

Advancing the Sustainable Health Agenda for the Americas 2018-2030

EXECUTIVE SUMMARY

PAHO









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Equitable Access to Health Services



GOAL 2

Stewardship and Governance for Health



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Message from the Director



To the Member States

In accordance with the Constitution of the Pan American Health Organization, I have the honor of presenting the 2019 annual report on the work of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.

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

This report is complemented by the Financial Report of the Director and the Report of the External Auditor for the year 2018.

Carissa F. Etienne

Director

Pan American Health Organization



he theme of the 2019 Annual Report of the Director of the Pan American Health Organization (PAHO) is "Advancing the Sustainable Health Agenda for the Americas 2018-2030." The Sustainable Health Agenda for the Americas 2018-2030 is the strategic policy instrument that provides direction and political vision for health development in the Region of the Americas for the stated period. The SHAA2030 represents an adaptation of the 2030 Agenda for Sustainable Development, primarily SDG 3, "Ensure healthy lives and promote wellbeing for all at all ages." With its nine targets and four implementation mechanisms, SDG 3 aligns with the regional health development situation.

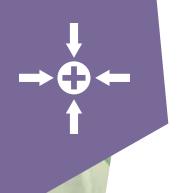
PAHO's Member States and secretariat have always worked together not only to improve the health of the peoples of the Americas but also to reduce inequities. Although significant progress has been made, much remains to be done. The Organization's Governing Bodies have approved key strategies and plans of action and adopted related resolutions to address issues pertinent to the SHAA2030 and the 2030 Agenda for Sustainable Development, many of them having been put in place before the endorsement of the sustainable development frameworks.

Member States have demonstrated solidarity and an unfailing willingness to share resources, successes, experiences, and lessons learned, with the facilitation, coordination, and support of PAHO's secretariat. There has been considerable progress in the Region related to the SHAA2030 goals, which address equitable access to comprehensive health services; stewardship and governance for health; human resources for health; health financing; essential medicines, vaccines, and technologies; information systems for health; evidence and knowledge in health; outbreaks, emergencies, and disasters; NCDs and mental health and neurological disorders; communicable diseases; and inequalities and inequities in health.

PAHO has made adjustments to, and strengthened, its technical cooperation over the period July 2018 to June 2019 in order to advance the SHAA2030, building on previous successes; maintaining health gains; addressing remaining and emerging challenges; and reducing health inequities. The Organization noted, and took advantage of, the critical interlinkages not only among the SHAA2030 goals and targets, SDG 3, and the other 16 SDGs, but also among the SDGs themselves, and emphasized multisectoral partnerships in addressing health and its social, environmental, economic, and other determinants.

PAHO intensified its interprogrammatic, coordinated efforts and work at regional, subregional, national, and subnational levels to realize the SHAA2030 vision, that of "A healthier and more equitable Region of the Americas, in harmony with the global vision and principles established in the 2030 Agenda for Sustainable Development" and to address the moral and ethical foundation of the 2030 Agenda for Sustainable Development of leaving no one behind. Special attention was given to the Organization's eight Key Countries—Bolivia, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname—in keeping with their particular challenges and the implementation of the PAHO Key Country Strategy; to groups and persons in conditions of vulnerability; and to countries experiencing political instability, mass migration, and other crises.





GOAL 1. Equitable access to comprehensive health services

core component of PAHO's technical cooperation over the review period was its continued work to advance to universal health and reduce health inequities, addressing not only universal health coverage but also universal access to comprehensive services for everyone, at the time of need, without risk of financial ruin. With increased awareness of this imperative, countries initiated or strengthened efforts to analyze their situations and implement tailored interventions, including strengthening their primary health care strategy—a core component of universal health—working to provide essential services for all and to progress to universal health.

PAHO's technical cooperation to reduce maternal and child deaths was aligned with the PAHO Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030, which gives life to the Commitment to Action of Santiago. The Commitment to Action was endorsed at a high-level meeting in Santiago, Chile in July 2017, as part of the Every Woman Every Child-Latin America and the Caribbean (EWEC-LAC) movement, which aims to end preventable deaths of women, children, and adolescents, and ensure their well-being.

The Region of the Americas achieved the SDG 3.1 target of a maternal mortality ratio (MMR) less than 70 per 100,000 live births more than 10 years ago. However, some countries, and some population groups within countries, continue to have maternal mortality ratios that are higher than, respectively, the regional and national averages. This situation necessitates focus on issues of access to quality care and reduction of inequities to achieve the SHAA2030 target of an MMR less than 30 per 100,000 live births. In response, PAHO's secretariat has collaborated with Member States and partners to improve the management of obstetric emergencies and to strengthen maternal mortality surveillance, among other measures, in efforts to both measure accurately and reduce maternal deaths.

There has been significant improvement in child health, with marked reduction of undernutrition and elimination of some vaccine-preventable diseases such as smallpox, poliomyelitis, rubella and congenital rubella syndrome, and measles. Nevertheless, recent outbreaks of measles in some countries and increases in childhood obesity threaten these gains in child health, and reducing neonatal mortality remains a challenge.



Goal 2. Stewardship and governance of health

n important aspect of the technical cooperation for universal health, at both national and subregional levels, was strengthening stewardship and governance for health, including legal frameworks. Collaboration with the Central American Parliament (PARLACEN) led to an initiative to harmonize and strengthen legal frameworks for health in alignment with the 2014 regional Strategy on Health-related Law, and it included a model law and guidance for legislative revision in each Central American country and the Dominican Republic. There was also a review of a renewed conceptual framework of the essential public health functions (EPHFs), which constituted the final phase of consultations to revise the EPHF structure.

Goal 3. Human resources for health

AHO's secretariat worked with Member States to strengthen not only their implementation of the primary health care (PHC) strategy but also integrated health service delivery networks (IHSDNs) and the critical health systems components of human resources for health (HRH), health financing, and access to quality essential medicines, vaccines, and technologies.

Work with IHSDNs focused on strengthening the first level of care and the integration of priority health programs, including those addressing NCDs, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis, and maternal and child health. The regional Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 guided work at regional, subregional, national, and subnational levels to move towards outcomes that enhance teams at the first level of care and their work; promote and foster social responsibility of health training institutions in serving the needs of the communities in which they are located; and address issues related to quality, distribution, and performance of HRH.





ptions for health financing were explored in light of the stagnation or reduction in budgetary allocations for health in some countries and decreases in official development aid to many, requiring tailored solutions to provide adequate resources for the health needs and ambitions of Member States. PAHO advocacy and technical cooperation promoted and supported the implementation of evidence-based modalities, including national health insurance schemes and allocation to health of funds raised through taxation of unhealthy commodities that drive the NCD epidemic, such as tobacco, alcohol, sugar-sweetened beverages, and foods high in fats, sugar, and salt.

Goal 5. Essential medicines, vaccines, and technologies

he PAHO Revolving Fund for Vaccine Procurement (PAHO Revolving Fund) and the Regional Revolving Fund for Strategic Public Health Supplies (PAHO Strategic Fund) continued to be strategic pillars of PAHO's technical cooperation, providing critical support to Member States for the timely procurement of quality vaccines and medicines. The Strategic Fund supplied medicines, diagnostic kits, equipment, and vector control supplies, with 60 percent of this activity being related to the diagnosis and treatment of HIV and AIDS, hepatitis C virus (HCV), and tuberculosis. These efforts enabled several countries to implement HIV treatment regimens based on the WHO July 2018 Interim Guidance for HIV Treatment and enhance the prevention and treatment of selected NCDs. The PAHO Revolving Fund supplied over 1.6 million doses of human papillomavirus (HPV) vaccine to countries to strengthen cervical cancer prevention programs, and the Strategic Fund scaled up acquisition of medicines and supplies for NCDs, including diabetes, cancer, and hypertension. At subregional level, the Strategic Fund supported negotiations led by the Southern Common Market (MERCOSUR) with manufacturers of HCV medicines, which resulted in reductions of up to 40 percent in the cost of one of the critical antiviral medicines.

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Goal 6. Information systems for health & **Goal 7.** Evidence and knowledge in health

ystematic tracking of progress towards SHAA2030 and SDG 3 goals and targets will be of critical importance, and the impact and outcome indicators of the proposed PAHO Strategic Plan 2020-2025 will provide the primary means of monitoring advances. PAHO made renewed efforts to ensure adequate, timely, quality information for tracking progress, monitoring and evaluating health programs, and making evidence-based decisions, through the implementation of the information systems for health (IS4H) initiative. Important outputs of the initiative included the development of a road map for strengthening IS4H in the Caribbean subregion and the provision of grants to selected countries as a result of PAHO's call for proposals to strengthen IS4H. PAHO undertook complementary activities to improve evidence and knowledge in health, including the enhancement of platforms to facilitate knowledge exchange, such as the Health Information Platform for the Americas (PLISA). PAHO continued to take advantage of advances in information and communication technology to provide health information, publish scientific manuscripts, and improve health literacy, including through the Pan American Journal of Public Health (PAJPH).

Goal 8. Outbreaks, emergencies, and disasters

n technical cooperation related to outbreaks, emergencies, and disasters, PAHO continued its work with countries to strengthen their implementation of the International Health Regulations (2005). Interventions included training on infection prevention and control, outbreak investigation, and surveillance and containment of healthcare-associated infections; strengthening influenza pandemic preparedness and response capacities; and enhancing laboratory diagnostic capacity.

PAHO promoted climate change adaptation to mitigate the effects of climate change on human health. These include increased heat-related mortality and morbidity, greater frequency of infectious disease epidemics, increased risk and severity of disasters due to natural hazards, population displacement from sea level rise and increased storm activity, and threats to



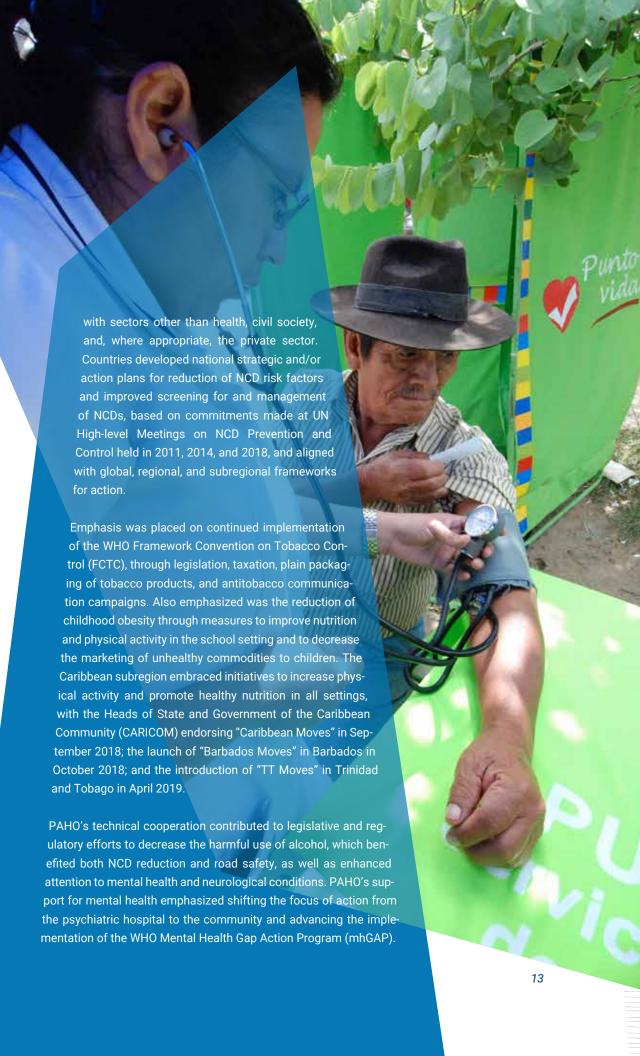
food and nutrition security. PAHO highlighted the need for a robust health sector response and for identifying health co-benefits in climate change mitigation measures implemented by other sectors. PAHO's efforts focused on the vulnerable small island developing States (SIDS) in the Caribbean and resulted in the development of the Caribbean Action Plan on Health and Climate Change 2019-2023, which represented a major breakthrough. The Action Plan aims to protect the populations of those countries from the adverse health effects of climate change by developing climate-resilient health systems, increasing awareness, mainstreaming funding opportunities to support countries, and promoting intersectoral mitigation actions in the health sector.

Promoting inclusion and equity were important aspects of PAHO's technical cooperation in responses to disasters due to natural hazards or other emergencies in countries. PAHO promoted the need for rights-based approaches and strengthened epidemiological surveillance, immunization programs, and clinical management of anticipated disease threats. Mass migration emerged as a significant challenge during the review period, as cross-border issues and the health of migrants came to the fore. PAHO worked with national and local governments, other in-country partners, and other international agencies to identify and attend to the health needs of all affected populations in originating, transit, and destination countries. PAHO also promoted the use of Disability Inclusion in Hospital Disaster Risk Management (INGRID-H), a results-oriented methodology to assess and improve the level of inclusiveness of a health facility with regards to persons with disabilities in the event of a disaster.

Goal 9. Noncommunicable diseases and mental health

here was heightened recognition of the need for innovative approaches to the prevention and control of the major NCDs—cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—and their main risk factors—tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol—as well as the need to strengthen the detection and management of mental health and neurological conditions. PAHO's secretariat led, coordinated, and contributed to Member States' innovative measures to manage the crippling burden of NCDs, including greater use of legislative, fiscal, and regulatory measures to enable healthier choices. This was done in partnership





Goal 10. Communicable diseases

dvances were made in

the prevention and control of several communicable diseases, and towards the elimination of others. The elimination of Rhodnius prolixus, the principal triatome vector of Chagas disease in Central America, was validated in Guatemala, Honduras, and Nicaragua during the reporting period. This means that the Central America subregion and Mexico are now free of the vector responsible for most of the endemicity of Chagas disease in that geographic area. Similarly, President Hayes Department in Paraguay was validated as having eliminated transmission of Trypanososma cruzi by the vector Triatoma infestans, making the entire country free of Chagas vectorial transmission. The successes represent significant achievements for these PAHO Key Countries, given the recognized challenges in eliminating vector-borne transmission of Chagas disease.

PAHO launched a Special Program on Antimicrobial Resistance (AMR) to encourage and support new action by Member States to lessen the impact of AMR in the Region. Support was provided to a regional network that is tracking antifungal resistance in *Candida* species, a common source of hospital-acquired bloodstream infections. PAHO also assisted efforts to strengthen prevention, diagnosis, and treatment of tuberculosis, with emphasis on countries that have the highest burdens of the disease.

There was progress toward the elimination of mother-to-child transmission of communicable diseases such as HIV and syphilis. The first report on the framework for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis B, and Chagas disease (EMTCT Plus) was published in April 2019. The report presents, for the first time, the baseline situation in the Region for congenital Chagas disease and hepatitis B among children.

Other achievements in the prevention and control of communicable diseases included increased uptake of WHO's "Treat All" policy recommendations on antiretroviral treatment (ART) initiation in people living with HIV, regardless of the CD4 count; certification of Argentina and Paraguay as malaria-free; significant reduction in suspected cases of cholera in the island of Hispaniola; and reports of only six cases of dog-associated human rabies in the entire Region. PAHO also initiated interventions to enhance the prevention of illness and death due to incidents involving venomous animals, focusing on snakebites.





Goal 11. Inequalities and inequities in health

he work of PAHO-established commissions that analyzed regional issues related to PHC, universal health, and reduction of inequities came to fruition. Examples include the Commission on Equity and Health Inequalities in the Americas and the High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma Ata. Their recommendations related to strengthened services at the first level of care, social inclusion, and social participation, among other themes, and informed impacts and outcomes in the development of the proposed PAHO Strategic Plan 2020-2025. They also drove the launch of initiatives such as the PHC 30-30-30 Regional Compact, which aims to strengthen budgetary support for the PHC approach and improve access to health.

The Organization's crosscutting themes of human rights, gender, ethnicity, and equity continued to underpin PAHO's technical cooperation. There were interventions to address the social determinants of health and improve the health of groups in conditions of vulnerability, including adolescents, indigenous people, Afro-descendants, and persons with different sexual and gender orientations, such as those identifying as lesbian, gay, bisexual, trans, and queer (LGBTQ). Efforts were made to enhance the provision of services tailored to their needs and to address such issues as sexual and reproductive health, including by using the WHO Innov8 tool to analyze and improve adolescent health programs.





Institutional strengthening

AHO maintained and formed varied and effective partnerships to achieve successes over the review period. PAHO's secretariat worked with subnational, national, subregional, regional, and global entities, including subregional parliamentary bodies, municipal governments, universities, charities, and private sector entities, managing conflict of interest as appropriate through continued implementation of the Framework of Engagement with Non-State Actors (FENSA).

Such partnerships were important factors for advances in reducing environmental health risks and improving water, sanitation, and hygiene (WASH). An evaluation of WASH in selected national health care facilities resulted in information that was the core source of regional data for the WHO-UNICEF Joint Monitoring Program's WASH in Health Care Facilities: Global Baseline Report 2019. Published in April 2019, that document will provide a foundation for further integration of WASH into national health policies and plans. PAHO's collaboration with the PARLACEN resulted in a resolution by that parliamentary body recognizing that poor air quality is a public health issue and a significant environmental risk factor, and calling for the creation of laws and implementation of actions to improve air quality.

PAHO's continued promotion of and support for its technical cooperation modality of cooperation among countries for health development (CCHD) leveraged the expertise of Member States themselves; enabled sharing of experiences and lessons learned; and supported transfer of technology for issues that included antimicrobial resistance, prevention of overweight and obesity, and management of mental health conditions.

PAHO's secretariat undertook its customary periodic self-monitoring and analysis, and interventions for institutional strengthening continued, related to *human resources management* and continued implementation of the PAHO People Strategy; *ethics, transparency, and accountability*, boosted by the establishment of an Investigations Office and procedures that resulted in an un-



qualified audit by PAHO's new external auditor; resource mobilization, with 10 new partnerships established; planning and budgeting, with active Member State participation in the development of the proposed PAHO Strategic Plan 2020-2025; financial operations that resulted in a more efficient 2018 financial closure; enterprise risk management that provided key information for strengthening oversight and evaluation functions; procurement, which contributed to greater efficiency and cost-savings in Member States' acquisition of medicines, vaccines, and health technologies; information technology services, including boosting cybersecurity measures; knowledge management, with the consolidation of three separate programs into a new Office of Knowledge Management, Publications, and Translations for greater efficiency and impact; communications for health (C4H), through continued implementation of the PAHO Communications Strategic Plan 2018-2022; and general services, which resulted in improvements in security and logistical efficiency in operations in PAHO Headquarters and country offices.

Challenges and lessons learned

he reporting period was not without its challenges. Among them were changes in national political administrations requiring the Organization's continued flexibility in adjusting and adapting to achieve agreed priority health objectives; economic crises and fiscal austerity in many countries that led to consideration and implementation of innovative resource mobilization strategies and partnerships by both Member States and the secretariat; and industry influence to weaken or restrict legislative and other frameworks for NCD risk factor control in several countries, which demanded evidence-based, high-level advocacy. Other challenges included the persistence of segmented and fragmented health systems, along with the need for greater emphasis on prevention, PHC, IHSDNs, a fit-for-purpose health work force, and adequate health financing. Also challenging was the less-than-optimal provision of timely, quality health information for evidence-based decision-making, planning, monitoring, and evaluation.

Looking ahead

ooking ahead, there are several opportunities to address the challenges identified and improve the chances of success, including the presentation of the proposed PAHO Strategic Plan 2020-2025 and proposed Program Budget 2020-2021 to the 57th PAHO Directing Council in September 2019. The proposed Strategic Plan 2020-2025, developed under the theme "Equity at the Heart of Health," identifies specific actions to tackle health inequality, responding directly to SHAA2030 Goal 11 and, overall, to one of the core principles and values of the SHAA 2030 and the Organization. The proposed PAHO Strategic Plan 2020-2025 will be complemented by strategies and plans of action that address many specific issues, including quality of care in health services delivery; health promotion in the context of the SDGs; ethnicity and health; elimination of communicable diseases; elimination of industrially-produced trans-fatty acids; equitable access to organ, tissue, and cell transplants; and strengthened IS4H.

There are also several fora for PAHO's continued high-level advocacy in support of wellness, disease prevention and control, and health equity. These include the UN High-level Meeting on Universal Health Coverage planned for September 2019; further alignment with global monitoring frameworks; and participation in joint initiatives to accelerate progress to the health-related SDGs, such as Towards a Global Action Plan for Healthy Lives and Well-Being for All: Uniting to Accelerate Progress towards the Health-Related SDGs, which is an effort by several international agencies to coordinate their actions at country level in support of SHAA2030, SDG 3, and other related SDGs.

PAHO's secretariat will continue to support and guide Member States according to agreed frameworks and approved resolutions, and with flexibility to respond to changes in national, subregional, regional, and global situations and environments.

"As we collaborate to advance SHAA2030, we will face exciting, productive, and even challenging times. Recognizing health as both a necessary condition for and an outcome of sustainable development, we go forward with heightened awareness of the contribution that we will all have to make to achieve equitable outcomes for all."

Carissa F. Etienne
 PAHO Director



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