who are developmentally on track in health, learning, and psychosocial well-being	TBD	TBD
5. Maternal Mortality Ratio (MMR) (deaths per 100,000 live births)	TBD	TBD
6. Rate of Mortality Amenable to Health Care (MAHR) (deaths per 100,000 population)	TBD	TBD
7. Proportion of adults 65+ who are care-dependent	TBD	TBD
8. Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	TBD	TBD
9. Mortality rate due to homicide among youths 15-24 years of age	TBD	TBD

Impact Indicator	Baseline (2019)	Target (2025)
10. Proportion of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months	TBD	TBD
11. Number of deaths due to road traffic injuries	TBD	TBD
12. Number of countries that reduce deaths due to suicide per 100,000 population by at least 10% by 2025 as compared to 2018	TBD	TBD
13. Incidence rate of HIV infections	TBD	TBD
14. Mortality rate due to HIV/AIDS	TBD	TBD
15. Rate of Mother-to-Child Transmission of HIV	TBD	TBD
16. Incidence rate of congenital syphilis (including stillbirths)	TBD	TBD
17. Mortality rate due to hepatitis B virus (HBV) and hepatitis C virus (HCV)	TBD	TBD
18. Incidence rate of tuberculosis	TBD	TBD
19. Number of deaths caused by tuberculosis	TBD	TBD
20. Incidence rate of malaria	TBD	TBD
21. Number of endemic countries in 2015 that maintain or achieve elimination of malaria	TBD	TBD
22. Case-fatality rate due to dengue	TBD	TBD
23. Estimated annual number of cases of *T. cruzi* infection due to congenital transmission	TBD	TBD
24. Number of countries that have eliminated at least one neglected infectious disease	TBD	TBD
25. Estimated proportion of bloodstream infections per 1,000 patients/year that are caused by carbapenem resistant organisms	TBD	TBD
26. Mortality rate attributed to household and ambient air pollution	TBD	TBD
27. Mortality rate attributed to climate-sensitive diseases	TBD	TBD
28. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene	TBD	TBD
29. Mortality rate attributed to unintentional poisoning	TBD	TBD
30. Mortality rate due to disasters per 100,000 population	TBD	TBD
31. Number of countries and territories that have reduced health inequities	TBD	TBD

3. Unless otherwise indicated, all impact indicators will contain regional baseline and target figures, and progress toward the targets will be reported biannually to Pan American Health Organization (PAHO) Governing Bodies. However, the regional estimates will depend on data reported by individual countries and territories, collected primarily via the PAHO Regional Core Health Data and Country Profiles Initiative (RCHDI) and other reference databases. Where possible, impact indicators will be monitored and reported in terms of the relative gap and absolute gradient. To further inform decision making and address equity in health and well-being, it is recommended that countries report by demographic stratifiers (including age, subnational region, ethnic group, household wealth quintile, and education, among others). This will also help to identify health issues that may require additional attention or different approaches to meet the population's needs.

Outcome Results

4. In keeping with the results-based approach, outcomes will contribute to the achievement of impact targets and the SHAA2030 goals. Outcomes, including those related to the PASB enabling functions, may contribute toward the achievement of several impact results, as there is not a one-to-one relationship between individual outcome and impact results. The extent of the technical cooperation required for each outcome is described in the corresponding scope, and outcome indicators are provided for measuring progress.

Outcome 1. Increased response capacity[1] of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services[2] that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
1.1 Number of countries and territories that show a reduction of at least 10% in hospitalizations for ambulatory care sensitive conditions	TBD	TBD
1.2 Number of countries and territories with 100% of first-level of care facilities with a population assigned at territorial level	TBD	TBD

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

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

5. **Scope:** Work toward this outcome aims to strengthen and transform the organization and management of health services at both the individual and public health levels, with a primary health care (PHC) approach to universal health. Emphasis will be given to ensuring quality and capacity to respond to the diverse needs of all groups and populations, with due attention to groups in conditions of vulnerability.[3] People-, family-, and community-centered health services require an innovative model of care[4] and the development of integrated health services networks to meet the needs and demands of the entire population. Special attention will be given to improving capacity for effective governance of the networks and innovative approaches to improve management, ensuring coordination, communication, and continuity of care.

6. This outcome must take into consideration the actions needed to overcome access barriers to services, particularly those posed by policies and legislation that need to be adapted to international human rights standards. Attention will be paid to the response capacity of all levels of care, including hospitals, ambulatory specialized services, and emergency services, as well as supporting diagnostic services. Investments to improve response capacity at the first level of care will be a strategic priority, including the use of communication and information technology and a systemic primary health care approach. Additionally, actions will be strengthened to facilitate the empowerment of people and communities so that they are more knowledgeable about their health situation and their rights and responsibilities, which can help them make informed decisions. This includes actions to strengthen the capacity of national authorities to develop mechanisms for social participation, transparency, and accountability, at the territorial level, to fulfill the obligation of the state to protect the health of the population.

7. The participation and engagement of communities and people will be promoted through training, self-care, and access to information for community members, to enable them to take an active role in actions to address social determinants of health and in health promotion and protection to maintain their health. Emphasis will be placed on strengthening the capacity of health services networks to implement essential public health functions, particularly at the first level of care.

[3] Groups in conditions of vulnerability include the poor, women, children and adolescents, older persons, indigenous groups, Afro-descendants, migrants, LGBT individuals, and persons with disabilities, among others.

[4] By innovative models we refer to those systems that provide solutions or respond to a need by developing and delivering new or superior options that improve health, focused on families, communities, and people. The options can be political, or related to health systems, products, or technologies, or to delivery, organization, or financing of services.

Outcome 2. Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
2.1 Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	TBD	TBD
2.2 Fertility rate in women 10-19 years of age (disaggregated by 10-14 and 15-19 years)	TBD	TBD
2.3 Percentage of hospital births	TBD	TBD
2.4 Number of countries that have population-level data showing the proportion of young children who are developmentally on track in the following dimensions: motor, language, cognitive, and/or psychosocial well-being	TBD	TBD
2.5 Number of countries and territories with installed capacity to address men's health	TBD	TBD

8. **Scope:** Work toward this outcome aims to protect achievements, accelerate progress, and reduce inequalities by increasing and improving universal access to comprehensive, quality health services focused on people, families, and communities. This is essential for the achievement of universal health and consistent with the aspirations of the 2030 Agenda for Sustainable Development. This outcome recognizes the interdependence of individual, social, environmental, temporal, and intergenerational factors, and the differential effects of these interactions in several sensitive periods in the life course. It seeks to improve national capacity to create a sound normative environment that promotes equitable access to quality health services focused on people, families, and communities. Central to these efforts is the promotion of effective multidisciplinary teams, intersectoral work, and social participation in the coproduction of health and well-being, looking beyond survival to generate the ability of people and populations to thrive and transform. This outcome includes all age groups (newborns, children, adolescents, adult women and men), with a special focus on groups in conditions of vulnerability.[5]

Outcome 3. Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
3.1 Number of countries and territories with installed capacity to prevent care dependence	TBD	TBD

[5] See footnote 1 in Outcome 1.

9. **Scope:** Population and individual aging is an important modulator of health and social needs throughout the life course. Over the next decade, the Americas will age much faster than the rest of the world. This will require changes in the response capacity of health systems and increased interdependence between the health sector and other sectors involved in the dynamics of health and social care. Steps must be taken to overcome the physical, geographic, cultural, and financial barriers to access that older persons face when attempting to receive and make effective use of comprehensive integrated health services. It will be necessary to:

a) Expand equitable access to comprehensive, quality health services with a strengthened first level of care, coordinated and organized in integrated health networks. These networks should include social and community services that guarantee continuity of care and respond to older people's need to maintain their functional capacity and their optimal ability to live in and interact with their communities.

b) Strengthen the leadership and governance of health systems, the active social participation and empowerment of communities and individuals as drivers of their own health, and intersectoral coordination to address the social determinants of health and aging.

c) Achieve effective integration of social and health care that helps ensure the sustainability of coverage and universal access to health for older persons, including long-term care for those who need it.

d) Establish financing mechanisms that prevent direct payment from becoming an access barrier to services or leading to the impoverishment of older persons and their families.

Outcome 4. Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
4.1 Percentage of people with HIV who have been diagnosed	TBD	TBD
4.2 Antiretroviral treatment(ART) coverage among persons living with HIV	TBD	TBD
4.3 Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	TBD	TBD
4.4 Tuberculosis treatment coverage	TBD	TBD
4.5 Drug susceptibility testing (DST) coverage for tuberculosis patients	TBD	TBD
4.6 Number of countries with >70% of malaria cases diagnosed and treated within 72 hours of the start of symptoms	TBD	TBD

Outcome 4. Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
4.7 Number of countries and territories with capacity to conduct integrated surveillance of arbovirus cases	TBD	TBD
4.8 Number of countries reporting at least 95% coverage at the national level of the second dose of measles and rubella containing vaccine (MRCV)	TBD	TBD
4.9 Regional average coverage of 3 doses of diphtheria, pertussis, and tetanus-containing vaccine (DPT3)	TBD	TBD
4.10 Regional average coverage of 3 doses of pneumococcus containing vaccine	TBD	TBD

10. **Scope:** Work toward this outcome aims to increase the capacity of health services networks to prevent and reduce morbidity, disability, and mortality related to communicable diseases, by ensuring access to interventions throughout the life course and by giving particular attention to the specific needs of groups in conditions of vulnerability.[6] The response capacity of the first level of integrated health services networks will be prioritized, and interventions will also address the social and environmental determinants and inequities that surround these diseases. Emphasis will be on:

a) Increased access to comprehensive, quality health services and interventions throughout the life course, within a PHC/universal health approach.

b) Increased synergies between communicable disease-specific interventions and established service platforms for maternal and child health and immunization campaigns, among others.

c) Increased access to interventions for sexually transmitted infections, HIV/AIDS, viral hepatitis, and tuberculosis, and for zoonotic, food-borne, water-borne, neglected, and vector-borne diseases.

d) Increased vaccination coverage, especially for hard-to-reach populations and communities.

e) Strengthening of the systems, services, and methods for communicable disease surveillance.

[6] See footnote 1 in Outcome 1.

Outcome 5. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs)[7] and mental health conditions[8]		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
5.1 Number of countries and territories that achieve the 2025 global NCD target to halt the rise in diabetes assessed by age-standardized prevalence of raised blood glucose/diabetes among adults aged 18+ years, defined as fasting plasma glucose value ≥7.0 mmol/L (126 mg/dl)	TBD	TBD
5.2 Number of countries and territories that reach a target of 35% prevalence of controlled hypertension at population level (<140/90 mmHg) among persons with hypertension 18+ years of age	TBD	TBD
5.3 Number of countries and territories with cervical cancer screening programs that achieve at least 70% coverage of screening in women aged 30-49 years, or for the age group defined by the national policy	TBD	TBD
5.4 Number of countries and territories that increase access to palliative care, assessed by increase in morphine-equivalent consumption of opioid analgesics (excluding methadone)	TBD	TBD
5.5 Number of countries and territories that have implemented at least one population-based noncommunicable disease/risk factors survey in the past five years	TBD	TBD
5.6 Number of countries and territories that achieve full coverage of multidisciplinary rehabilitation for complex needs	TBD	TBD
5.7 Number of countries and territories in which at least 30% of primary health care staff received mental health training in the past year	TBD	TBD
5.8 Number of countries and territories that have increased the rate of persons admitted with mental disorders to general hospitals	TBD	TBD

11. **Scope:** Work toward this outcome aims to reduce premature mortality due to noncommunicable diseases by strengthening health systems for improved prevention and management of NCDs; promote mental health and reduce the treatment gap for mental health conditions; and reduce gaps in care for persons with disabilities. The foundation of this work is to integrate prevention and response activities related to NCDs, mental health, and disability as part of overall efforts toward universal health coverage and access, with a focus on primary care, using an approach that is gender-focused and rights-based, throughout the life course.

[7] The four main types of NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory disease.

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

12. The scope of technical work will include capacity building, development of evidence-based guidelines and normative guidance, and actions to improve quality of care for persons affected by NCDs, mental health conditions, and disability.

13. The specific approaches are set out in the relevant PAHO and WHO mandates on these public health matters, and include the following:

a) Improve the quality of health services for screening and early detection, diagnosis, treatment, and palliative care of the four main types of NCDs.

b) Improve the availability, access, and quality of habilitation and rehabilitation services, and of assistive devices, for all people.

c) Improve health equity for people living with disabilities.

d) Strengthen the health services response with emphasis on primary care for mental health conditions, including dementia, epilepsy, and alcohol- and drug-related disorders.

e) Strengthen noncommunicable disease surveillance systems.

Outcome 6. Improved response capacity for comprehensive, quality health services for violence and injuries		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
6.1 Number of countries and territories that minimize the time interval between road traffic crashes and the provision of first professional emergency care	TBD	TBD
6.2 Number of countries and territories that provide comprehensive post-rape care services in emergency health services, consistent with WHO guidelines	TBD	TBD

14. **Scope:** Work toward this outcome aims to reduce the burden of violence and injuries, including death and disabilities, through a strengthened health system response, with a focus on violence in all its forms and on road safety, using a life course approach.[9] The scope of the technical work in this area will include the development and application of guidelines and capacity building of health workers on evidence-based strategies and interventions to prevent violence; respond to the health needs of victims of violence, particularly persons in conditions of vulnerability, to mitigate consequences (such as death and disability); reduce reoccurrence of violence; and respond to the health needs of victims of road traffic crashes and other injuries. The intersectoral work required to address these public health matters is covered under Outcome 15.

[9] Violence includes gender-based violence, intimate partner violence, sexual abuse, violence against children, gun violence, and elder abuse, among others.

Outcome 7. Adequate availability and distribution of a competent health workforce		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
7.1 Number of countries and territories with at least 25 health workers (physicians, nurses, and midwives) per 10,000 population (within the global goal of 44.5 per 10,000 population in 2030)	TBD	TBD
7.2 Number of countries and territories that have an interprofessional health team at the first level of care, consistent with their model of care	TBD	TBD
7.3 Number of countries and territories with a system for the accreditation of programs for health professions that includes social accountability standards, teacher training, interprofessional education, and graduates' competencies	TBD	TBD

15. **Scope:** Attainment of this outcome requires:

a) Strengthening and consolidating governance and leadership in human resources for health (HRH), including decentralized management and a transdisciplinary vision of teamwork.

b) Developing conditions and capacities[10] in HRH to expand access to health and health coverage, with equity and quality, by developing instruments for monitoring and evaluation of health workforce performance, exploring strategies to enhance health workers' motivation and engagement, and fostering the development of a well-trained workforce.

c) Partnering with the education sector to respond to the qualitative and quantitative needs of health systems in transformation toward universal access to health and universal health coverage.

16. Key components include actions to foment high-level coordination and collaboration mechanisms with education, labor, and other sectors to strengthen HRH planning and regulation and better address health system requirements and population needs; strengthen strategic planning capacity and HRH information systems to better inform planning and decision making; develop national HRH policies aimed at enhancing recruitment, training, retention, and distribution of health personnel, in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel; increase public investment and financial efficiency in HRH; prioritize interprofessional teams at the first level of care, including community health workers and caregivers; develop strategies to maximize, upgrade, and regulate the competencies of the health team to ensure their optimal utilization; enhance dialogue, partnerships, and agreements to address the challenges of health worker mobility and migration; promote high-level agreements

[10] Capacities will be defined based on the country context.

between education and health sectors to shift the educational paradigm and align HRH training with universal health; develop evaluation and accreditation mechanisms to promote improvements in the quality of professional health education; encourage transformation in the education of health professionals toward the principles of social accountability and culturally inclusive selection/admission criteria; and develop regulatory mechanisms and training plans for priority specialties that stipulate health system requirements; and increase training in family and community health.

Outcome 8. Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
8.1 Number of countries and territories that ensure that products listed on the essential medicines list are available without out of pocket expenditure at the point of care	TBD	TBD
8.2 Number of countries and territories with regulatory systems that reach level 3 under the WHO Global Benchmarking Tool (GBT)	TBD	TBD
8.3 Number of countries and territories that increase the number of units of blood available for transfusion per thousand inhabitants (UBAT) by at least 5% per year to reach the target of 30 UBAT	TBD	TBD
8.4 Number of countries and territories that have regulations and oversight that ensure access to quality and safe radiological services	TBD	TBD
8.5 Number of countries and territories that have regulations and oversight that ensure availability of quality pharmaceutical services	TBD	TBD
8.6 Number of countries and territories that have established institutional frameworks, strategies and/or legal frameworks for the assessment, selection and rational use of medicines and other health technologies including antibiotics	TBD	TBD
8.7 Number of countries and territories with regulations and quality management systems that ensure access to quality and safe laboratory services	TBD	TBD

17. **Scope:** Increased equitable access to medicines and other health technologies is one of the requirements for universal access to health and universal health coverage. The availability, accessibility, acceptability, and affordability of these medical products and their rational use should be pursued according to the national context and within the context of comprehensive integrated health services, with recognition of the right to the enjoyment

of the highest attainable standard of health for all. The following measures should be considered:

a) Promote and update policies, norms, and strategies that ensure timely access to and rational use of safe, affordable, quality-assured, clinically effective, and cost-effective health technologies, including medicines and vaccines, and that ensure the sustainable capacity of health systems to prevent, diagnose, treat, eliminate, and palliate diseases and other medical conditions.

b) Advocate for the adoption of an explicit essential medicines list,[11] essential in-vitro diagnostics lists, and a priority health technologies list—one based on health technologies assessment and other evidence-based approaches—that are evaluated, reviewed, and monitored periodically and are coherent with health benefit plans and coverage decisions.

c) Promote adequate financing and financial protection mechanisms to foster the progressive elimination of out-of-pocket expenditures and improve access to the essential medical products included in the national lists, according to national public health priorities and the context of each health system.

d) With a view to containing costs within health systems, adopt comprehensive strategies that improve affordability and foster competition, such as multisource and generic strategies; mechanisms to prevent the replacement of effective lower-cost medical products with new, more costly ones of little or no added value; and actions that promote the delinkage of the cost of research and development from the final cost of medicines.

e) Ensure access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services.

f) Promote the development and strengthening of national and subregional regulatory systems that can ensure the quality, safety, and effectiveness of health technologies, including medicines and vaccines, throughout their entire life cycle.

g) Promote sustainable, efficient, and transparent public procurement mechanisms, as well as national, subregional, and regional pooled procurement mechanisms such as the PAHO revolving funds, which limit fragmentation, improve availability, and take advantage of economies of scale to improve equitable access to essential and strategic medical products.

h) Improve capacities to manage and oversee national medical product supply chains, including planning, forecasting, quality assurance, availability, and use, to ensure that the population has timely access to these products at the point of service.

[11] Essential medicines are those that satisfy the priority health care needs of the population and that should be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford. The WHO Model List of Essential Medicines (EML) is a model reference list containing products that are affordable and cost-effective for most health systems and that can significantly contribute to positive health outcomes (Document CD55/10, Rev. 1).

i) Taking into account public health perspectives, strengthen the capacity to implement intellectual property policies and health policies that promote research and development of medicines, vaccines, and other health technologies for communicable and noncommunicable diseases that primarily affect developing countries; promote access to affordable medicines, vaccines, and other health technologies; and promote use of the flexibilities recognized in the Doha Declaration on the TRIPS Agreement and Public Health, when appropriate.

j) Advance strategies and interventions to ensure appropriate use of antimicrobials to decrease the risk of intractable resistant infections, improving quality of care.

k) Promote the use of existing regional platforms for sharing knowledge and experiences, taking into account developmental differences among Member States.

Outcome 9. Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
9.1 Number of countries and territories that have reduced by at least 10 percentage points the population reporting access barriers to health services achieved by 2025, compared to 2020	TBD	TBD
9.2 Number of countries and territories that have reached or improved their capacity to implement the essential public health functions	TBD	TBD

18. **Scope:** Achievement of this outcome requires strengthening the capacities of health authorities to lead collective action and processes to change the norms that regulate actors and critical resources affecting universal access to health and universal health coverage, equity, and respect for human rights. The scope of this outcome also includes improving and prioritizing implementation of the essential public health functions, which are understood as the capacities of health authorities, at all institutional levels, together with civil society, to strengthen health systems and guarantee the health of the population, acting on the social determinants and other factors that affect population health. The following are key for the achievement of this outcome:

a) Leadership by the national health authority in the formulation, monitoring, and evaluation of policies, plans, and programs to strengthen health systems, with mechanisms that facilitate social participation and accountability.

b) Formulation, oversight, and implementation of legislation, policies, and regulatory frameworks, according to the national context and consistent with the commitment to universal access to health and universal health coverage, equity, and human rights.

c) Enhancement of competencies and capacities for the regulation of actors, mechanisms, and critical resources that influence health access and outcomes, including risk factors for NCDs and other conditions.

d) Establishment or adjustment of the mechanisms for coordination with other sectors (public, social security, private, nongovernmental) and geographic units (subnational, state, provincial, municipal).

e) Comprehensive management of international cooperation to ensure alignment with national subregional and regional health priorities.

f) Strengthened capacities for the implementation of essential public health functions related to monitoring and evaluation of health and well-being, equity, social determinants of health, and health system performance; promotion of social participation and mobilization; inclusion of strategic actors and transparency; improvement of access to public health services and interventions with a PHC approach; and management and promotion of interventions on the social determinants of health.

Outcome 10. Increased and improved sustainable public financing for health, with equity and efficiency		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
10.1 Number of countries and territories that have increased public expenditure on health to at least 6% of GDP	TBD	TBD
10.2 Number of countries and territories that have increased the percentage of public expenditure on health allocated to the first level of care by at least 1% with respect to GDP	TBD	TBD

19. **Scope:** Work toward this outcome aims to secure increased and improved public financing for health, with equity and efficiency, as a necessary condition to advance toward universal health, according to national context. To achieve this outcome, it is necessary to:

a) Improve and/or increase public expenditure on health, prioritizing investments in promotion, prevention, and the first level of care (infrastructure, medicines and other health technologies, and human resources for health) within integrated health services delivery networks with a people-, family-, and community-centered approach, with due attention to public health interventions/programs to respond to the health needs of the population, including health promotion, and actions to address the social determinants of health.

b) Increase investment to build national health authorities' capacity to fulfill the essential public health functions.

c) Develop coordinated initiatives to mobilize complementary national and international resources, including with the private sector and other sectors.

d) Establish solidarity-based pooling arrangements for efficient and equitable use of diverse sources of public financing.

e) Develop systems for procurement and payment to suppliers that promote efficiency and equity in the allocation of strategic resources.

f) Develop and validate instruments for monitoring and evaluating the performance of financing.

g) Develop mechanisms for equitable allocation of funds and decentralization of resources, according to public health priorities and the response capacity of health facilities in the context of integrated health services networks.

Outcome 11. Strengthened protection against health-related financial risks and hardships for all persons		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
11.1 Number of countries and territories that have decreased the percentage of population in households experiencing out-of-pocket catastrophic health spending by 20%	TBD	TBD
11.2 Number of countries and territories that decreased the percentage of people in households experiencing impoverishment due to out-of-pocket health expenditure by 10%	TBD	TBD
11.3 Number of countries and territories that have reduced the proportion of public expenditure on health dedicated to diseases that generate high-cost by 5% (pending validation)	TBD	TBD

20. **Scope:** Work toward this outcome aims to eliminate direct payment for health services, as a necessary condition to advance toward universal health. The following should be undertaken in coordination and collaboration with financial authorities, according to the national context:

a) Eliminate direct payments that constitute a barrier to access at the point of service.

b) Protect against financial risks due to health events that cause impoverishing or catastrophic expenditure.[12]

[12] Catastrophic expenditure refers to out-of-pocket health expenditure that represents a substantial proportion of a household's income or ability to pay, defined as more than 25% of total household expenditure. Impoverishing expenditure refers to out-of-pocket health expenditure that pushes a household below the poverty line, meaning that they live on less than $1.90 per capita per day. The practical distinction is that indicator 11.1 measures the proportion of households that suffer serious financial difficulties due to out-of-pocket spending on health, regardless of whether they are poor or not, while indicator 11.2 measures the proportion of households that are poor because of out-of-pocket health expenditures.

c) Advance toward solidarity-based pooling mechanisms[13] to replace direct payment as a financing mechanism, combat segmentation, and increase the efficiency of the

Outcome 12. Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
12.1 Number of countries reporting data on discrimination in health services experienced by men who have sex with men (MSM) (in the past 12 months)	TBD	TBD
12.2 Number of countries and territories where the entire endemic (by vector transmission) territory or territorial unit has a domestic infestation index (by the main triatomine vector species or by the substitute vector, as the case may be) of less than or equal to 1%	TBD	TBD
12.3 Number of countries with increased antimicrobial resistance (AMR) surveillance capacity to guide the public health interventions for decreasing the risk and preventing the spread of multidrug-resistant infections through intersectoral action	TBD	TBD
12.4 Number of countries and territories that have adequate mechanisms in place to prevent or mitigate risks to food safety, including among marginalized populations	TBD	TBD

21. **Scope:** Work toward this outcome aims to increase capacity to prevent and reduce morbidity, disability, and mortality caused by communicable diseases, while fostering access to interventions throughout the life course that address equity and human rights. Interventions are directed not only at health threats, but also at their social and environmental determinants. Emphasis will be on:

a) Strengthening health promotion and personal and family self-care, with a focus on rights and duties in the prevention of communicable diseases.

b) Coordination with actors involved in addressing risk factors and the determinants of health, including for surveillance of disease trends and impact on public health.

c) Developing stakeholder capacity to address risk factors and the determinants of health, including for surveillance.

d) Increasing access to interventions for water-borne, neglected, and vector-borne diseases, considering social and environmental determinants of health.

[13] Pooling resources means combining all sources of financing (social security, government budget, individual contributions, and other funds) in a single, pooled fund, so that all contribute according to their means and receive services according to their needs. In such a scheme, the public budget covers contributions for those individuals who do not have the means to contribute (poor and homeless people).

e) Increasing implementation of policies, strategies, and interventions to reduce risk and improve access as a means to tackle sexually transmitted infections, blood-transmitted infections, HIV/AIDS, viral hepatitis, and tuberculosis.

f) Increasing access to comprehensive, quality health services and interventions to prevent, diagnose, and treat infectious diseases throughout the life course, with a primary health care and universal health approach.

g) Increasing access to public health interventions to prevent infections caused by resistant pathogens acquired in the community or in health services.

h) Increasing vaccination coverage, especially for hard-to-reach populations and communities, and continuation of activities to control, eradicate, and eliminate vaccine-preventable diseases.

i) Increasing access to interventions for food safety along the food supply chain to prevent food-borne illnesses, including infections produced by resistant pathogens.

j) Increasing access to interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach.

k) Implementing effective mechanisms focused on the rational use of antibiotics to reduce the impact of antimicrobial resistance on public health.

Outcome 13. Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
13.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	TBD	TBD
13.2 Total (recorded and unrecorded) alcohol per capita (APC) consumption among persons 15+ years of age within a calendar year in liters of pure alcohol, adjusted for tourist consumption	TBD	TBD
13.3 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	TBD	TBD
13.4 Percentage of people protected by effective regulation on industrially produced trans fatty acids	TBD	TBD
13.5 Age-standardized prevalence of insufficiently physically active persons aged 18+ years	TBD	TBD
13.6 Prevalence of insufficiently physically active persons aged 13 to 17 years	TBD	TBD

22. **Scope:** Work toward this outcome aims to *a)* address the underlying social, economic, and environmental determinants of noncommunicable diseases and the impact of economic, commercial, and market factors, and *b)* reduce the most common risk factors for the leading NCDs, namely cardiovascular diseases, cancer, diabetes, and chronic

respiratory disease. These risk factors include harmful use of alcohol, tobacco use, unhealthy diet, insufficient physical activity, and air pollution.

23. Many social and environmental determinants and risk factors for NCDs, and the solutions to these risk factors, lie beyond the health sector. Therefore, there is a need for coordinated intersectoral action with a whole-of-government approach, led by the Ministry of Health, and a whole-of-society approach including civil society and the private sector, taking into account real or perceived conflicts of interest.

24. Activities will include surveillance of NCD risk factors and strengthening of health promotion throughout the life course. This requires steps to promote healthy environments, mass media campaigns, school and workplace programs, and policy options such as those described in the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, including regulatory measures. This will involve using economic studies to support fiscal policies, building cases for investment to address NCDs, and determining return on investment for the main risk factors. It is essential to support implementation of the WHO Framework Convention on Tobacco Control and the new Protocol to Eliminate Illicit Trade in Tobacco Products.

Outcome 14. Malnutrition in all its forms reduced		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
14.1 Prevalence of stunting in children under 5 years of age	TBD	TBD
14.2 Prevalence of wasting in children under 5 years of age	TBD	TBD
14.3 Prevalence of childhood overweight (under 5 years of age)	TBD	TBD
14.4 Prevalence of childhood obesity (5-19 years of age)	TBD	TBD
14.5 Prevalence of overweight and obesity in adults (18+ years)	TBD	TBD
14.6 Percentage of infants under 6 months of age who are exclusively breastfed	TBD	TBD

25. **Scope:** The multiple expressions of malnutrition include overweight and obesity, stunting and wasting, micronutrient deficiencies, and diet-related noncommunicable diseases such as specific cancers, cardiovascular disease, and diabetes. All of these forms of malnutrition result from exposure to products, practices, environments, and systems inconsistent with healthy eating practices. There is a need for a systematic approach to actions, according to national context, that include but are not limited to:

a) Promotion, support, and protection of motherhood and of early and exclusive breastfeeding for the first six months, and the continuation of breastfeeding up to 2 years of age or beyond, together with timely and appropriate complementary feeding.

b) Interventions to improve diets tailored specifically to women; encourage and facilitate mothers to breastfeed through maternity leave policies and legislation, workplace lactation locations, counseling, and support, and establish "baby-friendly" hospitals, workplaces, and other settings, and similar initiatives.

c) Interventions to implement and/or strengthen national mechanisms for effective implementation of measures aimed at giving effect to the International Code of Marketing of Breast-milk Substitutes as well as other WHO evidence-based recommendations, keeping in mind the special needs of children and women who cannot breastfeed.

d) Support for timely and adequate complementary feeding, in accordance with the guiding principles for complementary feeding of the breastfed child as well as the guiding principles for feeding of the non-breastfed child, 6-24 months of age; support to continue taking all necessary measures in the interest of public health to implement recommendations to end inappropriate promotion of foods for infants and young children; as well as education to facilitate the adoption of health practices that do not displace breastfeeding or give inappropriate foods to infants.

e) Implementation of policies on food production, supply, safety, and access that are coherent with a healthy diet; establishment of supportive environments, including supporting the role of the family in healthy food shopping, preparation, and consumption.

f) Implementation of policies to reduce children's and adolescents' consumption of sugar-sweetened beverages and energy-dense nutrient-poor products.

g) Enactment of regulation to protect children and adolescents from the impact of marketing of sugar-sweetened beverages and energy-dense nutrient-poor products.

h) Development and implementation of norms for front-of-package labeling that promote healthy choices by allowing for quick and easy identification of energy-dense nutrient-poor products.

Outcome 15. Improved intersectoral action to contribute to the reduction of violence and injuries		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
15.1 Number of countries and territories with an advisory committee or a lead agency on road safety	TBD	TBD
15.2 Number of countries and territories that have a multisectoral coalition or task force in place for coordinating efforts to prevent violence that includes the participation of the national health authority	TBD	TBD
15.3 Number of countries and territories with population-based, nationally representative survey data on key forms of violence against children, adolescents, and women, within the past five years	TBD	TBD

26. **Scope:** This area of work covers multiple forms of violence throughout the life course, road traffic injuries, and other injuries. Addressing violence and injuries requires comprehensive intersectoral action across relevant government, civil society, and private sectors, including health, transportation, education, justice, and safety, among others. Nonetheless, the health sector has an essential role to play, given its mandate to address all major causes of morbidity and mortality. Health systems are also adversely affected by the resulting burden of the direct costs of injuries and violence. Therefore, the scope of technical work will include:

a) Strengthening health leadership and governance, through collaboration with other sectors, to raise awareness and create an enabling legal and policy environment to address violence and injuries, with a focus on reducing risk factors for violence (including alcohol) and addressing gender-based violence.

b) Establishing or strengthening violence surveillance systems to improve the production, dissemination, and use of data on the magnitude and consequences of violence and injuries, the characteristics of the most affected groups, and evidence on what works to prevent and respond to violence and injuries.

c) Promoting and strengthening policies and programs for prevention of violence and injuries, and implementing relevant population-level prevention and health promotion activities.

d) Establishing or strengthening national agencies for road safety with the authority and responsibility to make decisions, administer resources, and coordinate actions across relevant government sectors.

e) Promoting intersectoral collaboration for the creation of mass transit systems to help diminish the individual use of motor vehicles and encourage the use of safer, cleaner modes of transportation in order to reduce exposure to the risk of road traffic injuries, reduce diseases caused by motor vehicle emissions, and increase physical activity.

f) Promoting the development of infrastructure conducive to safe transit for all users of roads and highways, particularly pedestrians, cyclists, and motorcyclists, who are the most vulnerable road users.

Outcome 16. Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions[14] and suicide, and diminished stigmatization, through intersectoral action		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
16.1 Number of countries with ongoing collaboration between government mental health services and other departments, services, and sectors	TBD	TBD

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

27. **Scope:** Mental, neurological, and substance use disorders are a leading cause of morbidity, mortality, and disability in the Americas, and are influenced by complex interaction of genetic and environmental factors. Substance use is strongly linked to premature mortality, as well as to numerous adverse social and health consequences. Likewise, suicide, for which mental disorders and substance abuse are key risk factors, is a significant and growing public health concern in the Region, representing the third leading cause of death in young adults aged 20 to 24. Half of all mental illnesses begin by the age of 14 and three-quarters by the mid-20s, creating the need for joint early action that promotes positive mental health and prevents the development of mental disorders.

28. The scope of technical work for this outcome will include development of intersectoral policies, and plans, as well as legislation, aimed at maximizing the psychological and overall well-being of individuals and populations. Additional actions will focus on strengthening the capacity of the health system and other sectors for the prevention, surveillance, early detection, treatment, and health promotion activities related to mental health and substance use disorders and their respective risk factors throughout the life course. Education, in the form of mental health literacy, coping skills, and life skills development, will help to reduce stigma, promote positive mental health, and minimize risk for mental disorders, alcohol and substance use disorders, and suicide. Priority psychosocial interventions will target youth and adolescents as well as groups in conditions of vulnerability.

29. Work toward this outcome will promote collaboration and action across diverse entities (government agencies and ministries, nonprofits, academic organizations, civil society, private sector, and so on, as appropriate) throughout the planning and implementation processes. The participation and inclusion of people who have lived experiences of mental health issues will be emphasized.

Outcome 17. Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
17.1 Number of countries that achieve 90% of viral suppression (viral load < 1000 copies/ml) in persons on antiretroviral therapy (ART)	TBD	TBD
17.2 Number of countries with >80% of malaria cases investigated and classified in areas targeted for elimination or prevention of reestablishment	TBD	TBD
17.3 Number of NID-endemic countries that have interrupted transmission of at least one neglected infectious disease (NID), following WHO criteria and guidelines	TBD	TBD
17.4 Number of countries and territories in which endemic transmission of measles or rubella virus has been reestablished	TBD	TBD

Outcome 17. Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
17.5 Regional average coverage of hepatitis B vaccine during the first 24 hours of life	TBD	TBD
17.6 Number of countries and territories reporting cases of paralysis due to wild poliovirus or the circulation of vaccine-derived poliovirus (cVDPV) in the past year	TBD	TBD
17.7 Number of countries and territories with established capacity and effective processes to eliminate human rabies transmitted by dogs	TBD	TBD

30. **Scope:** This outcome addresses the elimination of targeted diseases, including selected neglected diseases and zoonoses. Efforts will concentrate on eliminating diseases as public health problems and on eliminating transmission and/or maintaining the elimination status of selected diseases of public health importance. Interventions for elimination will address social and environmental determinants as well as equity and human rights as barriers to access. Emphasis will be on:

a) Increasing access to interventions that target the elimination of neglected diseases as public health problems, as defined in Document CD55/15 (2016).

b) Increasing access to interventions that target the elimination of mother-to-child transmission of HIV and congenital syphilis.

c) Increasing access to interventions that target the elimination of local malaria transmission within and between Member States and the prevention of the spread, reintroduction, and reestablishment of the disease, as defined in Document CD55/13 (2016).

d) Increasing access to interventions to eliminate, prevent, rapidly detect, and respond to the reintroduction and reestablishment of foot-and-mouth disease.

e) Maintaining the elimination of selected vaccine-preventable diseases.

Outcome 18. Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
18.1 Number of countries and territories with installed capacity to implement and monitor policies to address social determinants of health	TBD	TBD
18.2 Number of countries and territories with capacity to address workers' (occupational) health with emphasis on critical economic sectors and occupational diseases	TBD	TBD

Outcome 18. Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
18.3 Proportion of population using safely managed drinking water services	TBD	TBD
18.4 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	TBD	TBD
18.5 Proportion of population with primary reliance on clean fuels and technology	TBD	TBD
18.6 Number of cities with population ≥ 500,000 inhabitants (or at least the major city of the country) in each country or territory that are within or making progress toward meeting the WHO Air Quality Guidelines for the annual mean of fine particulate matter (PM2.5)	TBD	TBD
18.7 Number of countries and territories with installed capacity to address health in chemical safety (including human health exposure to metals and/or pesticides)	TBD	TBD

31. **Scope:** Consistent with the 2030 Agenda for Sustainable Development and the Sustainable Health Agenda for the Americas 2018-2030, work toward this outcome seeks to reduce the adverse health effects attributable to social and environmental determinants of health and to increase health equity. The following are essential in this regard:

a) Scaling up action on the social and environmental determinants of health in the area of primary prevention, in accordance with the 2030 Agenda for Sustainable Development and based on a risk management approach.

b) Promoting intersectoral action to address the social and environmental determinants of health in policies in all sectors.

c) Strengthening the health sector's capacity to implement the essential public health functions, particularly in the areas of surveillance, capacity building for service provision, and control and analysis of determinants of health and their impacts on public health.

d) Building mechanisms for governance and political and social support.

e) Producing and providing new evidence on risks and solutions, and efficient communication to stakeholders to guide choices and investments.

f) Monitoring progress to guide actions toward the achievement of the Sustainable Development Goals.

g) Ensuring special consideration for small island states and other isolated islands with respect to environmental impact on health.

Outcome 19. Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
19.1 Number of countries and territories with a specific mechanism through which the health sector can engage with other sectors to promote health and well-being	TBD	TBD
19.2 Number of countries and territories that integrate health promotion into health services with an emphasis on primary health care	TBD	TBD
19.3 Number of countries and territories that have increased the percentage of the health budget allocated for health promotion	TBD	TBD

32. **Scope:** Health is largely created through actions outside the health sector. Work toward this outcome seeks to ensure a renewed focus on health promotion and on use of the Health in All Policies (HiAP) approach to create health and well-being and reduce health inequities. It focuses on developing and strengthening public health policies and on advocacy for the development of public policies across sectors, with systematic and holistic consideration of the health implications of decisions and actions in other sectors. Key elements of health promotion and HiAP strategies involve action at all levels of government, with a strong focus on engaging with local governments, and the creation of healthy settings in schools, homes, and workplaces. The empowerment and participation of people, families, and communities is essential to this approach, as is engagement with civil society, the private sector, and academia. This outcome aims to strengthen the advocacy, health diplomacy, and stewardship role of the health sector, which is critical for the success of this whole-of-government and whole-of-society strategy, while strengthening health systems and services through health promotion.

Outcome 20. Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
20.1 Number of countries and territories that implement integrated interoperable information systems for health	TBD	TBD

33. **Scope:** Work toward this outcome focuses on the development and implementation of integrated, interoperable information systems for health in countries and territories, with ethically used data from various sources, using effective information and communication technologies (ICTs) to generate disaggregated strategic information for the benefit of public health. Capacity building within countries and the PASB is an integral part of this effort, including the sustained registration and availability of data. This outcome supports country efforts to implement information systems that ensure universal and timely open access to data and strategic information, using the most cost-effective tools to improve

policy making and decision making, measurement and monitoring of health inequalities, measurement of progress toward achieving universal health, and public health surveillance.

Outcome 21. Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
21.1 Number of countries and territories with functional governance for generating and using evidence integrated into health systems	TBD	TBD
21.2 Number of countries and territories that generate, analyze, and use data and information according to health priorities, disaggregated by geopolitical and demographic strata, as appropriate to the national context	TBD	TBD
21.3 Number of countries and territories with functional governance related to knowledge management, multilingualism, open access, and publishing	TBD	TBD

34. **Scope:** Work toward this outcome seeks to strengthen capacity for knowledge management and knowledge translation[15] in health. This includes generating, capturing, disseminating, and sharing multilingual scientific and technical information, adopting best practices and lessons learned, and increasing the capacity to access and use this information. The emphasis is on strengthening knowledge networks, providing equitable access, and reaching a broader audience by adopting an approach based on multilingualism,[16] among other strategies.

35. This outcome also ensures the capacity to establish and implement data analytics and evidence to impact as key drivers for equitable, effective, and people-centered policies, systems, and practices. The aim is to develop innovative approaches for Member States to use data and evidence for decision making and policy making.

[15] In the context of WHO, the term "knowledge translation" refers to "the synthesis, exchange, and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health" (see https://www.who.int/ageing/projects/knowledge_translation/en/).

[16] In WHO, the term "multilingualism" is used in the context of promoting "respect for the diversity of cultures and the plurality of international languages for improving health policies in the world, especially in the developing countries, and for giving all Member States access to information and to scientific and technical cooperation" (Resolution WHA71.15 [2018]).

Outcome 22. Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
22.1 Number of countries and territories that are implementing a current and funded national agenda on research for health	TBD	TBD
22.2 Number of countries and territories that are implementing a current and funded science and technology policy or strategy focused on health	TBD	TBD
22.3 Number of countries and territories that have ethical standards for conducting research with human subjects	TBD	TBD
22.4 Number of countries and territories that provide standardized data on their national health research system and on research funding	TBD	TBD

36. **Scope:** Work toward this outcome seeks to ensure capacity to conduct and use relevant and appropriate ethical research for health. This includes supporting country efforts to exercise functional research governance (policies, agendas, and priorities for health research, monitoring, evaluation, and accountability); establishing and applying research norms, standards, and good practices; ensuring adequate human and financial resources in health research; facilitating intersectoral coordination; and ensuring uptake, evaluation, publication, and dissemination of research. It also focuses on promoting and enabling innovative solutions to health problems (new analytical methods, digital health, social media, and communication technologies, among others) based on collaboration, transparency, and sustainability.

Outcome 23. Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
23.1 Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies	TBD	TBD
23.2 Number of States Parties meeting and sustaining International Health Regulations (IHR) requirements for core capacities	TBD	TBD

37. **Scope:** Work toward this outcome seeks to ensure that all countries and territories in the Region are prepared and ready to manage the health impact of emergencies and disasters caused by any type of hazard. PASB will work with countries, territories, and partners to increase their capacities in all phases of emergency management through implementation of the International Health Regulations (IHR) and the Sendai Framework for Disaster Risk Reduction (SFDRR).

38. PASB will work collaboratively to progressively strengthen the capacity of national and subnational levels and local communities to reduce and manage health emergencies using an all-hazards approach and by building strong people-centered and public health-oriented health systems, institutions, and networks. Support will focus on increasing the sustainability of the essential public health functions, the corresponding IHR core capacities, and the SFDRR priorities for action. Interventions will target institutional planning, organization, financing, and coordination mechanisms to enhance the development and streamlining of a national suite of legal instruments, policies, plans, and standard operating procedures encompassing all hazards in an interoperable manner. They will also target development of action-oriented frameworks that governments and relevant stakeholders can implement in a supportive and complementary manner and that facilitate identification of risks to be managed, with corresponding investments to build resilience. PASB will promote compliance with IHR provisions related to reporting to the World Health Assembly, and the adoption and monitoring of benchmarks for health emergencies and disaster preparedness. Emphasis will also be placed on increasing the operational readiness of countries and territories in high-risk conditions; increasing PASB's preparedness; implementing new and existing initiatives and plans of action, including Safe and Smart Hospitals initiatives; identifying and implementing inclusive strategies, particularly for groups in conditions of vulnerability; and ensuring the fundamental role and participation of both women and men.

39. PASB's work to build country preparedness relies on inter-programmatic work within the Bureau, involving the areas of universal health, health systems strengthening, antimicrobial resistance, maternal and child health, nutrition, and noncommunicable diseases, as well as disease-specific programs (such as those dealing with polio and arbovirus diseases), among others.

40. Achievement of this outcome will result in the protection and promotion of the physical, mental, and social well-being of populations, including the most vulnerable ones. It will also increase the resilience of the health systems, allowing for continuous operation and rapid recovery from health emergencies and disasters. The establishment of strategic alliances with political and administrative authorities, public and private entities, nongovernmental organizations, civil society, and all other sectors is key to achieving this outcome. Also important is the development of a regional culture of prevention, preparedness, and mitigation of health emergencies and disasters that incorporates the rights and contributions of individuals, families, and communities.

Outcome 24. Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
24.1 Number of countries and territories with installed capacity to effectively respond to major epidemics and pandemics	TBD	TBD

Outcome 24. Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
24.2 Number of endemic countries and territories with ≥80% coverage of yellow fever vaccine	TBD	TBD

41. **Scope:** This area of work supports countries in surveillance, prevention, preparedness, and control of pandemic and epidemic-prone diseases (including influenza, Middle East respiratory syndrome (MERS), dengue, Zika virus, chikungunya, hemorrhagic fevers, hantavirus, yellow fever, emerging arboviruses, plague, cholera, epidemic-prone diarrheal diseases, leptospirosis, and meningococcal disease, among others). Capacity building will focus on forecasting, characterization of diseases and infectious risks, and development of evidence-based strategies to predict, prevent, detect, and respond to infectious hazards in the context of universal access to health. This includes developing and supporting prevention and control strategies, tools, and capacities for high-impact, high-consequence pathogens (including extremely resistant pathogens), and establishing and maintaining expert networks to leverage international expertise to detect, understand, and manage new and emerging pathogens. In the context of epidemics, people and communities should, without any kind of discrimination, have access to comprehensive, appropriate, timely, quality health services and technologies determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, vaccines, and health supplies.

42. Work related to this outcome targets improved sharing of available knowledge and information on emerging and reemerging high-impact and/or high-consequence pathogens, enhancing surveillance and response to epidemic diseases with a strong focus on addressing groups in conditions of vulnerability, and working through networks to contribute to global mechanisms and processes. It also includes management of regional mechanisms to tackle the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.

Outcome 25. Rapid detection, assessment, and response to health emergencies		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
25.1 Percentage of acute public health events for which a risk assessment is completed within 72 hours	TBD	TBD
25.2 Percentage of countries and territories providing an essential package of life-saving health services in all graded emergencies	TBD	TBD

43. **Scope:** To achieve this outcome, PASB will work with countries, territories, and partners to ensure early detection of potential emergencies and the provision of essential life-saving health services to emergency- and disaster-affected populations. Early

detection, risk assessment, information sharing, and rapid response are essential to reduce illness, injury, death, and large-scale economic loss. To achieve this outcome, it is essential that PASB provide authoritative information for public health decision making in emergencies and disasters, including through actions such as identifying acute public health events, assessing risks to public health, conducting epidemiological surveillance and field investigations, monitoring public health interventions and operational capacities of health care services and facilities, and communicating public health information to technical partners.

44. A major focus in this area is working with countries, territories, and partners to implement response and early recovery operations. This includes providing essential health services and technologies to address new health issues associated with emergencies and disasters, as well as with preexisting health needs, focusing on groups in conditions of vulnerability. Key actions include coordination of the PAHO response team, emergency medical teams, the regional Global Outbreak Alert and Response Network (GOARN) network, and other partners; development of strategic response plans and joint operational planning; operational support and logistics; emergency crisis and risk communication; and activation of emergency response mechanisms in accordance with the PAHO/WHO Policy and Key Procedures on the Institutional Response to Emergencies and Disasters, underpinned by full support to the Incident Management System, consistent with the International Health Regulations (2005).

Outcome 26. Strengthened country leadership and capacity to advance health equity and gender and ethnic equality in health, within a human rights framework		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
26.1 Number of countries and territories with institutional responses and accountability mechanisms that are advancing health equity, gender and ethnic equality in health, and human rights	TBD	TBD

45. **Scope:** This outcome is consistent with the commitment of the 2030 Agenda for Sustainable Development to "leave no one behind," and with efforts to accelerate advances toward universal health. It aims to ensure that all health sector policies, programs, and plans, including intersectoral action, address the persistent inequities in health that affect the enjoyment of the highest attainable standard of health by all people and population groups in the Region. Within action toward health equity, priority attention is given to ensuring that all actions are based on human rights; to addressing the gender and ethnic inequalities that often drive health inequities; and to addressing the situation of other groups in conditions of vulnerability, according to context.[17]

46. The scope of technical work includes support for health sector leadership for health equity, with priority setting at the highest level of health sector decision making; decision making and/or advocacy for normative and policy frameworks that promote health equity

[17] See footnote 1 in Outcome 1.

and equality, in which human rights play a steering role; institutionalization of inclusive governance structures; creation of enabling environments for broad intersectoral collaboration; and adequate and sustainable human and financial resource allocation for health equity. It also involves strengthening capacity at all levels to identify and address health inequities and inequalities, and their drivers, in the planning and implementation of all health sector actions to advance equitable, gender- and culturally sensitive approaches to health within a human rights framework; to engage in intersectoral action with an equity and rights focus; to promote inclusive governance by ensuring strong and effective social participation of all relevant groups at all levels; and to implement evidence-based monitoring and evaluation that are equity-focused, gender- and culturally sensitive, and based on respect for human rights.

Outcome 27. Strengthened PASB leadership, governance, and advocacy for health		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
27.1 Proportion of countries and territories where the national health authority indicates satisfaction with PAHO/WHO's leading role on global and regional health issues	TBD	TBD
27.2 Number of countries and territories for which there is alignment between the national health policy, strategy, or plan and the outcomes defined in the PAHO Strategic Plan 2020-2025	TBD	TBD
27.3 Proportion of corporate risks with approved mitigation plans	TBD	TBD
27.4 Percentage of approved PAHO (not AMRO) budget funded for each biennial Program Budget	TBD	TBD
27.5 Percentage of PAHO Strategic Plan 2020-2025 outcome indicator targets achieved	TBD	TBD
27.6 Number of countries and territories that incorporate health communications as a key strategic approach in their Country Cooperation Strategy for the formulation, development, and delivery of their technical cooperation	TBD	TBD

47. **Scope:** This outcome incorporates strategic leadership, governance, and advocacy functions to strengthen PAHO's leading role in health development in the Region. It includes reinforcing Member States' ability to take charge of their people's health and advancing toward regional priorities in health and health equity, as detailed in this Strategic Plan and in the Sustainable Health Agenda for the Americas 2018-2030. Work toward this outcome includes championing and advocating for health in support of Member States through the effective development and implementation of technical cooperation agendas; strengthening country presence to efficiently and effectively address national health needs; coordinating and convening relevant stakeholders, including other UN agencies and programs and relevant non-State actors, among others; further strengthening PAHO's

governance mechanisms to ensure continuous engagement and oversight of Member States; strengthening managerial transparency, accountability, and risk management; maintaining a respectful workplace and underscoring the importance of ethical behavior at all levels of the Organization; strengthening policy development, strategic and operational planning, budget management, performance, monitoring and assessment, and reporting at all levels; ensuring effective, equitable, and efficient financing and management of resources to respond to the priorities in the Strategic Plan; providing the public with timely and accurate health information, including during emergencies; and better communicating the work of the Organization and its impact on progress in health throughout the Region.

Outcome 28. Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
28.1 Proportion of management and administration Service Level Agreements targets on track	TBD	TBD

48. **Scope:** This outcome covers the various enabling functions related to finance, human resources, information technology, procurement, and general services. The ultimate goal of these functions is to support PASB efforts to advance the regional health priorities detailed in this Strategic Plan and in the Sustainable Health Agenda for the Americas 2018-2030. A continuing commitment to accountability and transparency is important not only for measuring impact, but also as a foundation of the operational model.

49. PASB will continue expanding, consolidating, and strengthening the PASB Management Information System (PMIS) to increase the transparency and efficiency of its use of resources, focusing on improving performance and sustainability to support the implementation of strategic priorities at all levels of the Organization and at the country, subregional, and regional levels. Emphasis will be on strengthening corporate functions at normative and compliance levels and updating policies and procedures to respond to evolving needs, provide flexibility, and increase efficiencies. PASB is committed to attracting and retaining high-level performers in the various areas of public health (reflecting the high-level commitments to diversity and gender stated in the SDGs) and to offering staff development paths to better serve global, regional, and subregional initiatives.

50. PASB is committed to responding to the various emerging needs associated with public health emergencies. Business processes across the Organization will be coordinated, business continuity plans will be updated, and adequate training will be provided.

Annex B

Contribution to Health-Related SDGs, GPW13, and SHAA2030 Targets

This annex will provide a comprehensive mapping of the Strategic Plan 2020-2025 (SP 20-25) impact and outcome indicators (presented in Annex A) to three key reference frameworks: *a)* the targets and indicators associated with the United Nations Sustainable Development Goals (SDGs); *b)* the targets and indicators in the Impact Framework associated with the World Health Organization (WHO) 13th General Programme of Work 2019-2023; and *c)* the targets in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). The complete mapping will be presented at the Executive Committee. In the meantime, for the SPBA, tables with examples have been provided for illustrative purposes.

(1) Regional contribution to the health-related Sustainable Development Goals

SDG	SDG Target	SDG Indicator	SP 20-25 Indicator that Contributes to the SDG Indicator
3. Ensure healthy lives and promote well-being for all at all ages	3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	Impact Indicator 5: Maternal Mortality Ratio (MMR) (deaths per 100,000 live births)
	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate	Impact Indicator 3: Under-five mortality rate
		3.2.2 Neonatal mortality rate	Impact Indicator 2: Neonatal mortality rate

(2) Regional contribution to the WHO 13th General Programme of Work 2019-2030 Impact Framework

Impact Framework Target	Impact Framework Indicator	SP 20-25 Indicator that Contributes to the Impact Framework
12. Reduce the global maternal mortality ratio by 30%	Indicator 1: Maternal mortality ratio	Impact Indicator 5: Maternal Mortality Ratio (MMR) (deaths per 100,000 live births)
13. Reduce the preventable deaths of newborns and children under 5 years of age by 30%	Indicator 1: Mortality rate for children under 5 years of age	Impact Indicator 3: Under-five mortality rate
	Indicator 2: Neonatal mortality rate (NMR) (per 1000 live births)	Impact Indicator 2: Neonatal mortality rate

(3) Contribution to the Sustainable Health Agenda for the Americas 2018-2030

SHAA2030 Goal	SHAA2030 Target	SP 20-25 Indicator that Contributes to the SHAA2030 Target
1. Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention	1.1 Reduce by at least 50% the regional mortality amenable to health care rate (MAHR)	Impact indicator 6: Rate of Mortality Amenable to Health Care (MAHR) (deaths per 100,000 population)
	1.2 Reduce the regional maternal mortality ratio (MMR) to less than 30 per 100,000 live births in all population groups, including those at greatest risk of maternal death (i.e. adolescents, women of over 35 years of age, and indigenous, Afro-descendent, Roma, and rural women, among others, as applicable in each country)	Impact indicator 5: Maternal Mortality Ratio (MMR) (deaths per 100,000 live births)
	1.3 Reduce the neonatal mortality rate to less than 9 per 1,000 live births in all population groups, including those most at risk (indigenous, Afro-descendent, Roma, and rural population, among others, as applicable in each country), and under-5 mortality to less than 14 per 1,000 live births	Impact indicator 2: Neonatal mortality rate Impact indicator 3: Under-five mortality rate

Annex C

Prioritization Results and Implications

The process for national prioritization consultations for the Strategic Plan 2020-2025 was officially launched in December 2018. It is expected that all countries and territories in the Region will identify their programmatic priorities before the 164th session of the Executive Committee in June 2019. At that time, the Pan American Sanitary Bureau (PASB) will present the regional consolidated prioritization results for the Strategic Plan 2020-2025.

Annex D

Relevant Regional and Global Mandates

This annex will present the relevant regional and global mandates toward which this Plan will contribute, and the specific outcomes that will contribute to these mandates.

Annex E

Accountability Framework

This Annex will be prepared for the Executive Committee version of the Plan, and will include descriptions of the main elements of PAHO's corporate Accountability Framework that will be in place during the 2020-2025 period.

Annex F

List of Countries and Territories with Their Acronyms

	Country	Acronym
	Member States	**35**
1	Antigua and Barbuda	ATG
2	Argentina	ARG
3	Bahamas	BHS
4	Barbados	BRB
5	Belize	BLZ
6	Bolivia (Plurinational State of)	BOL
7	Brazil	BRA
8	Canada	CAN
9	Chile	CHL
10	Colombia	COL
11	Costa Rica	CRI
12	Cuba	CUB
13	Dominica	DMA
14	Dominican Republic	DOM
15	Ecuador	ECU
16	El Salvador	SLV
17	Grenada	GRD
18	Guatemala	GTM
19	Guyana	GUY
20	Haiti	HTI
21	Honduras	HND
22	Jamaica	JAM
23	Mexico	MEX
24	Nicaragua	NIC
25	Panama	PAN
26	Paraguay	PRY
27	Peru	PER
28	Saint Kitts and Nevis	KNA
29	Saint Lucia	LCA
30	Saint Vincent and the Grenadines	VCT
31	Suriname	SUR
32	Trinidad and Tobago	TTO
33	United States of America	USA
34	Uruguay	URY
35	Venezuela (Bolivarian Republic of)	VEN
	Associate Members	**4**
36	Aruba	ABW
37	Curaçao	CUW
38	Puerto Rico	PRI
39	Sint Maarten	SXM
	Participating States	**3**
	France	**4**
40	French Guiana	GUF
41	French St. Martin	MAF
42	Guadeloupe	GLP
43	Martinique	MTQ
	Kingdom of the Netherlands	**3**
44	Bonaire	BON
45	Saba	SAB
46	Sint Eustatius	STA
	United Kingdom of Great Britain and Northern Ireland	**6**
47	Anguilla	AIA
48	Bermuda	BMU
49	British Virgin Islands	VGB
50	Cayman Islands	CYM
51	Montserrat	MSR
52	Turks and Caicos	TCA

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