Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

# 164th SESSION OF THE EXECUTIVE COMMITTEE

*Washington, D.C., USA, 24-28 June 2019*

*Provisional Agenda Item 4.2*

CE164/13
10 May 2019
Original: English

## PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2020-2021

### Introductory Note to the Executive Committee

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

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

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

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

5. Following consideration by the Executive Committee, this document will be revised to take account of any comments received and then finalized for the consideration of the 57th Directing Council in September 2019.

**Action by the Executive Committee**

6. The Executive Committee is invited to analyze the PB20-21 and provide PASB with comments regarding the content and format of the document. The Committee may also wish to comment on the appropriateness of the overall level of the budget, as well as on the proposed scenarios for the level of assessed contributions.

# PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2020-2021

**Pan American Health Organization**

**Regional Office of the World Health Organization for the Americas**

**May 2019**

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## Executive Summary

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

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

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

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

5. The budget is proposed by outcome, with allocations driven by the new PAHO Budget Policy (Document CE164/14), the national health outcome prioritization results, the bottom-up costing exercise conducted in PASB, and historical budget and funding

[1] The collective purchasing funds (Revolving Fund, Strategic Fund, and Reimbursable Procurement Fund) and national voluntary contributions (NVCs) are managed outside the Program Budget.

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

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

levels. Budgets are also proposed for each PAHO/WHO Representative Office at country level.

6. One innovation in this Program Budget is the inclusion of Country Pages, one-page analyses of the health situation, priorities, and PASB deliverables for each country. These pages, which will be completed for the version of the Program Budget to be presented at the Directing Council, bring greater visibility to PAHO's work in countries and give Member States more detail on the specific technical cooperation to be provided.

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

8. In programmatic terms, the PB20-21 is ambitious but realistic. It provides the means to accomplish the objectives set out in the SP20-25, and brings the Strategic Plan theme, *Equity at the Heart of Health*, closer to reality. It also sets out the 2020-2021 outputs for the first time, along with tangible indicators of achievement. The aggregate results of all the national prioritization exercises conducted are presented, with the 28 outcomes divided into three tiers of low, medium, and high priority, while recognizing that all outcomes are core to PAHO's work. Noncommunicable diseases (NCDs) claim the top two spots in the ranking (reflecting the overwhelming burden of disease from NCDs in the Region), followed by communicable diseases and health emergencies.

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

## Proposed Budget

### Overall Budget Proposal

10. A budget of $620 million for base programs is proposed for the PAHO Program Budget 2020-2021 (PB20-21), essentially unchanged from the 2018-2019 biennium. In addition, $30 million is proposed for special programs, for a total PB20-21 of $650 million. This proposal represents a zero nominal budget increase in base programs and an overall reduction of 3.8% with respect to the PAHO Program and Budget 2018-2019 (PB18-19) *(1)*. The proposed budget reflects a realistic balance between programmatic needs, the resource mobilization environment, historical financing levels, implementation levels, and efficiency efforts. The proposed amount for special programs is indicative and will be revised as appropriate during 2020-2021.

11. The proposed PAHO Program Budget 2020-2021 includes the budget allocation from the World Health Organization for the Regional Office for the Americas (AMRO), which was approved at $215.8 million (Document A72/4) *(2)*. This constitutes an increase of $23.8 million, or 12.4%, with respect to the 2018-2019 biennium, when $192 million in budget space was allocated to AMRO. Thus, the WHO component represents 34.8% of the proposed total PAHO budget for base programs. Given that WHO is increasing the AMRO budget allocation while PAHO is proposing an overall flat base budget of $620 million, the PAHO-only portion of the budget is decreasing by the same amount that the WHO allocation for AMRO is increasing ($23.8 million).[4]

### Budget by Outcome

12. A new proposed PAHO programmatic results framework has been developed as part of the PAHO SP20-25 *(3)*. The 28 outcomes constitute the highest level of programmatic results presented in the proposed PAHO PB20-21. Thus, there is no equivalent to the "categories" used in the PAHO Strategic Plan 2014-2019 (SP14-19) *(4)*.

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

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

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

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

b) The PAHO Budget Policy (Document CE164/14) *(5)* is a main driver in distributing the overall budget envelopes at the country level. The PAHO/WHO Representative (PWR) Offices have defined and costed the main scope of work to take place in the upcoming biennium and have distributed their budgets across the outcomes, using the prioritization exercise performed with Member States as a guide.

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

d) The results for the three levels have been consolidated to produce this first full draft of the budget for the 164th Session of the Executive Committee. The Bureau will address any comments received from the Executive Committee and adjust the proposed figures to ensure that Member States' priorities are adequately represented and that the budget is realistic and complete with regard to its final distribution.

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

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

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

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

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

**Budget by SHAA2030 Goal**

18. For illustrative purposes, Table 2 shows the proposed PB20-21 amounts allocated to the 11 goals of SHAA2030 *(6)*. Given their inter-programmatic nature, the proposed outcomes have been developed to respond to multiple SHAA2030 goals, so there is no direct association between these goals and the distribution of the budget. Instead, the Bureau established the main relationships between each outcome and each SHAA2030 goal, and calculated the estimated proportional distribution of each outcome for each SHAA2030 goal. In this way, Member States will be able to comprehend the approximate level of resources that PASB will devote to each SHAA goal for the 2020-2021 biennium. As stated in paragraph 108 of the Agenda, the implementation of the SHAA2030 and the achievement of its goals and targets requires "collaborative efforts among countries, the Pan American Sanitary Bureau, and other strategic actors and partners at the national, subregional, and regional levels."

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

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

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

19. To inform budget allocation among countries, PASB has developed a new Budget Policy. The development of this policy has been guided by the Member States in the SPAG, as well as by the recommendations contained in the evaluation of the PAHO Budget Policy of 2012, presented to the 56th Directing Council in 2018 (Documents CD56/6 and CD56/6, Add. I) *(7)*. The new proposed PAHO Budget Policy is being presented at the 164th Session of the Executive Committee.

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

a) Budget allocations in 2018-2019;

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

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

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

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

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

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

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

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

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

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

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

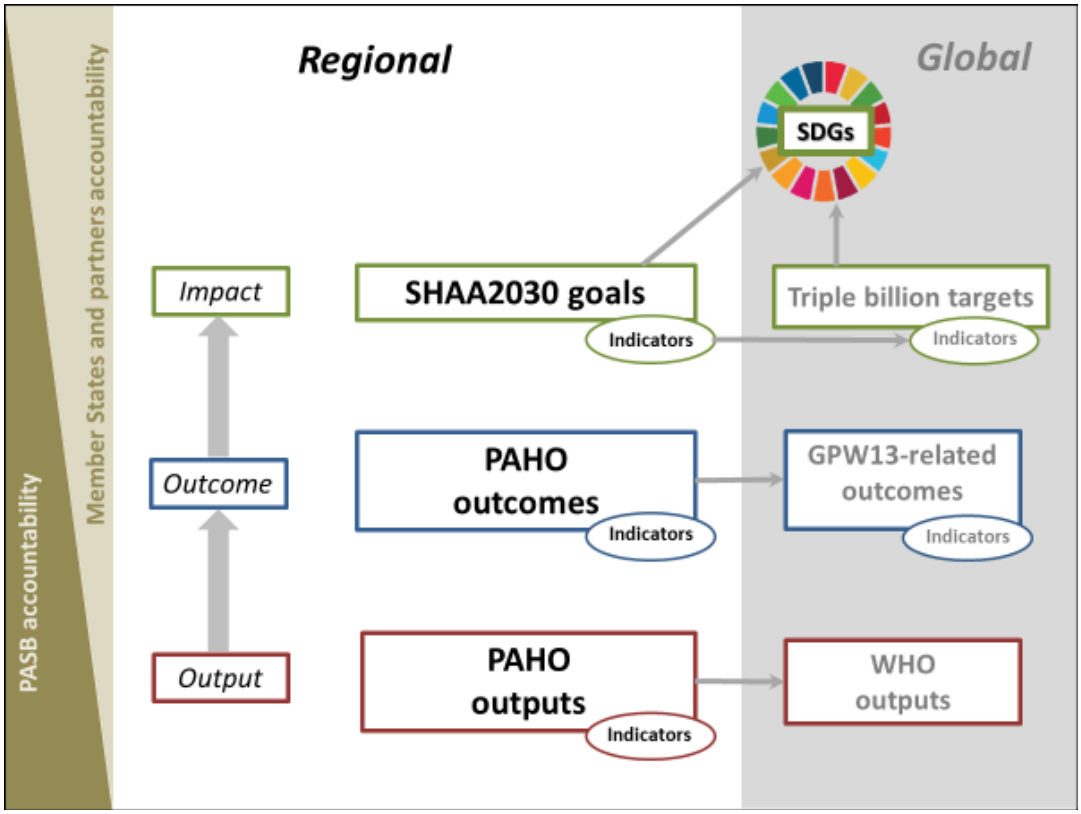
| Country/Territory | Abbrev. | PB 18-19 Approved Budget | Proposed Budget Space 20-21 | Difference |
|---|---|---|---|---|
| | | [a] | [b] | [c]=[b−a] |
| Paraguay | PRY | 8,900.0 | 9,400.0 | 500.0 |
| Peru | PER | 11,250.0 | 11,600.0 | 350.0 |
| Saint Kitts and Nevis | KNA | 500.0 | 590.0 | 90.0 |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

**Budget Alignment with WHO Outcomes**

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

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

**Figure 1. PAHO and WHO Results Chain**



## Financing the Program Budget

### Base Programs

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

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

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

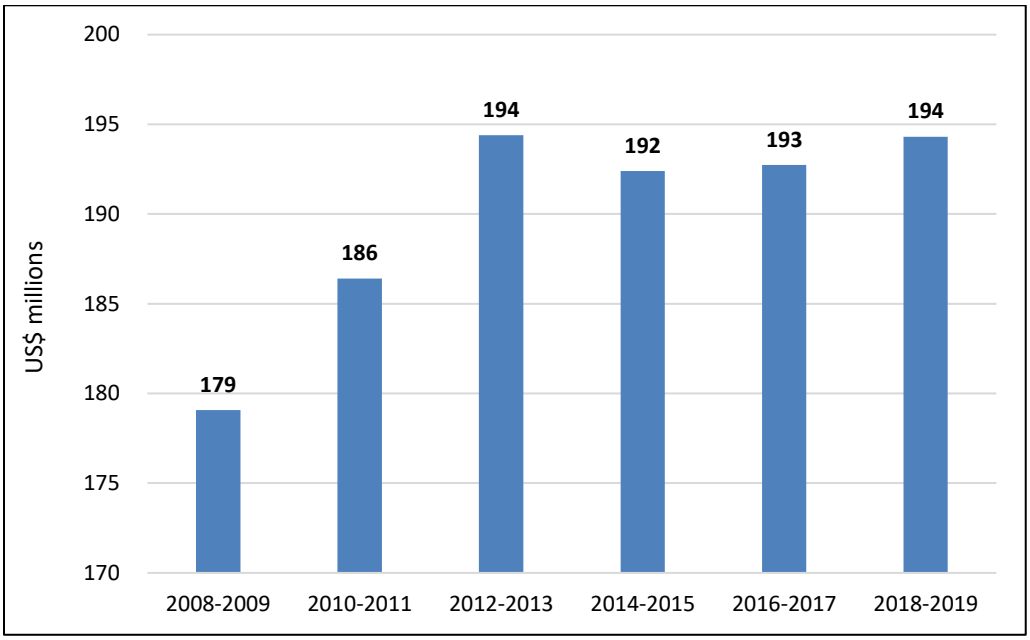
| Source of financing | 2018-2019 | 2020-2021 | Increase (decrease) |
|---|---|---|---|
| PAHO net assessed contributions* | 194,300,000 | 194,400,000 | 100,000 |
| PAHO budgeted miscellaneous revenue | 20,000,000 | 20,000,000 | - |
| PAHO voluntary contributions and other sources | 215,200,000 | 189,800,000 | (25,400,000) |
| WHO budget allocation to the Americas | 190,100,000 | 215,800,000 | 25,700,000 |
| **TOTAL** | **619,600,000** | **620,000,000** | |

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

a) **Assessed contributions:** In the 2018-2019 biennium, the proposed assessed contributions from Member States, Participating States, and Associate Members amounted to $194.3 million. PAHO assessed contributions have not grown since 2012-2013, as shown in Figure 2. Having zero nominal growth in net Member State contributions has implied an effective reduction in the Organization's flexible

resources, since staff and activity costs have increased while assessed contributions have remained the same. This situation has increased dependency on voluntary contributions and limited the Bureau's ability to address funding gaps. To address this challenge, Annex A presents three proposed growth scenarios for assessed contributions—0%, 3%, and 6% growth—for consideration by Member States.

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



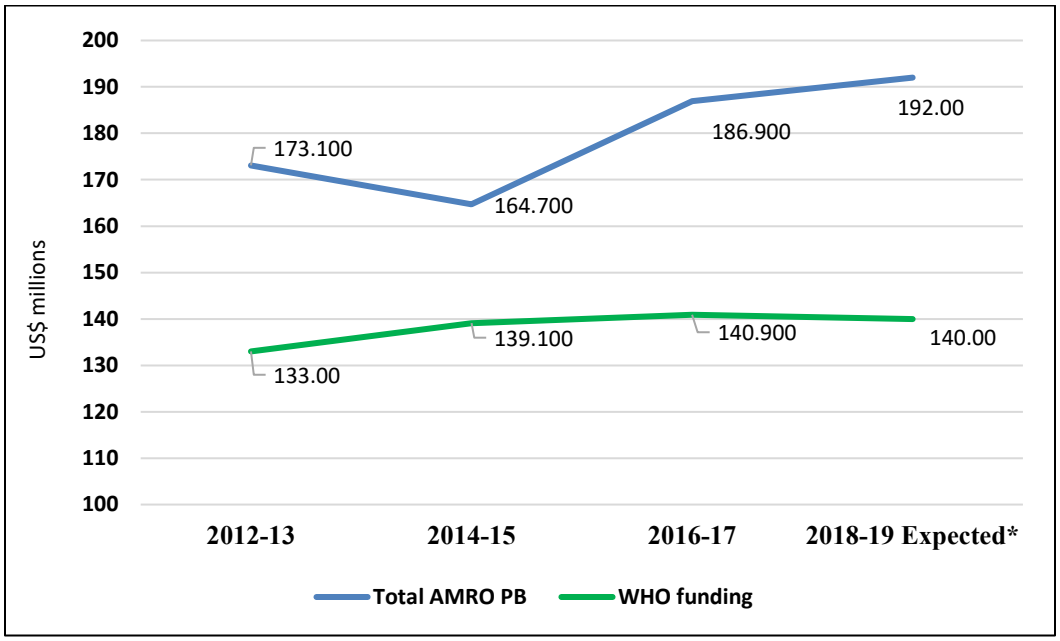

b) **Budgeted miscellaneous revenue.** This amount corresponds to the estimated income earned in the previous biennia from interest on the Organization's investments. Based on the most up-to-date information at the time of presenting this budget proposal, miscellaneous revenue is expected to be $20 million, similar to the amount in 2018-2019.

c) **PAHO voluntary contributions and other sources.** This component includes voluntary contributions (VC) that are mobilized directly by PAHO ($108.7 million), as well as revenue from program support costs and any other income that finances the Program Budget ($81 million). The VC figure has been adjusted downward to reflect resource mobilization expectations, based on latest historical data and forecasts, and to accommodate a larger WHO budget component.

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

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

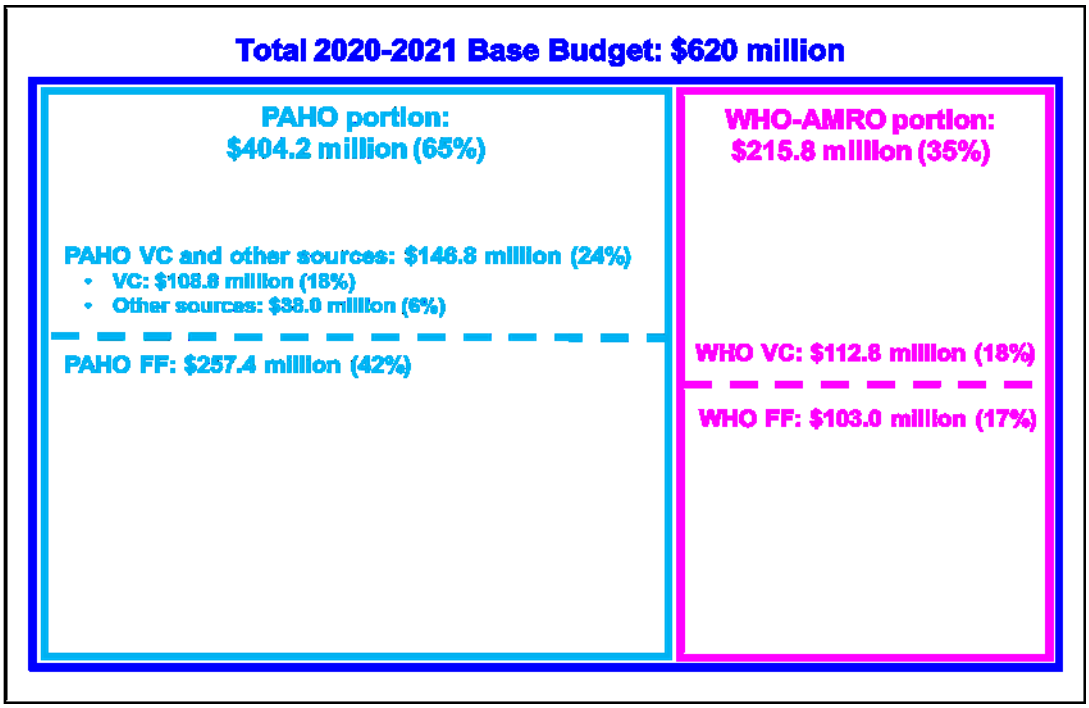
**Figure 3. Total WHO Budget and Funding Allocations for the Americas, 2012-2013 through 2018-2019 (Expected)**




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

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

**Figure 4. PAHO Base Budget Funding Estimates**




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

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

**Special Programs**

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

**Perspectives on Resource Mobilization: Challenges and Opportunities**

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

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

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

**National Voluntary Contributions**

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

## Programmatic Context

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

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

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

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

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

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

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

**Results-Based Management**

41. Although the Program Budget 2020-2021 includes important changes in the results chain compared to the 2018-2019 biennium, the overall Results-based Management (RBM) approach remains the same. PAHO will continue to fully implement RBM and to ensure transparency and accountability in monitoring and reporting of results. As indicated above, the highest level of accountability for the PAHO PB20-21 will be the outcomes in the SP20-25. The 28 outcomes have a duration of six years and will be supported by outputs with a duration of two years, specific to each Program Budget. The outputs defined by the PAHO PB20-21 will contribute to the achievement of the WHO PB20-21 outputs. The PAHO Program Budget contains 104 outputs that will be measured through 144 output indicators. These elements are defined below:

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

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

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

42. For the Executive Committee, indicative baseline and target figures have been provided for the majority of the output indicators. The Directing Council version of the PB will contain figures for all indicators. It is important to stress that the baseline and target figures will be based on projections by the Bureau. The baselines and targets will need to be validated following the end-of-biennium assessment of the PB18-19, in order to allow for a more accurate assessment of the 2020-2021 results.

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

**Accountability for Performance**

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

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

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

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

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

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

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

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

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

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

**Prioritization of Outcomes**

50. Region-wide consultations were conducted with national health authorities in 46 countries and territories (as of the date of publication for the Executive Committee) to apply the PAHO-adapted Hanlon method to the SP20-25 outcomes. The consolidated regional results identify areas where the Organization's efforts are needed the most in the 2020-2025 period and where PAHO technical cooperation clearly adds value. The regional results serve to guide the Bureau in the allocation of resources available to the Organization and in targeting resource mobilization efforts. The high-level proposal of the overall budget by outcomes presented in this PB20-21 takes into consideration the prioritization results as well as other factors, including historic budget and funding trends, implementation levels, and efficiency efforts, among others. Individual results inform planning and implementation of the biennial work plans of each country and territory.

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

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

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

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

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

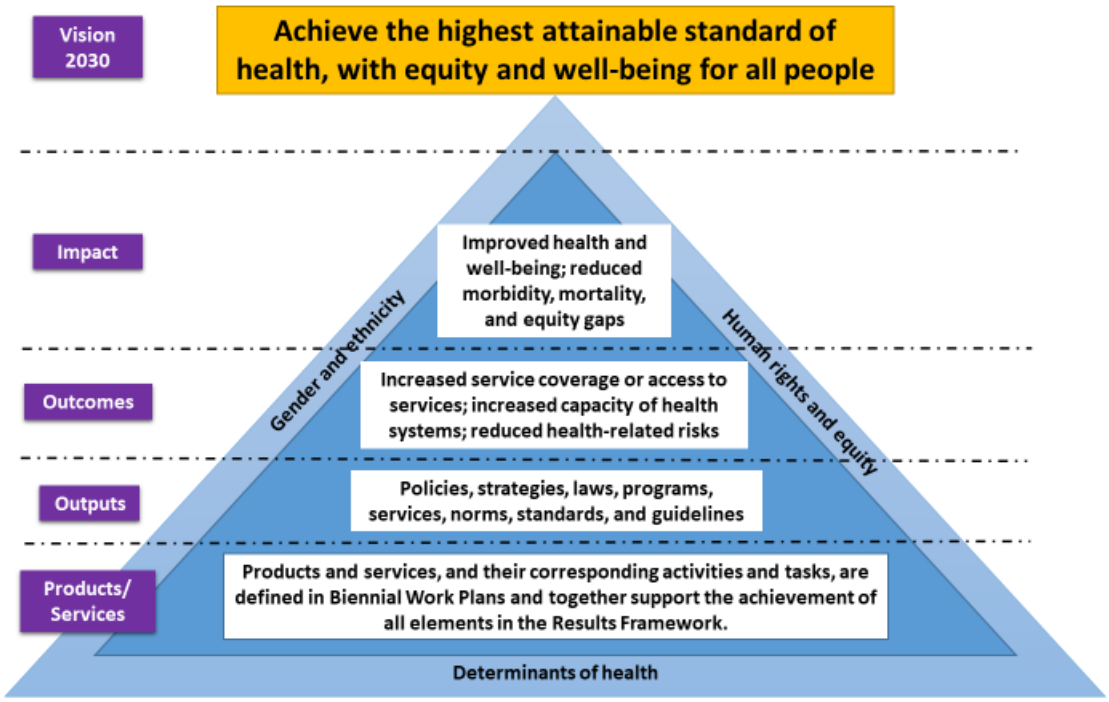
**Risks Assessment for the 2020-2021 biennium**

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

## Proposed PAHO Program Budget 2020-2021 Outputs and Indicators

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

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




54. The Program Budget 2020-2021 contains 104 outputs and 144 output indicators. Consistent with the spirit of the WHO GPW13 and PAHO SP20-25, the outputs were developed considering the need to promote an inter-programmatic approach to technical cooperation that breaks down organizational silos. For the 2020-2021 biennium, there has also been an attempt to streamline and reduce the number of outputs and indicators compared to the 2018-2019 biennium, for which there were 132 outputs and 171 indicators. The development of indicators considered existing reference documents (global and regional strategies and plans of action) and followed the Region's best practices in the development of SMART (Specific, Measurable, Attainable, Relevant and Time-bound) indicators.

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

### *Outcome 1: Access to comprehensive and quality health services*

<table>
<tr><th colspan="2">Outcome</th><th>Proposed budget</th><th colspan="2">Priority tier</th></tr>
<tr><td colspan="2">Increased response capacity[9] of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services[10] that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health</td><td>$25,500,000</td><td colspan="2">High</td></tr>
<tr><td colspan="5">Outputs (OPT)</td></tr>
<tr><td rowspan="3">1.1</td><td colspan="4">Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery, including public health</td></tr>
<tr><td colspan="2">OPT Indicator 1.1.a: Number of countries and territories implementing the Integrated Health Service Delivery Networks (IHSDNs) framework</td><td>Baseline [2019]<br>TBD</td><td>Target [2021]<br>TBD</td></tr>
<tr><td colspan="2">OPT Indicator 1.1.b: Number of countries and territories implementing an action plan to improve resolution capacity of the first level of care, within the Integrated Health Service Delivery Networks (IHSDNs) framework</td><td>Baseline [2019]<br>TBD</td><td>Target [2021]<br>TBD</td></tr>
<tr><td rowspan="2">1.2</td><td colspan="4">Countries and territories enabled to improve quality of care in health service delivery</td></tr>
<tr><td colspan="2">OPT Indicator 1.2.a: Number of countries and territories implementing strategies and/or plans of action to improve quality of care in health service delivery</td><td>Baseline [2019]<br>TBD</td><td>Target [2021]<br>TBD</td></tr>
</table>

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

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

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

### *Outcome 2: Health throughout the life course*

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

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

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

**Key Technical Cooperation Interventions**

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

### *Outcome 3: Quality care for older people*

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

**Outputs (OPT)**

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

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

### *Outcome 4: Response capacity for communicable diseases*

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

| Outputs (OPT) | | | |
|---|---|---|---|
| **4.1** | **National health systems enabled to deliver and expand coverage of key quality services and interventions for HIV, sexually transmitted infections (STIs), tuberculosis (TB), and viral hepatitis (VH), through sustainable policies, up-to-date normative guidance and tools, and generation and use of strategic information** | | |
| | **OPT Indicator 4.1.a:** Number of countries and territories implementing national norms and standards aligned with PAHO and WHO guidelines on HIV, STIs, TB, and VH | **Baseline [2019]**<br>HIV/STI: 3<br>VH: 4<br>TB: 15 | **Target [2021]**<br>HIV/STI: 10<br>VH: 10<br>TB: 25 |
| **4.2** | **Countries and territories enabled to effectively manage cases of arboviral diseases** | | |
| | **OPT Indicator 4.2.a:** Number of countries and territories implementing the new arboviral disease guidelines for patient care in the Region of the Americas | **Baseline [2019]**<br>0 | **Target [2021]**<br>10 |
| **4.3** | **Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems** | | |
| | **OPT Indicator 4.3.a:** Number of NID-endemic countries and territories that follow PAHO recommendations on development of integrated plans to reduce the burden of NIDs through their health systems | **Baseline [2019]**<br>7 | **Target [2021]**<br>10 |

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

**Key Technical Cooperation Interventions**

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

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

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

| Outputs (OPT) | | | |
|---|---|---|---|
| **5.1** | **Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages** | | |
| | **OPT Indicator 5.1.a:** Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **5.2** | **Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments** | | |
| | **OPT Indicator 5.2.a:** Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **5.3** | **Countries and territories enabled to provide quality, people-centered mental health services, based on primary health care strategies and comprehensive essential mental health service packages** | | |
| | **OPT Indicator 5.3.a:** Number of countries and territories with comprehensive mental health services integrated into primary health care in at least 50% of health care facilities | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **5.4** | **Countries and territories enabled to strengthen mental health information systems to monitor and report on the basic mental health indicators** | | |
| | **OPT Indicator 5.4.a:** Number of countries and territories that collect, analyze, and report basic mental health indicators within the national health information systems | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **5.5** | **Countries and territories enabled to improve access to health and health equity for people with disabilities** | | |
| | **OPT Indicator 5.5.a:** Number of countries and territories that have defined a priority list of assistive devices and products | **Baseline [2019]** 1 | **Target [2021]** 3 |

[11] The four main types of NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory disease.
[12] Mental health conditions include mental, neurological, and substance use disorders.

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

### *Outcome 6: Response capacity for violence and injuries*

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

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

| Key Technical Cooperation Interventions |
|---|
| • Strengthen the health system response to victims of violence in all its forms, road traffic injuries, and other unintentional injuries.<br>• Strengthen emergency care and trauma care for victims of road traffic injuries and other unintentional injuries, with a focus on employing best-practice measures such as having a single emergency number, a trauma registry, and formal certification for prehospital providers.<br>• Build capacity of health care providers to prevent and respond to victims of violence, mitigate consequences, and reduce reoccurrence, with a special focus on violence against women, youth violence, and violence in migrant populations. |

- Implement and evaluate evidence-based and cost-effective interventions for violence against children, using INSPIRE, a set of strategies shown to successfully reduce violence against children.

### *Outcome 7: Health workforce*

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

**Key Technical Cooperation Interventions**

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

### *Outcome 8: Access to health technologies*

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

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

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

**Key Technical Cooperation Interventions**

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

### *Outcome 9: Strengthened stewardship and governance*

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

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

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

### *Outcome 10: Increased public health financing*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Increased and improved sustainable public financing for health, with equity and efficiency** | | $4,000,000 | Medium |
| **Outputs (OPT)** | | | |
| **10.1** | **Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health coverage** | | |
| | **OPT Indicator 10.1.a:** Number of countries and territories implementing financial strategies for universal access to health and universal health coverage | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **10.2** | **Policy options, tools, and technical guidance provided to countries and territories to implement systems for resource allocation and payment mechanisms for universal health** | | |
| | **OPT Indicator 10.2.a:** Number of countries and territories that have implemented systems for resource allocation and payment mechanisms for universal health | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **10.3** | **Policy options, tools, and technical guidance provided to countries and territories to improve efficiency of financing for universal health** | | |
| | **OPT Indicator 10.3.a:** Number of countries and territories that have implemented strategies to improve efficiency of financing for universal health | **Baseline [2019]** TBD | **Target [2021]** TBD |

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

### *Outcome 11: Strengthened financial protection*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Strengthened protection against health-related financial risks and hardships for all persons** | | $4,100,000 | Medium |
| **Outputs (OPT)** | | | |
| **11.1** | **Countries and territories enabled to implement strategies to improve fiscal space for universal health** | | |
| | **OPT Indicator 11.1.a:** Number of countries and territories implementing financial strategies to increase fiscal space to achieve at least 6% public expenditure on health for universal health | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **11.2** | **Countries and territories enabled to implement strategies to increase pooling of resources for universal health** | | |
| | **OPT Indicator 11.2.a:** Number of countries and territories implementing strategies to increase pooling of resources for universal health | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **11.3** | **Policy options, tools, and technical guidance provided to countries to improve social protection in health** | | |
| | **OPT Indicator 11.3.a:** Number of countries and territories implementing strategies to improve social protection in health | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **Key Technical Cooperation Interventions** | | | |
| • Develop financing strategies to eliminate direct payments that constitute a barrier to access to health services at the point of service, increasing equity.<br>• Develop financial protection against impoverishing or catastrophic expenditure, with new public financing for health.<br>• Implement or advance in reforms toward solidarity-based pooling mechanisms to replace direct payment as a financing mechanism, combat segmentation, and increase solidarity and efficiency. | | | |

### *Outcome 12: Risk factors for communicable diseases*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action** | | $26,000,000 | High |
| **Outputs (OPT)** | | | |
| **12.1** | **Countries and territories enabled to improve awareness and understanding of antimicrobial resistance (AMR) through effective communication, education, and training** | | |

| | | | |
|---|---|---|---|
| | **OPT Indicator 12.1.a:** Number of countries and territories that have campaigns on antimicrobial resistance and rational use aimed at the general public and at professional sectors | **Baseline [2019]** 20 | **Target [2021]** 30 |
| **12.2** | **Countries and territories enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infection through effective sanitation, hygiene, and infection prevention measures** | | |
| | **OPT Indicator 12.2.a:** Number of countries and territories with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities | **Baseline [2019]** 10 | **Target [2021]** 18 |
| **12.3** | **High-level political commitment sustained and effective coordination in place at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals** | | |
| | **OPT Indicator 12.3.a:** Number of countries and territories with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance | **Baseline [2019]** 7 | **Target [2021]** 20 |
| **12.4** | **Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance** | | |
| | **OPT Indicator 12.4.a:** Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance | **Baseline [2019]** 21 | **Target [2021]** 31 |
| **12.5** | **Countries and territories enabled to identify and address HIV, TB, STIs, and VH social determinants and risk factors through multisectoral action, with the participation of public and private sectors and engagement of civil society** | | |
| | **OPT Indicator 12.5.a:** Number of countries and territories implementing the Engage-TB approach | **Baseline [2019]** 0 | **Target [2021]** 15 |
| **12.6** | **Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions** | | |
| | **OPT Indicator 12.6.a:** Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs | **Baseline [2019]** 0 | **Target [2021]** 2 |
| **12.7** | **Countries and territories enabled to implement international standards and strategies for food safety to prevent and mitigate foodborne illnesses, including infections produced by resistant pathogens, with a One Health approach** | | |
| | **OPT Indicator 12.7.a:** Number of countries and territories that have in place or under implementation intersectoral mandatory risk-based regulatory mechanisms, food monitoring and foodborne surveillance systems, or any other practice to protect health from foodborne diseases, informed by the One Health approach | **Baseline [2019]** 5 | **Target [2021]** 10 |

| | | | |
|---|---|---|---|
| **12.8** | **Countries and territories enabled to implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach** | | |
| | **OPT Indicator 12.8.a:** Number of countries and territories that have adequate programs to prevent or mitigate zoonotic diseases | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **12.9** | **Countries and territories enabled to implement actions for eliminating vector-borne transmission of *T. cruzi* by the main or secondary vector** | | |
| | **OPT Indicator 12.9.a:** Number of countries and territories with integrated territorial actions for prevention, control, and/or surveillance of vector-borne transmission of *Trypanosoma cruzi* | **Baseline [2019]** 13 | **Target [2021]** 17 |

**Key Technical Cooperation Interventions**

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

### *Outcome 13: Risk factors for NCDs*

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

**Outputs (OPT)**

| | | | |
|---|---|---|---|
| **13.1** | **Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests** | | |
| | **OPT Indicator 13.1.a:** Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions | **Baseline [2019]** 4 | **Target [2021]** 9 |

| | | | |
|---|---|---|---|
| | **OPT Indicator 13.1.b:** Number of countries and territories implementing policies to reduce physical inactivity and promote physical activity | **Baseline [2019]** 9 | **Target [2021]** 16 |
| | **OPT Indicator 13.1.c:** Number of countries and territories implementing policies to reduce salt/sodium consumption in the population | **Baseline [2019]** 13 | **Target [2021]** 17 |
| | **OPT Indicator 13.1.d:** Number of countries and territories implementing fiscal policies and/or regulatory frameworks on food marketing and/or front-of-package labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer | **Baseline [2019]** 8 | **Target [2021]** 12 |
| | **OPT Indicator 13.1.e:** Number of countries and territories implementing policies to regulate the marketing, sales, and availability of unhealthy food and drink products in schools | **Baseline [2019]** 12 | **Target [2021]** 14 |
| | **OPT Indicator 13.1.f:** Number of countries and territories implementing policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply | **Baseline [2019]** 0 | **Target [2021]** 6 |
| | **OPT Indicator 13.1.g:** Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement | **Baseline [2019]** 9 | **Target [2021]** 18 |

**Key Technical Cooperation Interventions**

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

### *Outcome 14: Malnutrition*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Malnutrition in all its forms reduced** | | $6,000,000 | High |
| **Outputs (OPT)** | | | |
| **14.1** | **Countries and territories enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals** | | |
| | **OPT Indicator 14.1.a:** Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals | **Baseline [2019]** 28 | **Target [2021]** 34 |
| | **OPT Indicator 14.1.b:** Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices | **Baseline [2019]** 4 | **Target [2021]** 10 |
| | **OPT Indicator 14.1.c:** Number of countries and territories implementing policies to prevent stunting in children under 5 years of age | **Baseline [2019]** 22 | **Target [2021]** 25 |

**Key Technical Cooperation Interventions**

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

### *Outcome 15: Intersectoral response to violence and injuries*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Improved intersectoral action to contribute to the reduction of violence and injuries** | | $3,000,000 | Low |
| **Outputs (OPT)** | | | |
| **15.1** | **Countries and territories enabled to strengthen multisectoral policies and legislation that promote road safety and lower associated risk factors** | | |

| | | | |
|---|---|---|---|
| | **OPT Indicator 15.1.a:** Number of countries and territories that have road safety laws or regulations on all five key risk factors: speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints | **Baseline [2017]** 0 | **Target [2021]** 3 |
| **15.2** | **Capacity of key sectors strengthened to prevent violence through multisectoral collaboration** | | |
| | **OPT Indicator 15.2.a:** Number of countries and territories that are implementing a national multisectoral policy or plan to prevent and respond to violence that includes, at a minimum, the health, justice, social services, and education sectors | **Baseline [2017]** 0 | **Target [2021]** TBD |

**Key Technical Cooperation Interventions**

- Advance evidence-based practices in violence prevention, road safety, and injury prevention.
- Improve legislation that lowers risk factors for road safety (for example, speed limits, drink-driving limits, and laws on use of seat belts, helmets, and child restraints) and risk factors for violence (for example, laws limiting access to firearms and laws against corporal punishment, among others).
- Implement cost-effective interventions for road safety, including the WHO technical package Save LIVES, a set of prioritized interventions to reduce road traffic deaths and injuries.
- Support the establishment of national multisector agencies for road safety with the authority and responsibility to make decisions, administer resources, and coordinate actions across relevant government sectors.
- Improve multisector collaboration and strengthen multisector plans for addressing violence in all its forms, with emphasis on youth violence, violence against women, and violence against children.
- Improve the quality and use of data on violence to generate evidence-based policies and programming.

### *Outcome 16: Intersectoral action on mental health*

| **Outcome** | **Proposed budget** | **Priority tier** |
|---|---|---|
| **Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions[13] and suicide, and diminished stigmatization, through intersectoral action** | $4,500,000 | Medium |

**Outputs (OPT)**

| | | | |
|---|---|---|---|
| **16.1** | **Countries and territories enabled to strengthen multisectoral policies and legislation for mental health in line with PAHO/WHO policies** | | |
| | **OPT Indicator 16.1.a:** Number of countries and territories implementing policies and legislative frameworks to promote and improve mental health | **Baseline [2019]** TBD | **Target [2021]** TBD |

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

| | | | |
|---|---|---|---|
| **16.2** | **Countries and territories enabled to develop suicide prevention plans** | | |
| | **OPT Indicator 16.2.a:** Number of countries and territories with national multisectoral policies aimed at the prevention of suicide across the life course and addressing its risk factors and social determinants | **Baseline [2019]** TBD | **Target [2021]** TBD |

**Key Technical Cooperation Interventions**

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

### *Outcome 17: Elimination of communicable diseases*

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

| | | | |
|---|---|---|---|
| **Outputs (OPT)** | | | |
| **17.1** | **Countries and territories enabled to provide early diagnosis, treatment, case investigation, and response toward malaria elimination and prevention of reestablishment** | | |
| | **OPT Indicator 17.1.a:** Number of countries and territories implementing PAHO/WHO-recommended interventions in active foci and areas at risk of reestablishment of malaria | **Baseline [2019]** 22/34 | **Target [2021]** 30/34 |
| **17.2** | **Countries and territories enabled to accelerate, expand, or maintain interventions for the elimination of NIDs, HIV, STIs, TB, and viral hepatitis as public health problems** | | |
| | **OPT Indicator 17.2.a:** Number of countries and territories implementing PAHO's policy and framework for elimination, including elimination of mother-to-child transmission (EMTCT) | **Baseline [2019]** 0 | **Target [2021]** 10 |
| **17.3** | **Implementation of the plan of action to eliminate perinatal transmission of hepatitis B** | | |
| | **OPT Indicator 17.3.a:** Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours | **Baseline [2019]** 24 | **Target [2021]** 28 |
| **17.4** | **Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)** | | |
| | **OPT Indicator 17.4.a:** Number of countries and territories with official status as foot-and-mouth disease (FMD) free, with or without vaccination, in accordance with the timeline and expected results established in the PHEFA Action Plan 2011-2020 | **Baseline [2019]** TBD | **Target [2021]** TBD |

| | | | |
|---|---|---|---|
| **17.5** | **Maintenance of regional surveillance system for monitoring of acute flaccid paralysis** | | |
| | **OPT Indicator 17.5.a:** Number of countries and territories that have met at least three of the indicators for monitoring the quality of epidemiological surveillance of acute flaccid paralysis cases | **Baseline [2017]** 2 | **Target [2021]** 13 |
| **17.6** | **Implementation of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023** | | |
| | **OPT Indicator 17.6.a:** Number of countries and territories that have met at least four of the indicators for monitoring the quality of epidemiological surveillance of suspected measles, rubella, and congenital rubella syndrome cases | **Baseline [2017]** 18 | **Target [2021]** 20 |
| **17.7** | **Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus)** | | |
| | **OPT Indicator 17.7.a:** Number of endemic countries and territories with diagnosis of Chagas implemented for all newborns of pregnant women positive for Chagas as one of the controls of pregnancy | **Baseline [2019]** 5 | **Target [2021]** 19 |
| **17.8** | **Countries and territories enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs** | | |
| | **OPT Indicator 17.8.a:** Number of countries and territories implementing plans of action to strengthen prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs | **Baseline [2019]** TBD | **Target [2021]** TBD |

## Key Technical Cooperation Interventions

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

### *Outcome 18: Social and environmental determinants*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability** | | $13,000,000 | Low |
| **Outputs (OPT)** | | | |
| **18.1** | **Countries and territories enabled to address the social determinants of health** | | |
| | **OPT Indicator 18.1.a:** Number of countries and territories that have developed national, subnational, or local health policies, plans, programs, and projects that address the social determinants of health and inequities | **Baseline [2019]** 10 | **Target [2021]** 20 |
| **18.2** | **Countries and territories enabled to address environmental determinants of health including air quality, chemical safety, climate change, and water and sanitation** | | |
| | **OPT Indicator 18.2.a:** Number of countries and territories with water safety plans, policies, and/or programs in place and aligned with the WHO guidelines | **Baseline [2019]** 3 | **Target [2021]** 7 |
| | **OPT Indicator 18.2.b:** Number of countries and territories with sanitation safety plans, policies, and/or programs in place and aligned with the WHO guidelines | **Baseline [2019]** 2 | **Target [2021]** 5 |
| | **OPT Indicator 18.2.c:** Number of countries and territories that incorporate the health dimension explicitly in their outdoor air quality plans, policies, and/or programs, following the WHO guidelines | **Baseline [2019]** 3 | **Target [2021]** 8 |
| | **OPT Indicator 18.2.d:** Number of countries and territories that incorporate the health dimension explicitly in their chemical management plans, policies, and/or programs, following the WHO Chemicals Road Map, including implementation of the Minamata Convention | **Baseline [2019]** 4 | **Target [2021]** 8 |
| | **OPT Indicator 18.2.e:** Number of countries and territories with health adaptation plans on climate change in place | **Baseline [2019]** 2 | **Target [2021]** 9 |
| | **OPT Indicator 18.2.f:** Number of countries and territories that incorporate the health dimension in their household air quality plans, policies, and/or programs to reduce emissions from cooking, following the WHO guidelines | **Baseline [2019]** 0 | **Target [2021]** 13 |
| **18.3** | **Countries and territories enabled to prevent key occupational diseases** | | |
| | **OPT Indicator 18.3.a:** Number of countries and territories that apply guidelines and implement surveillance systems to prevent, diagnose, and record chronic kidney disease of nontraditional causes (CKDnT) and/or key pneumoconioses | **Baseline [2019]** 3 | **Target [2021]** 7 |

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

### *Outcome 19: Health promotion and intersectoral action*

| Outcome | Proposed budget | Priority tier |
|---|---|---|
| **Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action** | $7,000,000 | Low |

| Outputs (OPT) | | | |
|---|---|---|---|
| **19.1** | **Countries and territories enabled to adopt, review, and revise laws, regulations, and policies to create healthy settings, including schools, universities, housing, and workplaces** | | |
| | **OPT Indicator 19.1.a:** Number of countries and territories that produce annual progress reports on health promotion in at least two categories of healthy settings | **Baseline [2019]** 4 | **Target [2021]** 20 |
| **19.2** | **Countries and territories enabled to develop and/or strengthen city and municipal government capacities to include health promotion as a priority** | | |
| | **OPT Indicator 19.2.a:** Number of countries and territories that have capacity-building programs to enable local-level governments to integrate health promotion in their planning | **Baseline [2019]** 7 | **Target [2021]** 17 |
| **19.3** | **National, subnational, and local governance mechanisms used to address health determinants, applying the Health in All Policies approach** | | |
| | **OPT Indicator 19.3.a:** Number of countries and territories that have established an intersectoral mechanism at national or subnational and local government levels to address the determinants of health, applying the Health in All Policies approach | **Baseline [2019]** 6 | **Target [2021]** 16 |
| **19.4** | **Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector** | | |
| | **OPT Indicator 19.4.a:** Number of countries and territories implementing a national health promotion policy | **Baseline [2019]** 10 | **Target [2021]** 11 |

| | | | |
|---|---|---|---|
| | **OPT Indicator 19.4.b:** Number of countries and territories implementing mechanisms that facilitate the participation of community organizations and leaders in public health programs | **Baseline [2019]** 10 | **Target [2021]** 10 |

**Key Technical Cooperation Interventions**

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

### *Outcome 20: Integrated information systems for health*

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

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

| Key Technical Cooperation Interventions |
|---|
| • Collaborate with Member States to assess country information systems for health, using the IS4H Maturity Model assessment tool, and facilitate monitoring of health indicators through the management of information systems for health.<br>• Develop and/or reinforce Member State information systems for health to ensure interoperability in all processes, including, but not limited to, data governance, data collection and archiving, inter-institutional data exchange, eHealth, monitoring and evaluation, reporting, policies, and laws regarding use of health-related data.<br>• Build capacity for inter-institutional exchange of data; governance and leadership models; mechanisms for data collection; standardized health data that include disaggregated data at the national and subnational levels; and standards and processes that permit the measurement, monitoring, and ongoing improvement of high-quality information, as well as informed policy and decision making. |

### *Outcome 21: Data, information, knowledge, and evidence*

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

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

| Key Technical Cooperation Interventions |
|---|
| • Develop and/or scale up institutional capacities within Member States for the systematic and transparent uptake of evidence to inform policy and decision making, and implement standardized evidence mechanisms derived from global science, local data, and specific contextual knowledge to improve policy, systems, and services.<br>• Build capacity to collect, analyze, disseminate, and use data disaggregated by regional, national, and subnational levels to monitor progress toward the regional goals for health priorities.<br>• Increase the availability and use of scientific and technical literature in the four main languages of the Region in order to facilitate more equitable access to information and foster knowledge sharing among Member States. |

### *Outcome 22: Research, ethics, and innovation for health*

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

| Outputs (OPT) | | | |
|---|---|---|---|
| **22.1** | **Countries and territories enabled to ethically conduct integrated health research using recommended PAHO and WHO guidelines and methodologies** | | |
| | **OPT Indicator 22.1.a:** Number of countries and territories implementing a national research for health plan that is based on ethical principles and responds to a priority research agenda | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **22.2** | **Countries and territories enabled to ethically use and disseminate quality health research results** | | |
| | **OPT Indicator 22.2.a:** Number of research studies that respond to priority research agendas disseminated in scientific and technical information products | **Baseline [2019]** TBD | **Target [2021]** TBD |

| Key Technical Cooperation Interventions |
|---|
| • Conduct an assessment of each country's research ethics system, provide technical assistance for the development of a framework to ensure that human subjects research is ethical, establish effective mechanisms for ethics oversight, and strengthen capacities for ethics analysis and ethical decision making in public health.<br>• Develop institutional capacities for public health research to strengthen the implementation, monitoring, and evaluation of health policies, programs, and practice to improve health and reduce health inequalities.<br>• Support and assess national innovations for health geared toward strengthening health systems and advancing toward universal health; monitor and evaluate the governance of research for health, including assessments of investments and returns; and develop and implement norms, standards, and recommendations for these purposes. |

### *Outcome 23: Health emergencies preparedness and risk reduction*

| Outcome | | Proposed budget | Priority tier |
|---|---|---|---|
| **Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector** | | $21,500,000 | High |
| **Outputs (OPT)** | | | |
| **23.1** | **All-hazards emergency preparedness capacities in countries and territories assessed and reported** | | |
| | **OPT Indicator 23.1.a:** Number of States Parties completing annual reporting on the International Health Regulations (2005) | **Baseline [2019]** 33 | **Target [2021]** 35 |
| | **OPT Indicator 23.1.b:** Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector | **Baseline [2019]** 20 | **Target [2021]** 35 |
| **23.2** | **Countries and territories enabled to strengthen capacities for emergency preparedness** | | |
| | **OPT Indicator 23.2.a:** Number of countries with national action plans developed for strengthening International Health Regulations (2005) core capacities | **Baseline [2019]** 10 | **Target [2021]** 19 |
| | **OPT Indicator 23.2.b:** Number of countries and territories with full-time staff assigned to health emergencies | **Baseline [2019]** 23 | **Target [2021]** 30 |
| **23.3** | **Countries and territories operationally ready to assess and manage identified risks and vulnerabilities** | | |
| | **OPT Indicator 23.3.a:** Number of countries and territories that have conducted simulation exercises or after-action review | **Baseline [2019]** 12 | **Target [2021]** 20 |
| **23.4** | **Countries and territories enabled to improve the safety and security of integrated health services networks** | | |
| | **OPT Indicator 23.4.a:** Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services | **Baseline [2019]** 28 | **Target [2021]** 35 |
| **23.5** | **Countries and territories enabled to implement the most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment** | | |
| | **OPT Indicator 23.5.a:** Number of countries and territories that include criteria for disaster mitigation and climate change adaptation in the planning, design, construction, and operation of health services | **Baseline [2019]** 10 | **Target [2021]** 15 |

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

### *Outcome 24: Epidemic and pandemic prevention and control*

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

| Outputs (OPT) | | | |
|---|---|---|---|
| **24.1** | **Research agendas, predictive models, and innovative tools, products, and interventions available for high-threat health hazards** | | |
| | **OPT Indicator 24.1.a:** Number of tools implemented for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface | **Baseline [2019]** 1 | **Target [2021]** 3 |
| | **OPT Indicator 24.1.b:** Number of strategies in place at PAHO for deployment and use of the most effective package of control measures, including management and logistics for stockpiles | **Baseline [2019]** 10 | **Target [2021]** 12 |

| | | | |
|---|---|---|---|
| **24.2** | **Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale** | | |
| | **OPT Indicator 24.2.a:** Number of countries and territories with an operational surveillance and response system for influenza and other respiratory viruses | **Baseline [2019]** 23 | **Target [2021]** 25 |
| | **OPT Indicator 24.2.b:** Number of countries and territories with strategies in place to detect and respond to high-threat infectious pathogens | **Baseline [2019]** 23 | **Target [2021]** 28 |
| **24.3** | **Countries and territories enabled to mitigate the risk of the emergence/reemergence of high-threat infectious pathogens** | | |
| | **OPT Indicator 24.3.a:** Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to emerging and high-threat pathogens | **Baseline [2019]** 10 | **Target [2021]** 20 |
| | **OPT Indicator 24.3.b:** Number of countries and territories performing regular monitoring/auditing of infection prevention and control practices in referral care facilities | **Baseline [2019]** 25 | **Target [2021]** 28 |

**Key Technical Cooperation Interventions**

- Improve knowledge and information sharing on emerging and reemerging high-threat infectious hazards; enhance surveillance and response for epidemic diseases, including establishing and/or working through networks (e.g., laboratory, biosafety and biosecurity, clinical management, infection prevention and control, and epidemiological surveillance networks) to strengthen countries' capacities and contribute to global mechanisms and processes, in accordance with IHR provisions. PASB will also manage regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.
- Support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans designed to respond to major epidemics, including epidemiological surveillance, laboratory strengthening and networking, case management and infection control, and intersectoral coordination to address the needs of populations in conditions of vulnerability.
- Improve capacities for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface, to monitor their level of occurrence and enable a more effective response.

### *Outcome 25: Health emergencies detection and response*

| Outcome | Proposed budget | Priority tier |
|---|---|---|
| **Rapid detection, assessment, and response to health emergencies** | $25,000,000 | High |

**Outputs (OPT)**

| | |
|---|---|
| **25.1** | **Potential health emergencies rapidly detected, and risks assessed and communicated** |

| | | | |
|---|---|---|---|
| | **OPT Indicator 25.1.a:** Median number of days between substantiated onset of public health event and date information first received or detected by PAHO | **Baseline [2019]** 47 days | **Target [2021]** 30 days |
| | **OPT Indicator 25.1.b:** Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24 hours | **Baseline [2019]** 40% | **Target [2021]** 70% |
| | **OPT Indicator 25.1.c:** Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision makers, in any format, starting within one week of grading or of posting on the Event Information Site (EIS) | **Baseline [2019]** 90% | **Target [2021]** 90% |
| **25.2** | **Acute health emergencies rapidly responded to, leveraging relevant national and international capacities** | | |
| | **OPT Indicator 25.2.a:** Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threat, in which PASB meets performance standards | **Baseline [2019]** 70% | **Target [2021]** 90% |
| **25.3** | **Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings** | | |
| | **OPT Indicator 25.3.a:** Percentage of protracted-emergency countries in which PASB meets performance standards | **Baseline [2019]** 70% | **Target [2021]** 90% |
| **25.4** | **Standing capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action** | | |
| | **OPT Indicator 25.4.a:** Number of PAHO/WHO Representative Offices that meet minimum readiness criteria | **Baseline [2019]** 27 | **Target [2021]** 27 |

## Key Technical Cooperation Interventions

- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. In cases of graded and protracted emergencies, PASB will provide data management, analytics, and reporting platforms to produce and disseminate timely standardized information products for all these events, including updated situational analysis, risk assessment, and mapping of available health resources and response capacities. PASB will also work to improve the evidence base in order to inform national and international decision making, thus contributing to timely risk assessments, response monitoring, and field investigations. This will be achieved through the development of public health indicators for emergencies and disasters and technical cooperation to build data management and epidemiology capacities for these events.
- Monitor for signals of potential threats and coordinate surveillance networks to establish early warning systems. For all signals involving high-threat pathogens or clusters of unexplained deaths in high-vulnerability countries, PASB will initiate an on-site risk assessment within 72 hours of detection. PASB will also publish risk assessments for all public health events requiring publication for the use of the National IHR Focal Points on the Event Information Site within 48 hours of the completion of the assessment.

- Enhance PASB's capacity to monitor and coordinate emergency response, with a strong focus on ensuring continued and optimal operation of the PAHO Emergency Operations Center (EOC) and on the ability to establish and operate Incident Management Systems (IMS) at national, subregional, and regional levels. Concerted efforts will also be directed toward strengthening PAHO's response capacity, including surge capacity response mechanisms, such as its regional health response team and the Global Outbreak Alert and Response Network (GOARN), to allow for the implementation of WHO's critical functions in humanitarian emergencies. PASB will also ensure that relevant policies, processes, and mechanisms are in place to guarantee that essential operations support and logistics will be established and emergency supplies distributed to points of service within 72 hours of grading for all graded risks and events.
- Provide timely, effective, and efficient technical and operations support to countries to ensure that emergency-affected populations have access to an essential package of life-saving health services. This includes, but is not limited to, establishment of comprehensive IMS and coordination of health emergency partners on the ground within 72 hours of grading for all graded risks and events, development of a strategic response and joint operations plan, and provision of operational support and critical specialized health logistics services, as required (including fleet, accommodation, facilities, security, information and communications technology, and effective supply chain management), for all graded and protracted emergencies.

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

| **Outcome** | | | **Proposed budget** |
|---|---|---|---|
| **Strengthened country leadership and capacity to advance health equity and gender and ethnic equality in health, within a human rights framework** | | | $7,000,000 |
| **Outputs (OPT)** | | | |
| **26.1** | **Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work** | | |
| | **OPT Indicator 26.1.a:** Number of outcomes in which PASB is advancing health equity, gender and ethnic equality, and human rights | **Baseline [2019]** 23 | **Target [2021]** 28 |
| | **OPT Indicator 26.1.b:** Mechanisms in place to monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB | **Baseline [2019]** 1 | **Target [2021]** 3 |
| **26.2** | **Countries and territories enabled to implement policies, plans, and strategies to advance health equity** | | |
| | **OPT Indicator 26.2.a:** Number of countries and territories implementing policies, plans, and strategies to advance health equity | **Baseline [2019]** 16 | **Target [2021]** 25 |
| **26.3** | **Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health** | | |
| | **OPT Indicator 26.3.a:** Number of countries and territories implementing policies, plans, and programs to advance gender equality in health | **Baseline [2019]** 18 | **Target [2021]** 25 |

| | | | |
|---|---|---|---|
| **26.4** | **Countries and territories enabled to implement policies, plans, and programs to advance ethnic equality in health** | | |
| | **OPT Indicator 26.4.a:** Number of countries and territories implementing policies, plans, and programs to advance ethnic equality in health | **Baseline [2019]** 10 | **Target [2021]** 23 |
| **26.5** | **Countries and territories enabled to establish and implement health-related policies, plans, and/or laws to advance the right to health and other health-related rights** | | |
| | **OPT Indicator 26.5.a:** Number of countries and territories using human rights norms and standards in the formulation of health-related policies, plans, programs, and legislation | **Baseline [2019]** 18 | **Target [2021]** 28 |
| **26.6** | **Countries and territories enabled to establish formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights** | | |
| | **OPT Indicator 26.6.a:** Number of countries and territories implementing formal accountability mechanisms for health equity, gender and ethnic equality in health, and human rights | **Baseline [2019]** 6 | **Target [2021]** 12 |

## Key Technical Cooperation Interventions

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

### *Outcome 27: Leadership and governance*

| Outcome | | | Proposed budget |
|---|---|---|---|
| **Strengthened PASB leadership, governance, and advocacy for health** | | | $78,500,000 |
| **Outputs (OPT)** | | | |
| **27.1** | **Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020-2025 and drive health impact at the country level, based on strategic communications and in accordance with the SHAA 2030** | | |
| | **OPT Indicator 27.1.a:** Number of countries and territories with a current Country Cooperation Strategy | **Baseline [2019]** 25 | **Target [2021]** 41 |
| | **OPT Indicator 27.1.b:** Proportion of agenda items of PAHO Governing Bodies aligned with the SP20-25 | **Baseline [2019]** TBD | **Target [2021]** TBD |
| | **OPT Indicator 27.1.c:** Number of PAHO/WHO Representative Offices implementing a communication plan that is aligned with the PAHO Communications Strategic Plan 2018-2022 | **Baseline [2019]** 5 | **Target [2021]** 27 |
| **27.2** | **The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation** | | |
| | **OPT Indicator 27.2.a:** Proportion of corporate risks for which mitigation plans are approved | **Baseline [2019]** 50% | **Target [2021]** 90% |
| | **OPT Indicator 27.2.b:** Proportion of completed internal audits with an overall rating of "satisfactory" or "partially satisfactory – some improvement needed" | **Baseline [2019]** 80% | **Target [2021]** 90% |
| | **OPT Indicator 27.2.c:** Time taken to address fraud and corruption as well as staff misconduct issues | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **27.3** | **Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships** | | |
| | **OPT Indicator 27.3.a:** Proportion of outcomes rated as "high" priority (tier 1) that are more than 90% funded at the end of the biennium | **Baseline [2019]** TBD | **Target [2021]** 100% |
| | **OPT Indicator 27.3.b:** Number of technical outcomes with at least 50% of their non-flexibly funded budget ceilings covered by voluntary contributions | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **27.4** | **Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate planning, performance monitoring, and assessment, and on responding to country priorities** | | |

| | | | |
|---|---|---|---|
| | **OPT Indicator 27.4.a:** Proportion of countries and territories where output and outcome indicators are evaluated jointly with the national health authorities | **Baseline [2018]** 75% | **Target [2021]** 100% |
| **27.5** | **PAHO's corporate culture and personnel engagement strengthened through improved management practices and internal communications** | | |
| | **OPT Indicator 27.5.a:** PAHO's overall score on the personnel engagement survey | **Baseline [2019]** 3.69/5.0 | **Target [2021]** 4.0/5.0 |

**Key Technical Cooperation Interventions**

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

### *Outcome 28: Management and administration*

| **Outcome** | **Proposed budget** |
|---|---|
| **Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources** | $96,500,000 |

**Outputs (OPT)**

| | | | |
|---|---|---|---|
| **28.1** | **Sound financial practices and oversight managed through an efficient and effective internal control framework** | | |
| | **OPT Indicator 28.1.a:** Unmodified audit opinion issued each financial year | **Baseline [2019]** Yes | **Target [2021]** Yes |
| **28.2** | **Effective and efficient management and development of human resources to attract, recruit, and retain talent for successful program delivery** | | |
| | **OPT Indicator 28.2.a:** Percentage of post descriptions that have been reprofiled or updated within the last five years | **Baseline [2019]** 32% | **Target [2021]** 40% |

| | | | |
|---|---|---|---|
| **28.3** | **Effective, innovative, and secure digital platforms and services aligned with the needs of users, corporate functions, technical programs, and health emergencies operations** | | |
| | **OPT Indicator 28.3.a:** Percentage of PASB entities storing 100% of their documents on secure cloud-based corporate platforms | **Baseline [2019]** TBD | **Target [2021]** TBD |
| **28.4** | **Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care** | | |
| | **OPT Indicator 28.4.a:** Percentage of requested vaccines and supplies delivered to Member States within the planned time frame | **Baseline [2019]** 70% | **Target [2021]** 85% |

**Key Technical Cooperation Interventions**

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

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

1. The last net increase in PAHO assessed contributions (AC) was in 2012-2013 (see Figure 2 in the main document, showing PAHO assessed contributions over the biennia). Because the costs of human resources, goods, and services all increase annually, while voluntary contributions have not increased significantly, the Organization's financial resources to deliver technical cooperation to its Member States have effectively decreased over the past three biennia. Although PASB has and will continue to strive to "do more with less," the situation cannot be sustained indefinitely.

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

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

**Table 1. Level of PAHO Assessed Contributions under Three Scenarios (US$ millions)**

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

4. The Bureau believes that the combined technical cooperation mandate of the SP20-25 and PB20-21 provides ample evidence of the programmatic needs in the Region, and of the great demands placed on PASB by its Member States to deliver timely, high-quality, and evidence-based technical cooperation reflecting cutting-edge best practices and knowledge transfer.

5. In financial terms, the proposed scenarios 2 and 3 would allow the Bureau to partially offset the large cost increases it has faced in recent biennia, ensuring that it can maintain the minimum necessary technical staff contingent to deliver the services required

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

by Member States. On the administrative side, the Bureau has explored and will continue to explore every avenue to minimize costs and realize efficiencies.

6. When considering AC increases, Member States often ask what the Bureau would stop doing if the increase were not approved. Assessed contributions, because they are the most flexible source of funds available to the Organization, are used to help fill critical funding gaps for programs of direct relevance to Member States. Accordingly, here is how the Organization will apply any AC increase that is approved:

a) In the current biennium, many PAHO/WHO Representative Offices face funding gaps of over 20% vis-à-vis their budget allocations. At the same time, PAHO is committed to strengthening the country level in the 2020-2021 biennium and beyond. With an increase in assessed contributions, additional flexible funding will be allocated directly to the country level to fund actions prioritized by Member States. Any increases to the country level will be shown transparently in the PAHO PB20-21 presented for consideration by the 57th Directing Council in September 2019. The Country Pages in Annex B of this document are intended to provide a high-level overview of the deliverables to be funded.

b) Several strategic priorities, such as noncommunicable diseases, maternal mortality, alert and response capacities for complying with the International Health Regulations (IHR), and health information systems, are currently underfunded because they depend almost entirely on flexible funding. Additional AC will allow the Bureau to increase funding for these areas, which Member States consistently identify as priorities.

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

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

## Annex B. Country Pages

1. This new section will provide a short overview for each country in line with the PAHO goal of highlighting country-level impact. Each one-page summary will highlight the country's main deliverables and will include the following elements:

a) Brief health situation analysis for the country

b) Main PAHO deliverables for the next biennium

c) National prioritization results

d) Budget allocated to the country

2. Most Country Pages are still under development. Three sample pages are presented here, one per subregion. The full set of Country Pages will be annexed to the PB20-21 that will be presented at the 57th Session of the PAHO Directing Council.

# HAITI

**KEY COUNTRY**

**BUDGET: US$32.5 m**

## KEY INDICATORS

**Population:** 10,981,229 (2017)
**GDP per capita:** $756 (2017)
**HNI 2018:**

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

Link to Basic Health Indicators

## HEALTH SITUATION IN BRIEF

- In 2014, 34.8% of direct health expenditure came from households, a situation that indicates a lack of financial protection against health risks. In 2012, two out of three poor patients did not consult health professionals for financial reasons.
- For every 10,000 inhabitants, there are 1.4 physicians and 1.8 nurses in the public sector, with 1.0 physician and 2.1 nurses in the private sector. Availability of these professionals is unequal across the country's departments.
- The health services network consists of 10 health departments and 42 health district units, with more than 900 institutions (38% public, 42% private, and 20% mixed).
- Trained health personnel attended 37.3% of births. In 2013, only 43% of health care institutions offered any maternity services, and 10% offered cesarean sections.
- Although in a decreasing trend over the years, the maternal mortality ratio was 529 deaths per 100,000 live births in 2017. The infant mortality rate was 59 per 1,000 live births in 2016-2017 (compared with 57/1,000 in 2005-2006), and the neonatal mortality rate was 32/1,000.
- In 2017, Haiti had 7,600 new HIV infections and 4,700 AIDS-related deaths. There were 150,000 people living with HIV, of whom 64% (82,500) were accessing antiretroviral therapy.
- Tuberculosis incidence was 181/100,000 population in 2017, and tuberculosis mortality was 12/100,000. Clinical management is provided through 256 Diagnostic and Treatment Centers (CDTs) and 12 Treatment Centers (CTs).
- The number of confirmed malaria cases decreased from 19,135 cases in 2017 to 8,828 in 2018. In the same period the incidence decreased from 1.63 to 0.70 per 1,000 inhabitants.
- The Haitian cholera epidemic that began in 2010 has been under control in the past few years, with only three suspected cases per 10,000 population reported in 2018.
- An outbreak of diphtheria began in 2014 and has been increasing annually, with 161 probable cases reported in 2018.
- In 2018, Haiti introduced the PCV-13 vaccine in its routine program. Despite progress, immunization coverage remains lower than in other countries in the Region.
- Despite some progress, malnutrition still affects children in Haiti, and 22% of children under 5 years old are stunted.
- Domestic violence is common in Haiti. In 2012, more than one-quarter (28%) of women aged 15-49 reported that they had experienced physical violence after the age of 15, and 13% of women aged 15-49 stated that they had been sexually abused at some point in their lives.
- Haiti is particularly vulnerable to environment disasters (earthquakes, hurricanes, flood), and suffers from extensive soil erosion, with direct consequences in terms of death and disability, aggravated by the reduced health system capacity to respond to emergency needs.

Other source: Enquête Mortalité, Morbidité et Utilisation des Services (EMMUS-VI), 2016-2017, MSPP, https://mspp.gouv.ht/site/downloads/rapport%20preliminaire%20emmus%20VI.pdf

## PAHO/WHO DELIVERABLES

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

## TOP TIER PRIORITIZATION RESULTS

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

# NICARAGUA

**KEY COUNTRY**

**BUDGET: US$12.5 m**

## KEY INDICATORS:

**Population:** 6.5 million
**GDP per capita:** US$ 2,028.2 (2018)
**HNI 2018:**

**Representative Office website:**
https://www.paho.org/nic/

Link to basic health indicators

## HEALTH SITUATION IN BRIEF

- In 2018, of the 47 maternal deaths reported, 15% were in the <20 age group, 40% in the 20-29 age group, 40% in the 30-39 age group, and 4% in the >40 age group.
- In 2018, the most frequent communicable diseases were vector-borne: vivax malaria (14,464 confirmed cases) and dengue. TB and HIV remained health problems and were treated at all levels of the health system.
- In 2018, the most frequent diseases in the country were hypertension (267.3 per 10,000 pop.) and diabetes (129.6 per 10,000 pop.), and the highest mortality was due to acute myocardial infarction (4.4 per 10,000 pop.), malignant neoplasms (4.2 per 10,000 pop.), and diabetes mellitus (3.5 per 10,000 pop.)
- In 2015, physician density in the country was 9.3 per 10,000 pop.; nursing personnel, 7.5; nursing auxiliaries, 6.3; and health technicians, 7.1 However, guaranteeing fully staffed family and community health teams was still problematic.
- The entire country is earthquake-prone and a natural corridor for weather-related events of different magnitudes. Some 70.5% of the country's population is exposed to the impact of a variety of natural phenomena, due to area of residence and poor construction of 60.9% of dwellings.
- In the period 2006-2012, the percentage of children who had received the complete vaccination series declined from 85.0% to 84.0%; children aged 18-29 months whose mothers lacked schooling were more likely to have an incomplete vaccination series (24.5%)

Nicaragua has one of the youngest populations in the Region, with a demographic dependency ratio of 54.1 for both sexes. Estimates indicate that in the period 2050-2055, the number of people over 60 will equal the number under 15.

## PAHO/WHO DELIVERABLES

- Contribute to implementation of the Plan of Action for Women's, Children's, and Adolescents' Health and address men's health, with emphasis on vulnerable groups and the reduction of preventable mortality, to promote health and well-being and increase favorable environments.
- Help to improve basic capacities in the national health system for early detection, containment, and control of epidemics and pandemics within the framework of the International Health Regulations (IHR).
- Strengthen national capacity for intersectoral and interinstitutional work to tackle the determinants of health and reduce the risk factors for noncommunicable diseases.
- Promote equitable access to people-, family-, and community-centered health services that take gender and cultural aspects into account to advance toward universal health, promoting the inclusion of traditional and complementary medicine in the model of care.
- Improve surveillance, data analysis, evaluation, detection, preparedness, response, and recovery procedures for public health emergencies, adopting a multi-hazard intersectoral approach at different levels, including the national and subnational levels.
- Strengthen national capacity for intersectoral and interinstitutional work to tackle the determinants of health and manage the risks of communicable diseases.
- Improve linkage among the national entities responsible for regulatory systems that govern the implementation of policies, standards, and procedures for ensuring equitable access, quality, and rational use of medicines and new health technologies.
- Contribute to the improvement of health system response capacity to provide comprehensive quality care for older people, lowering access barriers.

## TOP-TIER PRIORITIZATION RESULTS

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

# PERU

**BUDGET: US$11.6 m**

## KEY INDICATORS

**Population:** 31,237,385 (2017)
**GDP per capita:** US$ 5,970 (2017)
**HNI 2018:**
**Representative Office website:**
**https://www.paho.org/per/**

Link to basic health indicators
Spanish link for Peru: https://www.paho.org/salud-en-las-americas-2017/?page_t_es=informes-de-pais/peru&lang=es]

## HEALTH SITUATION IN BRIEF

- In 2017, 12.9% of children <5 years suffered from malnutrition, and 43.5% of children aged 6-35 months, from anemia. One third of children aged 5-9, and 25% of children and adolescents aged 10-19 were overweight or obese.
- In 2015, health expenditure accounted for 5.3% of GDP. In 2019, 87.54% of the population had health insurance; 52.8% of this group had publicly-financed Comprehensive Health Insurance for the vulnerable population living in poverty.
- In 2017, neonatal mortality stood at 10 per 1000 live births and still accounts for the highest percentage of mortality in children < 1 (67%). The infant mortality rate was 15 per 1000 live births.
- In 2016, the maternal mortality ratio was 60.7 deaths per 100,000 live births.
- Between 2010 and 2016, 170,454 cases of dengue were reported, and between 2010 and 2015, 102 cases of yellow fever and 367 cases of Chagas disease. Between 2010 and 2015, malaria cases increased from 29,339 to 62,220.
- Between 2014 and 2018, 7,674 cases of Zika virus infection, and 2,836 cases of Chikungunya virus had been reported
- In 2013 and 2014, coverage of the pentavalent, polio, rotavirus, and triple viral vaccine (MMR) declined. In 2015, it rebounded but did not reach 95%.
- In 2015, the leading causes of death were acute lower respiratory infection, cerebrovascular disease, diabetes mellitus, ischemic heart disease, cirrhosis, certain chronic diseases of the liver, and pulmonary disease.
- Peru ranks third among the countries of the world in terms of vulnerability to the effects of climate change.
- In 2017, the density of human resources for health was 31.9 per 10,000 population.

## PAHO/WHO DELIVERABLES

- Promote a multisectoral response to address the socioenvironmental conditions that foster poor nutrition, overweight, and obesity under the National Plan for the Reduction and Control of Maternal and Child Anemia and Chronic Child Malnutrition 2017-2021, the Law to Promote a Healthy Diet for Children and Adolescents, and the Nutritional Guidelines for the Peruvian population.
- Provide technical cooperation for the implementation of integrated health service delivery networks, intersectoral action, governance, and financing in the capital city of Lima and priority regions. Support development and implementation of the national policy on quality in health.
- Develop national capacity for comprehensive health care by addressing the life course, social determinants, and community participation through protocols suited to the cultural context, with a gender and human rights approach.
- Strengthen country capacity to record and analyze data, conduct surveillance, and respond to morbidity and mortality throughout the life course, with emphasis on maternal and perinatal mortality to tackle inequities in health.
- Build national and subnational capacity, integrating the various health components and programs for a comprehensive approach to the surveillance, prevention, and control of communicable diseases, including those with epidemic and pandemic potential.
- Promote the development of policies, strategies, and plans for ensuring access to essential medicines, health technologies, vaccines and supplies, blood, and organ transplantation services; support strengthening of the national drug authorities for their certification as Level IV Regional Regulatory Authorities.
- Provide technical assistance for the implementation of cost-effective policies, programs, plans, strategies, and interventions to strengthen and guide health systems in the prevention and control of communicable diseases and their risk factors.
- Develop national capacity to implement the regulations of the Mental Health Law and strengthen the information system and policy on mental health service and financing reform.
- Strengthen emergency preparedness and disaster relief using a multi-hazard approach, with emphasis on the development and maintenance of the basic skills outlined in the IHR at the national and subnational level.
- Propose options for other policies, strategies, and plans to close gaps in human resources for health.

## TOP-TIER PRIORITIZATION RESULTS

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

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