

Annual Report of the Director
of the Pan American Sanitary Bureau

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Saving Lives and Improving Health and Well-Being

PAHO



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

ANNUAL REPORT

OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU

Saving Lives and Improving Health and Well-Being

2020

PAHO



Pan American
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Americas

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This edition of the 2020 Annual Report of the Director of the Pan American Sanitary Bureau includes a timeline of PAHO’s response to the COVID-19 pandemic during the reporting period as well as a series of infographics highlighting key actions that will be critical for rebuilding stronger priority health programs in the post-COVID era.

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To the Member States:

In accordance with the Constitution of the Pan American Health Organization, I have the honor to present the 2020 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 2019 through June 2020, 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, and the 2020–2025 Strategic Plan of the Pan American Health Organization, defined and approved by the Governing Bodies.

This report is complemented by the Financial Report of the Director and the Report of the External Auditor for the year 2019.

Carissa F. Etienne

Director

Pan American Sanitary Bureau

Preface

August 2020

The overall theme of the 2020 Annual Report of the Director of the Pan American Sanitary Bureau (PASB, or the Bureau), **"Saving Lives and Improving Health and Well-Being,"** reflects what the Pan American Health Organization (PAHO) strives to do each and every day, in fulfillment of its mission. This theme has, however, taken on poignant significance during the period under review, July 2019 to June 2020, in light of the events of 2020, which are still unfolding.

Since I presented my last annual report, much has occurred that has impacted global, regional, and national health and development. Elections have been held in several countries, both in and outside of the Region of the Americas; evidence of the climate crisis has continued to accumulate; and, of course, we have grappled, and are still grappling, with the emergence of the novel coronavirus (SARS-CoV-2) in late 2019, the spread of coronavirus disease 2019 (COVID-19), and the resulting pandemic.

Before COVID-19, we often spoke of and highlighted inequities within and among countries. We identified the Region of the Americas as one of the most inequitable regions in the world. COVID-19 has, terrifyingly for most, and fatally for many, demonstrated the vulnerabilities of all countries and the many inequities that exist. These inequities relate not only to health systems, but also to issues such as gender, ethnicity, geographic location, governance, food systems, and housing—that is, the social, political, commercial, and other determinants of health.

Compounded by inequities, COVID-19 constitutes a health, social, and economic emergency. In May 2020, the United Nations (UN) Economic Commission for Latin America and the Caribbean (ECLAC) projected that in 2020 the region will suffer the worst crisis in its history, with a 5.3% drop

in gross domestic product (GDP).¹ ECLAC noted that for the great majority of Latin American and Caribbean countries, purely national solutions will not be viable, owing to economies of scale, technology, and learning. The Commission concluded that during the current crisis, and also for the medium term, financing for a new pattern of development, with equality and environmental sustainability, will be critical. In July 2020, ECLAC revised its projections to forecast a regional average decline of 9.1% in GDP in 2020, with decreases of 9.4% in South America, 8.4% in Central America and Mexico, and 7.9% in the Caribbean, excluding Guyana.²

Though we are currently focused on COVID-19—its impact on all sectors, not just health; its aftermath; and its legacy, with a determination to rebuild for a new normal—we must use its lessons to achieve the Sustainable Development Goals (SDGs). SDG 3 in particular, "Ensure healthy lives and promote well-being at all ages," continues to be the overarching objective for PAHO's technical cooperation. If we have learned anything at all from COVID-19, surely a key lesson must be the importance of all the SDGs to health, and of health to all the SDGs. Regionally, holding fast to Pan Americanism and solidarity is critical for countries in their efforts to restore health and economies, and rebuild post-COVID-19. Nationally, multisectoral action, with health-in-all-policies, whole-of-government, and whole-of-society approaches to effectively and efficiently address the determinants of health and reduce inequities, must be

¹ Economic Commission for Latin America and the Caribbean. Report on the economic impact of coronavirus disease (COVID-19) on Latin America and the Caribbean. Santiago: ECLAC; 2020. Available from: <https://www.cepal.org/en/publications/45603-report-economic-impact-coronavirus-disease-covid-19-latin-america-and-caribbean>.

² Economic Commission for Latin America and the Caribbean. Special report COVID-19 No. 5: Addressing the growing impact of COVID-19 with a view to reactivation with equality: new projections. Santiago: ECLAC; 2020. Available from: https://repositorio.cepal.org/bitstream/handle/11362/45784/1/S2000470_en.pdf.

Regionally, holding fast to Pan Americanism and solidarity is critical for countries in their efforts to restore health and economies and rebuild post-COVID-19.

strengthened. The health sector cannot go it alone, and strategic partnerships and collaboration—including with civil society and the private sector, cognizant of conflict of interest issues—remain indispensable success factors.

Despite the deepening challenges and the setbacks experienced over the period under review, which included severe financial constraints due to nonpayment of Member States' assessed (quota) contributions and, more recently, the curtailment of certain voluntary contributions, PASB, continued to coordinate the Organization's technical cooperation with and in PAHO Member States. With remote working due to COVID-19 and greater reliance on digital platforms, we worked at national, subregional, and regional levels; continued to focus on PAHO's eight Key Countries—Bolivia (Plurinational State of), Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, and Suriname; and adapted with agility to the changing circumstances, ensuring that the Organization's core values of equity, excellence, solidarity, respect, and integrity were observed. There are successes and innovations to report and

build on, and the Organization remains unshakeable in its commitment to the health of the peoples of the Region of the Americas, leaving no one behind in the quest for universal health, reduction of inequities, and health for all.

I thank PAHO's Member States for their continued support and solidarity in pursuit of excellence in health. I thank Member States in other Regions of the World Health Organization (WHO); health and other ministries; staff at WHO Headquarters and in other WHO regional offices; other UN agencies; civil society; and the health-supporting private sector. Lastly, I offer special thanks to all PASB personnel, in countries and in Washington, D.C., whose dedication and commitment, no matter the circumstances, inspires us all.

In these difficult times, the countries of the Region must be more determined than ever that their hard-earned public health gains will not be allowed to slip away. Let us continue to work together to celebrate our successes, take advantage of lessons learned, and effectively manage our challenges—including COVID-19—to rebuild to a new normal and continue equitable progress toward our goals.

We affirm that health is not a privilege. Health is a fundamental human right and an essential ingredient for the well-being of the peoples and the economies of the Region of the Americas, and for the Region's sustainable development.

Carissa F. Etienne

Director

Pan American Sanitary Bureau

Executive summary

Overview

The theme of the 2020 Annual Report of the Director of the Pan American Sanitary Bureau is **“Saving Lives and Improving Health and Well-Being.”** Covering the period July 2019 to June 2020, the report provides information on the achievements of PAHO over the period under review, resulting from technical cooperation undertaken by PASB with PAHO Member States at national, subregional, and regional levels, in collaboration with diverse partners.

The reporting period began with workplans developed in the context of the Strategic Plan of the Pan American Health Organization 2014–2019 (Official Document 345) and the Strategic Plan of the Pan American Health Organization 2020–2025 (Official Document 359), and the overarching mandates of the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030) (Document CSP29/6, Rev. 3) and the Sustainable Development Goals, especially SDG 3, the goal most directly related to health. However, the emergence of SARS-CoV-2 in late 2019, the spread of a novel coronavirus disease in January 2020, and the declaration of a COVID-19 pandemic in March 2020, significantly affected the Bureau’s planned program of work.

From the first case of COVID-19 confirmed in the Region on 20 January 2020, to the declaration of a pandemic by the Director-General of the World Health Organization on 11 March 2020, to the present, all 54 countries, territories, and areas in the Region have reported COVID-19 cases. As of 29 June 2020, there were 5,136,705 confirmed cases in the Region of the Americas, with 247,129 deaths, and the Americas is currently the epicenter of the pandemic. In common with other regions, in the Americas those most at risk of severe disease and death due to COVID-19 include older persons; those with underlying conditions such as cardiovascular disease, diabetes, cancer, and chronic respiratory disease; and persons in conditions

of vulnerability, such as people living in poverty, Afro-descendants, and indigenous people.

Both PASB and PAHO Member States had to respond quickly to the public health emergency caused by rapid spread of SARS-CoV-2 and associated illness and death, but also had to monitor and devise appropriate responses to the demonstrated COVID-19-related social and economic emergencies. Restrictions on international travel; in-country closures of institutions and businesses, curfews, physical distancing, and other “lockdown” measures; and adjustment of health services to meet the onslaught of COVID-19, resulted in existential threats to the physical and mental health of populations.

COVID-19 revealed the significant, often deadly, impact on health outcomes of the social determinants of health and the inequities that plague the Americas and other regions of the world. PAHO’s longstanding focus on reducing inequalities and infusing the Organization’s crosscutting themes of equity, gender, ethnicity, and human rights into its technical cooperation became more justified, important,

COVID-19 revealed the significant, often deadly, impact on health outcomes of the social determinants of health and the inequities that plague the Americas and other regions of the world.

and necessary than ever. Partners such as the World Bank, the Inter-American Development Bank (IDB), and ECLAC projected significant downturns in GDP and increases in poverty in the countries of the Region of the Americas due to the pandemic. In July 2020, ECLAC projections forecast a regional average decline of 9.1% in GDP in 2020, with decreases of 9.4% in South America, 8.4% in Central America and Mexico, and 7.9% in the Caribbean, excluding Guyana.

Notwithstanding the need to support Member States in mounting an integrated, multisectoral response to COVID-19, the Bureau's technical cooperation continued in its priority programmatic areas of health systems and services; communicable diseases and environmental determinants of health; health emergencies; family, health promotion, and life course; noncommunicable diseases and mental health; and evidence and intelligence for action in health. PASB's crosscutting, administrative, and enabling offices and departments also took action to promote equity in technical cooperation and improve institutional efficiency and effectiveness in support of interventions to prevent or mitigate increases in morbidity and mortality that would reverse many of the health gains made over the past decade.

Health systems and services

The Bureau worked with countries to maintain essential health services and advance universal health—with the primary health care approach at its core—especially to serve the needs of those most at risk. In strengthening governance and stewardship for universal health, PASB promoted the updated framework for the essential public health functions (EPHF), supported the strengthening of integrated health service delivery networks (IHSDNs), and worked at subregional parliamentary level to advocate for improved policy development.

The Bureau's advice and guidance addressed maintenance of adequate health financing, including advocacy for increased public expenditure on health toward the recommended benchmarks of 6% of GDP and 30% of that amount allocated to the first level of care, with due regard

for the need to mobilize resources to address COVID-19. With global supply chains disrupted, the PAHO Regional Revolving Fund for Strategic Public Health Supplies (the Strategic Fund, SF) and the PAHO Revolving Fund for Access to Vaccines (the Revolving Fund, RFV) were critical in assisting countries to obtain and distribute essential medicines, vaccines, and health technologies, including for priorities such as noncommunicable diseases (NCDs) and human immunodeficiency virus (HIV). The Bureau also assisted countries to maintain vaccination programs and prepare for the introduction of a potential COVID-19 vaccine, and undertook technical cooperation to guide the assessment, planning, and training of the health workforce to advance universal health and provide surge capacity.

PASB and ECLAC collaborated to provide high-level guidance for countries on the need for convergence between health and the economy as a crucial aspect of the response to COVID-19 and its aftermath. Core principles include *a)* health and well-being as prerequisites for reactivating the economy; *b)* reduction of inequalities as a linchpin for all phases of the recovery process; *c)* strengthening health systems based on the primary health care (PHC) approach as the foundation of the recovery pathway; and *d)* strengthening interaction and agreements among government, civil society, and the private sector to formulate strategies.

Communicable diseases, zoonoses, and environmental determinants

The Bureau's work continued to address elimination of communicable diseases such as HIV, hepatitis B, malaria, and tuberculosis (TB), as well as neglected infectious diseases such as lymphatic filariasis, Chagas disease, and rabies, with special attention to population groups in conditions of vulnerability. PASB collaborated with partners, including the Food and Agriculture Organization of the United Nations (FAO), to implement the One Health approach in controlling zoonotic infections and improving food control systems, using the opportunity to provide

guidelines for protecting food industry workers from contracting SARS-CoV-2. Work was also undertaken to increase antimicrobial resistance (AMR) surveillance and diagnostic capacity, notably in the Caribbean, through collaboration between Argentina and the Caribbean Community (CARICOM).

The climate crisis presents a clear danger to health, and the Bureau focused its work on the Caribbean, a subregion at particular risk, partnering with the European Union (EU) and the Caribbean Forum (CARIFORUM) to implement the Caribbean Action Plan on Health and Climate Change through the EU-funded CARIFORUM project Strengthening Climate Resilient Health Systems in the Caribbean. The Action Plan includes linkages to environmental determinants of health, and interventions to address COVID-19 have been integrated into the activities of the project. In collaboration with the Climate and Clean Air Coalition, WHO, and the United Nations Environment Program (UNEP), PASB participated in efforts to mobilize leadership to improve air quality and health in the Region, through the BreatheLife Campaign.

Health emergencies

Of necessity, the Bureau's technical cooperation focused on the response to COVID-19, but also addressed preparedness and risk reduction, including through a) expansion of the Smart Health Facilities initiative, with "safe and green" practices being increasingly accepted and adopted in the Region, especially in the Caribbean subregion; b) measures to protect health services in violence-prone areas in Central America, and improve access and health facility infrastructure; c) preparedness for influenza and other respiratory viruses, enhancing surveillance and laboratory capacity in the Caribbean, as well as the network of National Influenza Centers in the Region; and d) continued strengthening of national core capacities to implement the International Health Regulations (IHR) (2005), through support for development of State Party Annual Reports, After-Action Reviews of Public Health Events, Simulation Exercises, Voluntary External Evaluations, and enhancement of the Emergency Medical Team (EMT) initiative.

Response operations took place, including technical cooperation with the Bahamas in the wake of Hurricane Dorian, the strongest storm in the country's modern history, which made landfall on 1 September 2019 and resulted in significant loss of life and property. The Bureau activated contingencies even before the hurricane struck, and collaborated continuously with the Ministry of Health and partners such as the Office of U.S. Foreign Disaster Assistance (OFDA) of the United States Agency for International Development (USAID) and the WHO Contingency Fund for Emergencies. This collaboration led to the deployment of experts in a variety of disciplines to the country, and the implementation of short-term, high-impact interventions to mitigate the impact of the hurricane, especially among the most vulnerable populations.

The Bureau continued its responses to the public health needs in the Bolivarian Republic of Venezuela and neighboring countries resulting from mass migration of Venezuelans, due to the ongoing political and socioeconomic situation. In the Bolivarian Republic of Venezuela, support was provided to reduce maternal mortality and communicable diseases, the latter including surveillance, information management, and immunization programs, and in neighboring countries to improve access to, and the capacity of, essential health services and outbreak detection and control. PASB also gave attention to cholera elimination in Haiti, contributing to surveillance, vaccination programs, provision of supplies and trained personnel, and continued implementation of the LaboMoto project. The LaboMoto project supports rapid transportation of samples from suspected cases of cholera to laboratories and resulted in an increase in testing and confirmation of cases, from 21% in 2017 to 95% in 2019.

The Bureau's technical cooperation for Member States' response to COVID-19 was aligned with the pillars of the February 2020 global Strategic Preparedness and Response Plan for COVID-19: a) country-level coordination, planning, and monitoring; b) risk communication and community engagement; c) surveillance, rapid response teams, and case investigation; d) national laboratories; e) infection prevention and control (IPC); f) case management; g) points of entry; h) operational support and logistics; and

i) maintaining essential services during the pandemic; with additional pillars of research, innovation, and development, and resource mobilization and partnerships.

PASB took action across all the pillars at multiple levels, with assessments at country level to inform technical cooperation interventions; guidance on increasing the capacity of national health systems; capacity strengthening for policymakers and health workers alike; risk communication that targeted a variety of audiences, from policymakers and healthcare workers to the public and specific groups such as persons with NCDs, and that involved the PASB Director interacting with presidents, prime ministers, and ambassadors to share information and advocate for critical actions to maintain essential health services. The Bureau assisted with the procurement of medicines, equipment, and supplies, including personal protective equipment (PPE); developed and disseminated guidelines for case management, and updated them as new evidence became available; translated communication materials into official and other languages to reach as wide an audience as possible; and established a platform with updated COVID-19 information accessible to both policymakers and the public.

Interventions focused on preventing disease and death related to COVID-19, but also addressed mental health and neurological conditions through the inclusion of mental health and psychosocial support (MHPSS). The Bureau's technical cooperation approaches integrated the PAHO crosscutting themes of equity, gender, ethnicity, and human rights, with efforts to raise awareness of the potential

The Bureau's technical cooperation approaches integrated the PAHO crosscutting themes of equity, gender, ethnicity, and human rights.

for increased domestic violence; signal the particular burden on women as caregivers and the majority of healthcare workers; and emphasize the need to focus on Afro-descendants, indigenous people, and other groups in conditions of vulnerability.

Importantly for the COVID-19 response, given the pandemic's economic impact, PASB expanded its partnerships and resource mobilization, launching a \$200 million³ appeal through the end of 2020 and establishing a new donation page on its website for the PAHO COVID-19 Response Fund. This webpage, for the first time in PAHO's history, allows individuals to donate directly to support the Organization's emergency assistance and technical cooperation.

Family, health promotion, and life course

From interventions to enhance surveillance of birth defects, to advocacy for the inclusion of child-focused actions in disease-specific programs; strengthening of the Strong Families—Love and Limits program that aims to prevent risk behaviors in adolescents; building capacity in the care of older persons; and implementation of an updated Chronic Disease Self-Management Program, PASB worked to maintain maternal, neonatal, and child health, and the health of older persons.

The Bureau collaborated with Caribbean subregional and international partners to convene the first Caribbean Congress on Adolescent and Youth Health in October 2019 in Trinidad and Tobago. Among priorities identified by the youth and other congress participants were substance use, violence and injuries, nutrition, sexual and reproductive health, and the climate crisis. The Bureau contributed to the development of a road map to address the identified issues. PASB also promoted and supported the development of standards for adolescent health services in several countries in the Region and established the PAHO Youth for Health Group, aiming to institutionalize

³ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

youth engagement and empowerment in the Bureau's work. Urban health, workers' health, and health-promoting schools were featured in the Bureau's settings-related health-promoting technical cooperation.

The launch of a maternal and perinatal health surveillance course on the PAHO Virtual Campus for Public Health (VCPH) and upgrading of the Perinatal Information System (SIP) to SIP Plus—the expanded, web-based version of SIP—in several countries were included in PASB's technical cooperation to improve maternal and perinatal health. The Bureau also focused on maintenance of immunization coverage and advances in the elimination or control of several vaccine-preventable diseases, with vaccination campaigns targeting high-risk groups, persons with underlying conditions, and healthcare workers. These interventions were often promoted through virtual means and implemented using innovative strategies, in light of the COVID-19 pandemic. Procurement, promotion, and administration of the seasonal influenza vaccination was emphasized to prevent related illness, death, and overburdening of health services during the COVID-19 pandemic.

NCDs and mental health and neurological conditions

The Bureau continued technical cooperation focusing on the five priority NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory disease, and mental health and neurological conditions—and the five main risk factors: tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol, and air pollution.

The Global Hearts Initiative, inclusive of the HEARTS technical package, constitutes the mainstay of the program to prevent and control cardiovascular diseases, and the Bureau supported the application of the technical package in additional countries, noting improvements in hypertension control in the city of Matanzas, Cuba, as a result of HEARTS.

Through a regional initiative, the Bureau worked to strengthen early detection and treatment services for children with cancer and reduce related inequities in outcomes, and implemented interventions to chart a

path to the elimination of cervical cancer, including a communications campaign, development of national plans, capacity strengthening for health professionals and civil society representatives, and a virtual telementoring program.

In further work to reduce NCD risk factors, done in collaboration with partners such as the Johns Hopkins Bloomberg School of Public Health, the American Cancer Society, the Institute of Nutrition of Central America and Panama (INCAP), the World Bank, the Global Health Advocacy Incubator (GHAi), and the Healthy Caribbean Coalition, PASB supported the strengthening of tobacco control legislation and regulation in several countries; reported on a study on price elasticity of sugar-sweetened beverages, with a view to implementing taxes aimed at decreasing their consumption; and promoted, and provided evidence for, the implementation of front-of-package labeling (FoPL). The Bureau also supported national strategies to eliminate industrially produced trans-fatty acids from the food supply, and in December 2019, Brazil joined Chile and Peru as the only countries in Latin America with best practices in the use of trans fat policies. In the Caribbean, PASB continued to promote breastfeeding through the Baby-Friendly Hospital Initiative and certified four hospitals in Jamaica accordingly.

PASB worked with countries of the Region to identify progress, barriers, and recommendations on the way forward in implementing the WHO Global Strategy to Reduce the Harmful Use of Alcohol, and in the application of the WHO SAFER technical package in support of the Strategy. The Bureau also continued its collaboration with partners, including the Inter-American Drug Abuse Control Commission of the Organization of American States (CICAD OAS), the United Nations Office on Drugs and Crime (UNODC), and national drug authorities to strengthen country capacities for the formulation of drug policies with a public health orientation and in validating quality standards for drug treatment programs.

PASB's technical cooperation resulted in considerable progress in the integration of mental health into primary health care, through application of the Mental Health Gap Action Program (mhGAP) in several additional countries. Interventions included the design of operational plans,

the launch of the mhGAP Virtual Classroom to enhance mhGAP training, and the establishment of community mental health centers.

In additional interventions for mental health, online self-learning courses (in Spanish) on Psychological First Aid and on preventing self-harm, the latter based on the mhGAP Intervention Guide, were launched on the PAHO VCPH. Both of these topics have emerged as highly relevant during the COVID-19 pandemic, and additional materials and messages to provide MHPSS, as well as virtual seminars and training exercises on key COVID-19 and MHPSS issues were, respectively, developed, disseminated, and implemented. The Bureau expanded its partnerships for mental health in the Caribbean to include the Caribbean Alliance of National Psychologists Associations, and collaborated with Alzheimer's Disease International to launch a regional dementia awareness and anti-stigma campaign in September 2019, in observance of World Alzheimer's Month. PASB also facilitated countries in the Region to join the WHO Global Dementia Observatory, a platform which provides easy access to data on dementia across policies, service delivery, information, and research domains.

PASB's response to the intersection between the COVID-19 pandemic, NCDs, and mental health also included rapid assessment of the impact of the pandemic on NCD services, which revealed service disruptions in 83% of the 29 Member States that responded; production and dissemination of information products for health workers and persons living with NCDs (PLWNCDs), as well as to counter misinformation and disinformation about COVID-19; and guidance documents on maintaining essential NCD services.

Evidence and intelligence for action in health

PASB's technical cooperation prioritized the strengthening of information systems for health (IS4H), including ethical and secure data management, greater disaggregation of data, and adoption of digital health solutions; metrics, analytics, and forecasting, with health equity integrated into

health analysis; management of scientific and technical information and exchange of knowledge; generation of evidence that informs policy development; and fostering innovation in the health sector.

The Bureau focused on assessing and documenting the status of IS4H, observance of international standards, building capacity, and improving access to data and information to facilitate reduction of inequities, monitoring, and evaluation. PASB enhanced its deployment of a tool that the Bureau developed in 2017 to establish the maturity level (on a scale of 1–5, where 1 is low and 5 is high) of health information systems in countries and territories of the Americas, based on defined strategic areas. The results showed that 65% of the 49 assessed countries and territories are progressing to levels 3 to 5 in the strategic area Data Management and Information Technology. This proportion also reflects the results for the other three strategic areas: Management and Governance, Knowledge Management and Sharing, and Innovation.

PASB strengthened capacities in bibliographic searches, including training of information professionals and expansion of the vocabulary of the Health Sciences Descriptors/Medical Subject Headings (DeCS/MeSH) to incorporate PAHO's crosscutting themes. The Bureau also maintained updated the Latin American and Caribbean Health Sciences Literature (LILACS) database with publications from the PAHO Member States addressing, among other topics, health systems and services research, nursing, psychology, and more recently, COVID-19.

As the Bureau launched its COVID-19 response, institutional mechanisms and platforms were put in place to enable it to share important information with all Member States in a timely manner. These actions included a fast-track editorial process at the *Pan American Journal of Public Health*; expansion of the use of the e-BlueInfo app for mobile devices, which was launched in 2018 to decrease inequities in health professionals' access to and use of scientific information and evidence; and promotion of the use of the Evidence Maps methodology to determine the clinical applicability of Integrative and Complementary Health Practices to the management of COVID-19.

As the Bureau launched its COVID-19 response, institutional mechanisms and platforms were put in place to enable it to share important information with all Member States in a timely manner.

Importantly, the Bureau reinforced its institutional capacity to process, index, and monitor COVID-19-related documents and guidance. The COVID-19 Guidance and the Latest Research in the Americas portal facilitates access to and use of evidence-based information to strengthen health systems and services and promote research. As of 30 June 2020, users of this portal had access to 1,477 indexed resources, primarily in English, Spanish, and Portuguese, classified by their relevance to the themes of saving lives, protecting healthcare workers, and slowing spread.

Enabling institutional efficiency

In response to the COVID-19 emergency, the Bureau implemented special measures to maintain business continuity, ensure the safety and well-being of personnel, and comply with local public health mandates at PAHO Headquarters and in its country offices. Concurrently with the pandemic, the Organization experienced financial difficulties resulting from delayed payments of assessed contributions by some Member States. Despite these extraordinary conditions, PASB continued efforts to improve its internal administration and management, maintain a strong and effective workforce, and ensure transparency and accountability in all its operations.

Cost-saving measures, including a hiring freeze and a reduction in operational expenses, were adopted. However, in response to the increased anxiety levels experienced by some PASB personnel as a result of the financial uncertainty and the pandemic, the Bureau hired a temporary in-house counselor to work with employees in building their coping skills.

The process of digital transformation, already underway in the Bureau, became more urgent during the pandemic, with the shift to nearly universal staff teleworking and restrictions on international travel. PASB gave priority to providing secure, cost-effective cloud-based services, implementing remote-access tools, modernizing user devices, expanding paperless initiatives, and enhancing connectivity at Headquarters, country offices, and specialized centers. The optimized, cloud-based PASB Management Information System (PMIS) played a central role in maintaining streamlined organizational operations. In addition, the Bureau joined other UN agencies in the Common Secure initiative, a collective approach to counter the global increase in cybersecurity incidents.

During the COVID-19 pandemic, PASB implemented innovations in its procurement operations to help Member States access health supplies in the face of severe disruptions in global supply chains. The Bureau was engaged in nearly constant negotiations with suppliers to find alternative routes to deliver essential products and to reduce shipping costs, and joined forces with WHO, the United Nations Children's Fund (UNICEF), and other partners through the UN COVID-19 Supply Chain System and the Access to COVID-19 Tools (ACT) Accelerator. These collaborations helped ensure cost-effective procurement and fair allocation of scarce supplies for PAHO Member States. The Bureau's procurement activity during the reporting period reached the \$1 billion per annum level, making PAHO one of the top 10 UN agencies carrying out procurement activities to assist Member States in achieving their national and regional development goals.

After cancellation of the meeting of the Subcommittee on Program, Budget, and Administration in March 2020,

PASB's governance functions resumed using virtual platforms. A Special Session of the Executive Committee and the 166th Session of the Executive Committee were held in, respectively, May and June 2020, and the 58th Directing Council in September 2020 will also be convened virtually.

Given PAHO's status as one of the most trusted sources of health information in the Region, the Bureau continued to provide timely communication for health, including in relation to COVID-19, making full use of its web and social media presence, as well as its publications. From January to June 2020 the PAHO website received more than 42 million page views, more than three times the volume over the same period in 2019, and, overall, PAHO's web users increased by 367% compared with the same period a year earlier. PASB was regularly consulted by news media for information related to the pandemic and collaborated with a number of celebrities and media organizations on communications initiatives related to COVID-19 and other health issues.

Challenges and lessons learned

The challenges faced by the Bureau during the reporting period related mainly to the financial difficulties experienced and the COVID-19 pandemic. Nonpayment of a significant proportion of Member States' assessed contributions and curtailment of some voluntary contributions; withdrawal of flexible funding; widespread closures, travel restrictions, and country lockdowns, with physical distancing and other COVID-19 containment measures, put tremendous pressure on the efficient and effective functioning of PASB and the Organization as a whole.

With attention primarily focused on COVID-19, there has been a shift in care away from other priority health programs, putting persons with certain underlying health conditions, as well as those residing in conditions of vulnerability, at increased risk. This postponement and interruption in care for persons with other diseases has the real potential to compromise the maintenance of public health gains. Gaps in IS4H and the provision of timely,

quality, disaggregated data made the level of equity-based decision- and policy-making less than optimal, and the social and economic impact of the pandemic will have far-reaching effects on health financing and resource mobilization.

PASB has had to reinforce the importance of multisectorality, collaboration, partnerships, and networking to mobilize resources, address the social and other determinants of health, and promote equity. Additionally, the Bureau has had to underscore the need for effective communication with a variety of audiences; the value of digital transformation; the potential to make greater use of virtual platforms in technical cooperation; and the critical importance of strong IS4H in planning, implementing, monitoring, and evaluating interventions to reduce inequities.

Conclusions and looking ahead

The Region of the Americas transitioned from a period of steady and sustained development, where health and social development policies supported significant improvements in the health and well-being of the Region's population, into what has become a protracted public health, social, and economic emergency, due to the COVID-19 pandemic. Although recovery is predicted to commence in 2021, the recession may constitute the worst economic crisis of the past 80 years. There is a growing body of evidence that excess mortality and new infections are increasing in the Region as a consequence of the impact of COVID-19 on priority health programs.

The regional landscape is characterized by the unprecedented challenge of protecting the health and well-being of all people within the context of the COVID-19 pandemic, a generalized fiscal and economic crisis, and health and social protection systems that are struggling to meet demand. Evidence indicates that massive and sustained interventions by countries will be required in the immediate and foreseeable future, to suppress COVID-19, tackle increasing poverty levels, and reduce the health and social inequalities that are worsening dramatically throughout the Region.

PASB looks forward to the presentation, at the 58th Directing Council in September 2020, of the recommendations of the Member State Working Group that was established at the Special Session of the Executive Committee in May 2020 regarding strategic priorities for the Organization. The Bureau envisages the following areas for action, with the underpinning imperative to prioritize groups in conditions of vulnerability and strengthen interventions that explicitly reduce inequities:

- a) Stopping the spread of COVID-19 and diminishing its impact;
- b) Promoting and advancing to universal health based on primary health care;
- c) Advancing the prevention, control, and elimination of communicable diseases;
- d) Enhancing preparedness and response to threats to human security;
- e) Focusing on strengthening life course interventions;
- f) Taking innovative, comprehensive approaches to NCD prevention and control, and mental health and neurological conditions;

- g) Moving to digital transformation and dynamic information systems for health and effective use of information;
- h) Tackling social and other determinants of health, protecting vulnerable populations, and addressing their needs;
- i) Strengthening communications for health and health literacy; and
- j) Adapting to new realities and modalities for technical cooperation.

The COVID-19 pandemic has shown the societal and economic impact of an emerging, widespread threat to health. However, it has also shown that PAHO Member States and PASB, in collaboration with partners, can efficiently adapt, innovate, and improve interventions that benefit the peoples of the Americas. The Bureau will continue to present evidence and experiences to refute arguments that there must be a choice between health and the economy; to demonstrate their inextricable interlinkages; and to ensure that health stays firmly at the center of equitable and sustainable national development.

Members of the indigenous Muisca community in Bogotá, Colombia, wear masks to prevent the spread of COVID-19, following recommendations of the municipal Secretariat of Health.

© PAHO/WHO Karen González Abril



Part 1

Introduction

This report presents the results of PASB's technical cooperation with Member States and its collaboration with key partners and stakeholders over the period July 2019 to June 2020. It summarizes the Bureau's strategies, interventions, and achievements within the context of the main programmatic areas: health systems and services; communicable diseases and environmental determinants of health; health emergencies; family, health promotion, and life course; noncommunicable diseases and mental health; and evidence and intelligence for action in health. It also indicates actions taken by the crosscutting, administrative, and enabling offices and departments to promote equity in PAHO's work with countries, and improve institutional functioning, efficiency, and effectiveness. In addition, the report notes challenges and lessons learned, and looks forward to PAHO's continued work to improve health outcomes for all peoples of the Region of the Americas, especially those in conditions of vulnerability, leaving no one behind.

This year's report is written against the backdrop of the COVID-19 pandemic that was declared on 11 March 2020, approximately two and a half months after the emergence of its etiologic agent, SARS-CoV-2. COVID-19 has affected health, the economy, and the way of life in almost every country. It has exposed severe inequities in and among countries; highlighted vulnerable groups; and led to serious concerns about its impact on national development. National health systems, under pressure and stretched by the COVID-19 response, gave scant attention to other issues such as the prevention and control of NCDs, immunization programs, and elective surgeries. Fear of COVID-19 and government restrictions on the movement of people significantly and negatively impacted healthy behaviors and health care-seeking, while increasing the prevalence of unhealthy habits such as the use of alcohol and other substances, and precipitating or aggravating mental health conditions and domestic violence.

The 2020 Annual Report of the PASB Director demonstrates the agility and innovative capacity of PAHO's technical, administrative,

and managerial programs to adapt to rapidly shifting situations and to analyze national and international responses to the COVID-19 pandemic. The accrued learning and knowledge will improve PASB's support for countries to rebuild to a new normal and will benefit the Bureau itself. PAHO's core functions, including partnerships, research, provision of ethical and evidence-based policy options, and health situation trend analysis, will be critical for improving the identification and measurement of inequities; for accelerating strategies to address the social and other determinants of health; and for increasing resource mobilization. These actions will be central for the Organization's technical cooperation to remain country-focused and appropriate to both the current and post-COVID-19 situations.

Additional information on the Organization's technical cooperation during the reporting period and its results may be found in the Report of the End-of-biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Documents CD58/5 and Add. I), and the PAHO publication Pan American Health Organization Response to COVID-19 in the Americas, 17 January to 31 May 2020.

This report demonstrates the agility and innovative capacity of PAHO's technical, administrative, and managerial programs to adapt to rapidly shifting situations and to analyze national and international responses to the COVID-19 pandemic.



A Yanomami woman is examined by a member of a traveling healthcare team sent by Brazil's Special Secretariat for Indigenous Health.

© SESAI Alejandro Zambrana

Part 2

Results of PAHO's technical cooperation

Transforming health systems for universal health

During the period under review, PASB accelerated its efforts to support the transformation of health systems into equitable, comprehensive, and inclusive health care models based on the primary health care (PHC) approach. On 23 September 2019, the highest levels of PASB were represented at the UN High-Level Meeting on Universal Health Coverage (UHC): Moving Together to Build a Healthier World, which aimed to mobilize high-level political support to ensure that all people receive the health care and protection they need.

In 2017 (latest data available), the Region of the Americas achieved its highest average UHC service coverage index of 79 out of 100, suggesting greater utilization of health services, particularly in the areas of infectious diseases and reproductive, maternal, newborn, and child health. The global average of this index, which measures progress on SDG indicator 3.8.1,⁴ increased from 45 out of 100 in 2000 to 66 out of 100 in 2017. Thus, the regional average for the Americas significantly exceeds the global average and that of any other WHO Region.

Notwithstanding the Region's advances during the reporting period toward universal access to health and universal health coverage (universal health), health systems faced many external events that impacted their response capacity and the health of the population, including emergencies and disasters due to natural and man-made events, and disease outbreaks; the impact of mass migration; and social and political unrest. PASB responded to increase surge capacity of health systems and services, and supported countries in the continued

development of adaptive, responsive, and resilient health systems.

However, the scale of the COVID-19 pandemic laid bare profound structural weaknesses within health and social protection mechanisms in the Region, highlighting the need for substantive reform and actions to ensure that countries continue toward the achievement of the ambitious goal of UHC by 2030. These actions include technical cooperation to reconfigure and scale up the capacity of health services, and adapt models of care; improve health financing and financial protection; strengthen regulatory capacity and product supply chains for medicines and health technologies; and train and protect the health workforce, including to support preparedness, planning, and responsiveness within the context of all health emergencies.

Reconfiguring and scaling-up health services, and adapting models of care

Primary health care for universal health

The Regional Compact on Primary Health Care for Universal Health, PHC 30-30-30, was launched by the Director of PAHO in Mexico City in 2019. The Compact proposes that countries reduce barriers that hinder access to health by at least 30% and increase public expenditure on health to at least 6% of GDP, allocating at least 30% of those resources to the first level of care, by 2030. The Bureau estimated that by the end of 2019, nine countries and territories—Argentina, Aruba, Canada, Cuba, Curaçao, Montserrat, Sint Maarten, United States of America, and Uruguay—achieved public expenditure in health of at least

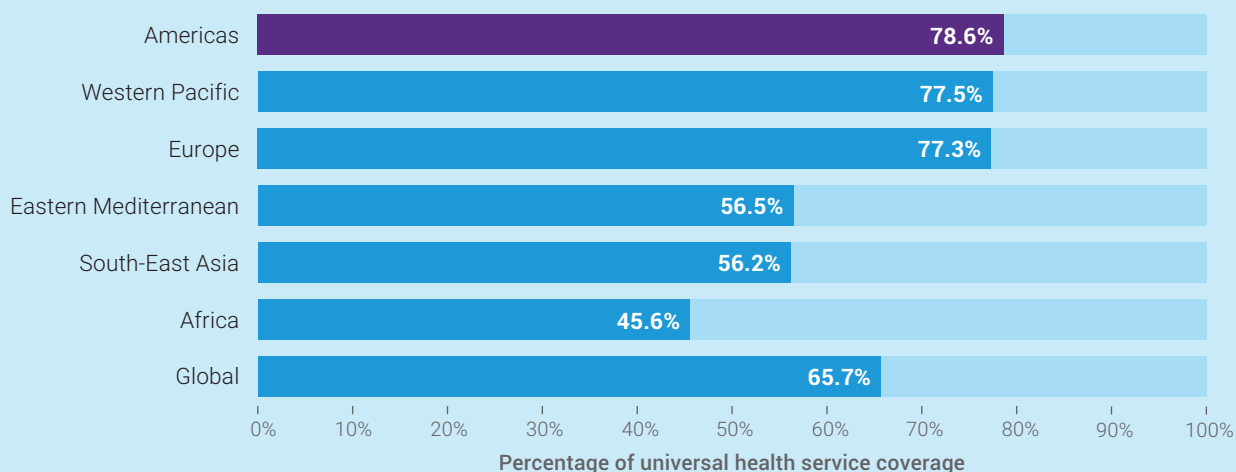
⁴ SDG indicator 3.8.1 is "Coverage of essential health services."

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Transforming health systems based on primary health care

Although the Americas ranks highest among the six WHO Regions on a combined measure of coverage with essential health services, profound inequities in health persist. **Overcoming these inequities will require transforming health systems based on primary health care, with real and inclusive social participation, particularly of groups in conditions of vulnerability.**

Universal health service coverage index by WHO Region, 2017



The universal health service coverage index is measured by two dimensions within the Sustainable Development Goals (SDGs) which refer to the following SDG indicators:

- SDG 3.8.1 – a measure of coverage of essential health services
- SDG 3.8.2 – a measure of financial hardship

SOURCE: WHO, Global Health Observatory; 2017

The universal health service coverage index combines two indicators from the Sustainable Development Goals (SDGs) framework, namely SDG 3.8.1, a measure of coverage of essential health services, and SDG 3.8.2, a measure of financial hardship. The Region of the Americas scores 79 out of 100 on this index, higher than any other WHO Region and 13 points higher than the global average—but 21 percentage points shy of the regional goal of universal access to health and universal health coverage.

6% of GDP (based on 2017 data). Currently, only Cuba allocates 30% of those resources to the first level of care, but of the countries for which data are available, Argentina, Canada, and Uruguay are advancing, with allocations to the first level of care of, respectively, 24%, 25%, and 22%.

By the end of 2019, 33 countries and territories⁵ in the Americas were implementing actions toward the progressive realization of universal health, including health sector reforms, policy options for health financing, legislative changes, and the definition of strategies, plans, and road maps. As of 2019, 22 countries and territories⁶ in the Region were implementing policy initiatives to expand access to quality health services, with another—Jamaica—making progress to do so. In 2020, PASB completed a study of fiscal space for health in Guatemala and Paraguay, supported the updating of the national regulatory framework in El Salvador, and contributed to the definition of health benefits in Peru. In Haiti, the Bureau worked to mobilize \$3.6 million through WHO and the Bill and Melinda Gates Foundation for intensified implementation of the PHC approach during the period 2020–2022.

During the second half of 2019, PASB added 16 Caribbean countries⁷ from the Organization of African, Caribbean, and Pacific States (ACP) and three other countries in the Region (Colombia, Honduras, and Peru) to the Universal Health Coverage Partnership (UHC-P), the governance of which, in the Americas, is managed by the Bureau. PASB also contributed to the European Commission's ACP program 2019–2022 through the interprogrammatic development of four-year integrated regional, subregional, and country workplans.

⁵ Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Chile, Colombia, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Turks and Caicos Islands, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

⁶ Argentina, Bahamas, Barbados, Bolivia (Plurinational State of), Bonaire, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guyana, Mexico, Panama, Paraguay, Peru, Saba, Sint Eustatius, Trinidad and Tobago, and Venezuela (Bolivarian Republic of).

⁷ Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

Governance and stewardship, including the Essential Public Health Functions

The Essential Public Health Functions Framework, updated during the previous review period, was in the final stages of publication as of June 2020. However, throughout the reporting period its principles were applied to guide strategy, planning, and policy formulation processes, and used as a technical approach to strengthen the stewardship capacity of national health authorities. These efforts were undertaken through discussions with policymakers, analyses of laws and their content, collaboration with agencies of both the government and the legislative authority, and facilitation of national dialogues and debates on health systems transformation and reforms that are inclusive of key actors from government, academia, and civil society.

In a subregional intervention to enhance governance and leadership, the Latin American Road Safety Parliamentary Network was launched in Paraguay in September 2019. Parliamentarians from Bolivia (Plurinational State of), Brazil, Costa Rica, Honduras, Paraguay, and Peru participated in the event, which also included representatives from the Central American and Andean Parliaments. The aim of this network, which has PASB as its technical secretariat, is to promote road safety and reduce injuries and deaths due to traffic collisions through exchange of information and best practices among the parliaments of the Region; harmonization of legislation and public policies; and implementation of intersectoral measures.

In October 2019, as the technical secretariat for the annual congress, the Bureau hosted the Fifth Congress of the Health Committees of the Parliaments of the Americas. Held in Honduras, it included participants from 10 countries—Brazil, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, and Peru—and from 34 different national authorities in Honduras. Topics included environmental determinants of health; universal health and the commitments assumed in the 2019 UN High-Level Meeting on UHC; revision and update of the EPHF; challenges and opportunities to

Strengthening EPHF performance in countries

In Costa Rica, PASB supported a strategy aimed at interinstitutional agreements that re-position the Ministry of Health (MINSA) and guarantee the effective exercise of stewardship. The recently created MINSA Health Services Directorate was restructured into three units: Health Economics, Standardization, and Human Resources in Health. The function of monitoring and evaluation in health was strengthened, including through a validity study of the model of care—which was accepted by the Comptroller—and preparation and monitoring of indicators of health costs. An interinstitutional approach to health services quality was adopted through an agreement led by the MINSA Health Services Directorate.

In Mexico, PASB contributed to the development of a proposal for a new model of care and governance architecture for the national health system.

In Paraguay, PASB presented proposals for strengthening the Government's stewardship and governance as part of its engagement in the reform process. The Bureau offered guidance and support for the integration of services provided by the Ministry of Public Health and Social Welfare at the first level of care with health services offered by the Social Security Institute. This was done within the context of discussions with the World Bank and the IDB on health financing, and the development of the national program for quality in health care delivery. Three components will be supported until 2023: a) consolidating the stewardship and reengineering of the Ministry of Public Health and Social Welfare as a provider and regulator; b) advancing the integration of the service network oriented to primary health care; and c) organizing the medicines and supplies purchasing system toward joint purchasing with the Social Security Institute.

strengthen health systems in the Region; and NCDs and their risk factors, including regulatory measures to reduce obesity, promote healthy eating, reduce harmful use of alcohol, and promote road safety.

PASB's technical cooperation strengthened the capacity of the Parliament of the Southern Common Market (MERCOSUR) to address legislative measures aimed at reducing obesity, promoting healthy eating through front-of-package labeling, and strengthening and enforcement of legislation related to vaccines. Relevant workshops were convened in Brasília and Uruguay, with the Health Committee of the federal Chamber of Deputies of Brazil participating in the former.

PASB continued to monitor and assess national policies and agendas on research for health.

Six countries—Dominican Republic, El Salvador, Guyana, Haiti, Panama, and Paraguay—reported having a current national policy on research for health, and seven countries—Argentina, Canada, El Salvador, Guatemala, Panama, Paraguay, and Peru—reported having a current national agenda on research for health.

PASB engaged with key partners, including the World Bank, IDB, Organization for Economic Cooperation and Development (OECD), and ECLAC, to examine the current context of health systems within the Region, and to work collectively on health system transformations based on the PHC strategy that will increase access to health, and the resolute capacity and resilience of health systems in the short and medium term. As part of the response to COVID-19, PASB and ECLAC developed a report providing high-level guidance for countries on the need

for convergence between health and the economy,⁸ to strengthen the adaptive response of health systems in the dynamic context of the reopening of economies in the Region. The report highlights four core principles to help countries converge their health and economic policies: a) health and well-being as prerequisites for reactivating the economy; b) reduction of inequalities as a linchpin for all phases of the recovery process; c) strengthening health systems based on the PHC approach as the foundation of the recovery pathway; and d) strengthening interaction and agreements among government, civil society, and the private sector to formulate strategies. The report was launched in July 2020.

Integrated health care networks, and hospital management and capacity

By the end of 2019, 24 countries and territories⁹ had developed national capacities for implementing integrated health service delivery networks (IHSDNs) and other interventions to increase the resolute capacity of the first level of care and the integration of priority programs, including health emergencies, in health care delivery.

The Assessment of Essential Conditions in health services tool was adapted as a means to identify opportunities for improvements in maternal care. The tool responds to emerging approaches and practices in the dynamic management of health services, and guides the optimal organization and management of services within the framework of health systems based on PHC and IHSDNs. Professionals were trained from 10 countries—Bolivia (Plurinational State of), Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru, and

By the end of 2019, 24 countries and territories had developed national capacities for implementing integrated health service delivery networks, or IHSDNs.

Suriname—that had been identified for priority action in the area of maternal mortality reduction. This tool was also used for assessments in seven countries—Bolivia (Plurinational State of), Dominican Republic, Ecuador, Guatemala, Honduras, Paraguay, and Peru—and Cuba adopted the Assessment of Essential Conditions for use in its hospital quality program.

In collaboration with Honduras, Paraguay, and Peru, PASB implemented reviews of protocols for blood use in obstetric emergencies and blood service network models. The results highlighted the need to reorganize the blood services networks to reach remote indigenous communities and to ensure greater sensitivity to the needs of such populations. The Bureau also conducted joint training on obstetrics and transfusion for health workers who serve indigenous or Afro-descendant populations.

By the end of 2019, seven countries—Brazil, Chile, Dominican Republic, Ecuador, El Salvador, Honduras, and Panama—had implemented the updated Productive Management Methodology for Health Services (PMMHS). Chile calculated the cost of avoidable hospitalizations using the associated PERC (Production, Efficiency, Resources, and Costs) toolkit, and El Salvador implemented the PERC in more than 700 facilities in its network of outpatient health services.

PASB's technical cooperation with the Plurinational State of Bolivia resulted in the expansion of the Mi Salud program,

⁸ Economic Commission for Latin America and the Caribbean and Pan American Health Organization. Health and the economy: a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean. COVID-19 report, 30 July 2020. ECLAC-PAHO. Available from: <https://repositorio.cepal.org/bitstream/handle/11362/45841/4/S2000461-en.pdf>

⁹ Argentina, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, United States of America, and Uruguay.

a national initiative to augment community-based, integrated health care within the existing health network and strengthen integrated health networks. Work was also undertaken to strengthen the national regulatory authority and improve health workforce planning.

Similar work was conducted in Haiti to expand the community-based model of care, and PASB continued its support to that country in the management and performance improvement of the Program for Essential Medicines and Supplies (PROMESS), with the purchase of equipment for the cold rooms, upgraded security operations, and standardized financial reporting.

Improving health financing and financial protection

The Region of the Americas has seen an increase in public expenditure on health—expressed as a percentage of GDP—from an average of 3.8% to 4.2% over the last five years. Despite the increase, the expenditure is still less than the 6.0% minimum recommended by WHO. On average, public expenditure on health as a percentage of GDP was 4.0% in the Region in 2017, the latest year for which data are available (3.7% when considering Latin America and the Caribbean [LAC] only).¹⁰

Based on the 2017 data, out-of-pocket (OOP) expenditure on health represented 33% of total health expenditure in the Region—34% when considering LAC only.¹¹ This level of OOP spending on health creates catastrophic and impoverishing expenditures for families. WHO recommends that OOP expenditure on health be no more than 20% of total health expenditure, and expenditure is considered catastrophic when OOP health expenditure represents a substantial percentage of household expenditure—as measured in the context of the SDGs, this benchmark is 10% or 25% of total household expenditure.¹²

While global levels of catastrophic health expenditure increased continuously between 2000 and 2015, the Region of the Americas was the only WHO Region where the absolute number and percentage of the population with catastrophic health spending declined between 2010 and 2015, from 13.5% to 11.3% (at 10% of threshold). Nonetheless, in 2019, WHO and the World Bank reported that nearly 95 million people incur catastrophic health expenditures in Latin America and the Caribbean when the threshold reaches 10% of total household spending, and almost 12 million become impoverished due to these expenses, when the poverty line is equal to 60% of the average daily per capita consumption.¹³

Eighteen countries¹⁴ advanced to institutionalize the production and analysis of health expenditure sources, management, composition, and allocation toward the WHO benchmark of public expenditure on health of 6% of GDP. PASB promoted the use of the standardized System of Health Accounts 2011 (SHA2011) methodology, which tracks all health spending in a given country over a defined period, regardless of the entity or institution that financed and managed that spending. During the reporting period, PASB incorporated the Health Economics Unit of the University of the West Indies (UWI) as a PAHO/WHO Collaborating Center, a milestone that will extend and strengthen the Bureau's technical cooperation in health financing in the Caribbean.

The National Health Accounts of Haiti 2014–2015 and 2015–2016 were completed with PASB's technical cooperation and validated by the end of 2019. The Bureau provided technical and advocacy support for the health component of the National Policy for Social Protection and Promotion, a multisectoral collaborative effort under the leadership of the Ministry of Social Affairs and Labor that was adopted in June 2020. The policy will ensure health

¹⁰ Global Health Expenditure Database, as of 29 June 2020. <https://apps.who.int/nha/database>.

¹¹ Ibid.

¹² Pan American Health Organization. Health financing in the Americas. In: *Health in the Americas 2017*. Washington, D.C.: PAHO; 2017. Available from: <https://www.paho.org/salud-en-las-americas-2017/>.

¹³ World Health Organization and the World Bank. Global monitoring report on financial protection in health 2019. Geneva: WHO and International Bank for Reconstruction and Development/The World Bank; 2020. Available from: <https://apps.who.int/iris/bitstream/handle/10665/331748/9789240003958-eng.pdf?ua=1>.

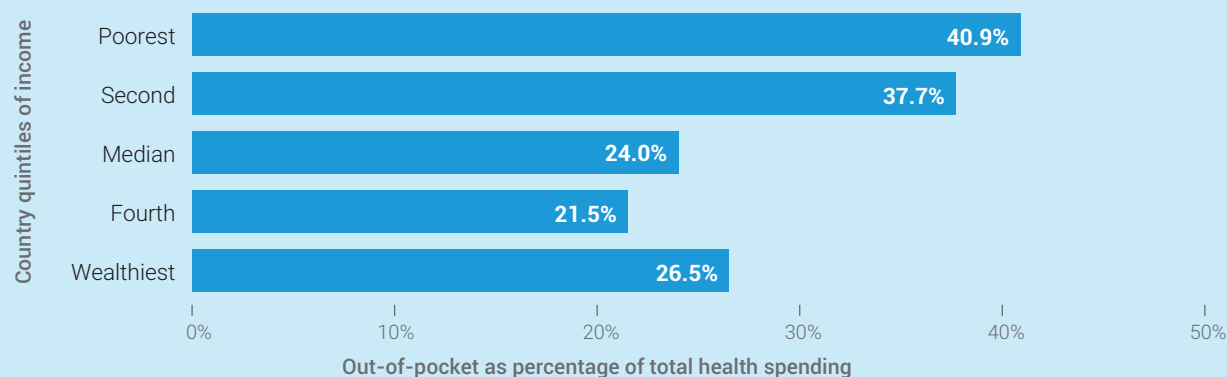
¹⁴ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Uruguay.

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Eliminating direct payment as a barrier to access

Having to pay for health services prevents many individuals and their families from obtaining timely and quality health care and can expose them to catastrophic expenditures and impoverishment. Countries face the challenge of lowering out-of-pocket (OOP) spending while guaranteeing access to high-quality health services, irrespective of people's ability to pay. Increasing public financing in health to at least 6% of GDP and allocating at least 30% of these resources to the first level of care will increase financial protection for the population.

Cross-country inequality gradient in out-of-pocket spending as a percentage of total health spending (SDG 3.8.2 related) by income quintile, the Americas, 2018



SOURCE: WHO Global Health Observatory; the data is Out-of-Pocket Expenditure, power purchasing parity (ppp)-adjusted, in international dollars; last updated: 23 June 2020.

This figure shows OOP spending as a percentage of total health spending per capita for countries of the Americas by income quintile. OOP spending as a percentage of total health spending per capita is significantly higher in the Region's lower-income countries when compared with countries in higher income quintiles. **This is consistent with the inequity gaps in the Region, the persistent financial barriers to access, and the still-limited public investment in health to expand access and reduce inequities.**

protection for vulnerable populations and address the barrier of OOP expenses for priority services such as those related to maternal and neonatal health.

PASB facilitated the development of National Health Insurance (NHI) legislation in Anguilla; National Health Accounts and NHI in Antigua and Barbuda; NHI in Grenada and Saint Kitts and Nevis; and implementation of the NHI program in the Bahamas.

Medicines and health technologies: strengthening regulatory capacity and product supply chains

Regulatory capacity

PAHO's Member States have adopted the Global Benchmarking Tool (GBT) for evaluation of national regulatory systems, implemented new e-learning opportunities, and applied South-South technical cooperation strategies in order to strengthen their regulatory systems. In September 2019, National Regulatory Authorities (NRAs) from 19 countries¹⁵ of the Americas met in Bogotá, Colombia, to jointly develop strategies and exchange information on initiatives to strengthen the regulation of medical devices in the Region—Brazil and Cuba participated via videoconference. The collaborative achievements of this Regional Working Group include advances in capacity-building and the construction of a Regional System for Exchanging Reports of Adverse Events of Medical Devices (REDMA).

The Caribbean Regulatory System (CRS), coordinated by the Caribbean Public Health Agency (CARPHA), is spurring regulatory reforms in CARICOM, speeding access to quality medicines, and monitoring the quality of medicines in the market. Countries are beginning to adopt efficiencies such as information-sharing, reliance, and digital systems, and six countries—Belize, Guyana, Haiti, Jamaica, Suriname, and Trinidad and Tobago—agreed to participate in the CRS registration and pharmacovigilance/postmarketing

surveillance system. More than 65 products have been recommended, including many essential generic medicines for NCDs, innovators, and biosimilars, with hundreds of reports submitted to WHO on adverse events and falsified medicines, some triggering regulatory actions. CARPHA's Medicines Quality Control and Surveillance Department is implementing risk-based postmarket surveillance, and a business plan was developed to support a sustainable CRS model.

Authorities in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama collaborated to develop a Central American multicountry approach to regulation of medicines, and in October 2019 the Central American Regulatory Mechanism for the Joint Evaluation of Medicines Records was officially launched. Supported by PASB, the World Bank, and USAID, this initiative relies on the multicountry approach to accelerate market entry and improve the availability of quality medicines, while ensuring efficiencies and the best use of resources. Countries will jointly assess and evaluate product dossiers for issuing marketing authorization, and PASB will function as a permanent technical coordinator.

The Bureau collaborated in developing a new model for the Brazilian Health Regulatory Agency (ANVISA), instituted to improve the development of standards and to qualify Brazilian regulation. The Coordination of Evidence and Strategic Information for Health Management entity was established within the scope of the Brazil Ministry of Health, with the objective of integrating scientific evidence into practice, programs, and policies. The evaluation, incorporation and management of technologies has been institutionalized within the Ministry of Health through the National Commission for the Incorporation of Technologies in the Unified Health System (SUS). In addition, a strategic report *30 Years of SUS—Which SUS for 2030?* that evaluates the main achievements of Brazil's unique health system was published, with the participation of the Bureau and high-level national and international experts.

Product supply chains

The supply chain systems for national medicines and other health technologies are being supported through

¹⁵ Argentina, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

a collaborative project between the Global Fund and PASB, which has now been extended until mid-2021. The eight participating countries—Bolivia (Plurinational State of), Cuba, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay—have updated characterization of their supply management systems and workplans to move toward integrated systems. During the reporting period, Paraguay established a new integrated supply system.

Thirty-four¹⁶ out of 35 PAHO Member States, and 10 social security and public health institutions have signed agreements to use the PAHO Regional Revolving Fund for Strategic Public Health Supplies. By the end of 2019, there was a 17% growth in the procurement of essential medicines, diagnostic kits, and vector control supplies over the previous year, and the Strategic Fund Capital Account grew to \$20 million, providing interest-free credit lines for Member States. The Strategic Fund has instituted Long-Term Agreements (LTAs) with suppliers to offer unified and competitive prices and ensure timely delivery of products. In 2019, the Strategic Fund established 137 LTAs for essential medicines and 102 LTAs for diagnostic kits.

In 2019, the Strategic Fund updated its product list to include: 11 antifungal medicines; 8 antituberculosis medicines; 7 antiretrovirals (ARVs); 6 antihypertensive medicines; and 2 antivirals for treatment of hepatitis C. The Strategic Fund procured 336,432 mosquito nets, 1,622,950 rapid diagnostic tests for syphilis, 970,140 rapid diagnostic tests for malaria, and 84,550 cartridges for resistant tuberculosis, in order to support regional efforts to eliminate communicable and neglected infectious diseases. Nineteen countries and territories¹⁷ purchased ARVs and anti-TB treatments in 2019, and 420,620 persons

34 of 35 PAHO Member States and 10 social security and public health institutions have signed agreements to use the PAHO Regional Revolving Fund for Strategic Public Health Supplies.

living with HIV (PLWHIV) received ARV treatment, 319,194 people received antimalarial treatments, and 96,096 people with TB received treatment.

The Strategic Fund collaborated with the Global Hearts Initiative and the global public health Resolve to Save Lives Initiative to rationalize the list of hypertension control medicines. The Strategic Fund consolidated demand for antihypertensive drugs from 12 participating countries and territories¹⁸ and is launching a bidding process to improve access to quality and competitively priced fixed-dose combination medications to achieve sustainable cost-reduction strategies. The Strategic Fund has also, for the first time, added a biotherapeutic biosimilar, and completed the sourcing and tendering process to establish an LTA that would help to reduce treatment costs for persons with cancer, potentially by up to 80%.

The PAHO Revolving Fund for Access to Vaccines is a critical component of PASB's technical cooperation package for vaccine-preventable diseases, which includes national immunization plans; forecasts to introduce and deploy vaccines; assurance of vaccine effectiveness, quality, and safety; regulatory processes and postmarketing surveillance; and procurement, cold chain, and delivery through the entire supply chain to the point of service.

¹⁶ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

¹⁷ Argentina, Bermuda, Bolivia (Plurinational State of), Brazil, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, Turks and Caicos Islands, and Venezuela (Bolivarian Republic of).

¹⁸ Argentina, Barbados, British Virgin Islands, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Mexico, Panama, Peru, and Trinidad and Tobago.

The value of vaccines, syringes, and cold chain equipment procured through the Revolving Fund reached an unprecedented level of \$769 million in 2019, with 39 countries and territories¹⁹ utilizing the Revolving Fund Capital Account. Outbreaks of vaccine-preventable diseases, including measles, diphtheria, and yellow fever, persisted in the Region, and risks of vaccine stock-outs were minimized by timely access through the Revolving Fund.

PASB seized opportunities to shape the vaccine market for improved availability and affordability, undertaking high-level advocacy at the annual Developing Countries Vaccine Manufacturers Network (DCVMN) meeting in Brazil in October 2019 to outline the significant public health gains achieved in the Americas and highlight the fragility of those gains, as evidenced by the reemergence of measles. The DCVMN plays a key role in achieving more competitive markets and increasing the availability of quality-assured vaccines—the Revolving Fund accesses approximately 80% of its total demand volume for Member States from DCVMN suppliers, corresponding to approximately 20% of total product costs.

In the first quarter of 2020, the Bureau networked with Gavi, the Vaccine Alliance, to contribute to the development of the middle-income country component of “Gavi 5.0” 2021–2025, the new five-year strategy that was approved by the Gavi Board in June 2019. PASB’s advocacy focused on PAHO Member States’ concerns about the prevailing high prices of new vaccines—pneumococcal conjugate, rotavirus, and human papillomavirus—which constitute approximately 80% of the total cost of products for national immunization programs in LAC. The high prices threaten the sustainability of these programs and efforts for disease elimination, prevention, and control.

Most of the countries in the Region of the Americas are graduating from Gavi support. However, functional support

for immunization, including service delivery and strengthening the first level of care, will continue to Haiti, as a Gavi priority country, until June 2021, and to Bolivia (Plurinational State of), Cuba, Guyana, and Honduras. PASB has mobilized funds to continue supporting the immunization programs and related administrative and managerial costs in these countries, all of which, except Cuba, are PAHO Key Countries.

In Nicaragua—another PAHO Key Country—PASB supported the development of production capacity for vaccines through a joint Russia-Nicaragua project grant, participated in meetings of the tripartite commission established to support the project, and provided technical cooperation in the development of the plant facility.

Simultaneously, the Bureau worked closely with Member States in preemptive planning for fluctuations in national vaccine demand forecasts for 2020 and 2021, triaging supply allocations, strengthening analytics to improve forecasting accuracy and risk mitigation, and monitoring national vaccine inventories. The Revolving Fund embarked upon a series of transformational projects, with the objective of improving demand and supply management tools; leveraging technology to simplify, automate, and accelerate processes, and improve quality; establishing digital platforms to deliver real-time information to Member States; and conducting market-shaping initiatives. Renewed partnerships with the UN Foundation, the Task Force for Global Health, and Vaccine Ambassadors facilitated the availability of critical vaccines for use during humanitarian emergencies in Colombia, Haiti, and the Bolivarian Republic of Venezuela.

Since mid-March 2020, the COVID-19 pandemic has severely affected global supply chains for critical medicines and health technologies. The Strategic Fund, working with Member States, succeeded in preempting and minimizing the impact of supply disruptions resulting from country lockdowns and transport restrictions, as well as bans on specific medicines and Active Pharmaceutical Ingredients. The Strategic Fund secured and supplied more than 12 million diagnostic tests from four different suppliers to

¹⁹ Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Curaçao, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Jamaica, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

12 countries²⁰ in the Americas and assisted Member States to dampen spikes in freight and insurance costs, realizing savings and cost reductions of \$800,000. PASB facilitated the donation of medicines between Member States and reallocation of resources between countries or through the PAHO Panama Regional Warehouse. The Bureau also obtained information on existing inventories in countries and advised on alternate treatment regimens, based on medication availability.

National immunization programs in the hemisphere were affected, a major bottleneck being the drastic limitation in commercial passenger flights, which constitute the main means of transportation for vaccines and related immunization supplies. PASB and the Supply Division of UNICEF co-chaired weekly vaccine logistics coordination meetings via telephone to monitor the situation closely with partners. Despite the extreme logistical challenges and increased transport costs, between March and June 2020 the Revolving Fund secured and delivered approximately 24 million doses of seasonal influenza vaccine to Member States in the Southern Hemisphere to protect their populations and limit the influx of persons with influenza to health facilities focused on the COVID-19 response. Five countries—Chile, Colombia, Honduras, Paraguay, and Uruguay—made additional requests which the Revolving Fund was able to accommodate.

In advance of a potential COVID-19 vaccine, the Revolving Fund is positioned as an important platform for Member States. In a whole-of-organization approach, PAHO has been closely following the COVID-19 vaccine development pipeline and working with global partners to advocate for possible COVID-19 vaccines to be made accessible and affordable to all countries, regardless of their income classification. During the process resulting in the design of the COVID-19 Vaccine Global Access (COVAX) Facility, PASB provided comprehensive feedback and guidance to Gavi's global market-shaping efforts. Member States of the PAHO Revolving Fund have been recognized as a unified bloc within the COVAX Facility design, and the Revolving

Fund has been acknowledged as one of the procurement channels for the Facility.

The holistic coordination efforts for the future market-shaping of possible COVID-19 vaccines exemplify an optimal approach to creating healthier markets for all new vaccines, especially those with higher prices. For the first time, global partners are working to consolidate country-forecasted demand, irrespective of income classification or donation eligibility criteria. In this regard, PASB's technical cooperation continues to emphasize and advocate for equitable access to any safe, effective COVID-19 vaccines that are produced—access that prioritizes those most at risk.

Training and protecting human resources for health

PASB, through the implementation of the regional Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023 (Document CD56/10, Rev. 1), supported policy development and planning processes for human resources for health (HRH) in the Region. By the end of 2019, 22 countries²¹ in the Region had advanced toward an HRH action plan or strategy aligned with policies for universal health. These processes not only examined needs with respect to doctors and nurses, but also needs for allied health professionals, including community health workers.

In 2019, PAHO provided training to all Member States on health workforce information management, which generated capacity on HRH information systems and improvements in data production, management, and workforce planning in countries. For the preparation of the publication WHO State of the World's Nursing 2020: Investing in education, jobs, and leadership, all PAHO Member States uploaded data on 36 indicators in the National Health Workforce Accounts, and initiated or improved their own HRH health information systems. 2020

²⁰ Brazil, Colombia, Dominican Republic, Ecuador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Peru, and Venezuela (Bolivarian Republic of).

²¹ Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Cuba, Dominican Republic, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

is the International Year of the Nurse and Midwife, and a regional initiative on Strategic Directions for Nursing in the Region of the Americas to achieve the SDGs and universal health presented proposals to manage complex nursing issues related to governance and leadership, workplace conditions and capacities, and the education system.

In 2020, PASB, in collaboration with other WHO Regions and WHO Headquarters, developed surge capacity tools to estimate health workforce needs, and with PASB's technical cooperation, Peru initiated the implementation of the Health Workforce Estimator. As part of its response to COVID-19, in May 2020 PASB responded to Member States' HRH issues with the publication of Frequently Asked Questions for the Management of Health Workers in Response to COVID-19 and Checklist for the Management of Human Resources for Health in Response to COVID-19. In June 2020, PASB analyzed HRH interventions and policy development in support of the COVID-19 response in 12 countries in the Caribbean subregion.²² The analysis included measures taken by countries on HRH staffing and scaling, the legal framework that supported the measures, healthcare workers at the first level of care, and plans for training and capacity-building.

Further, PASB supported the launch and dissemination of the National Strategic Plan for Health and Well-Being in Suriname 2019–2028; a situation analysis of HRH in Jamaica; and the development and implementation of HRH plans in Antigua and Barbuda, Dominica, Saint Kitts and Nevis, and Saint Vincent and the Grenadines.

The Bureau continued to strengthen its alliance with the Organization of American States (OAS) and the Coimbra Group of Brazilian Universities to support the establishment of permanent coordination mechanisms and high-level agreements between the education and health sectors to align the education and practice of HRH with the current and future needs of health systems. As part of its Agreement with the OAS, PASB developed a virtual course "Health Systems Preparedness during Crisis Situations"

²² Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

for Haiti, in collaboration with the Galilee International Management Institute (GIMI) and the Haiti Ministry of Public Health and Population. The program serves as a follow-up to the training of Haitian physicians who participated in a similar on-site course at GIMI in Israel in December 2019. Advanced training is being planned to take place during July to October 2020 for technical teams from 10 hospitals in the Western Region of Haiti to support the response to COVID-19.

The PAHO VCPH continued to play a key role in building HRH capacity and sharing information, especially in 2020, where the conduct of in-person training exercises and meetings has been severely constrained due to the COVID-19 pandemic. A total of 41 countries and territories²³ participated in continuing education strategies and programs for health personnel through the VCPH or equivalent e-learning networks. From July 2019 to June 2020, the VCPH enrolled a total of 755,296 new students, with 372,276 enrolled for COVID-19-only courses. In March 2020, the VCPH Caribbean Node created the section "Information and Capacity Building Resources on COVID-19," which included two subareas: a) advice to the general public; and b) COVID-19 technical guidance. In addition to links to official documents, this space includes links to OpenWHO courses, PAHO webinars, case studies and lessons learned, and other PAHO-produced resources.

Eliminating communicable diseases, zoonoses, and environmental threats to health

In this area of work, PASB's technical cooperation was guided by global and regional mandates, including the SDGs, the PAHO Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev.2),

²³ Anguilla, Antigua and Barbuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Bonaire, British Virgin Islands, Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Curaçao, Dominica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of).

A Guatemalan woman is examined for trachoma as part of PAHO-supported efforts to eliminate this major cause of blindness.

© PAHO/WHO Víctor Sánchez



and the PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7), which was approved by the 57th Directing Council in September 2019. Taking a life course approach, the policy focuses on a group of diseases that represent a significant burden and disproportionately affect the more vulnerable populations in the Region, including indigenous and Afro-descendant people, and migrants. In line with equity considerations and the SDGs' mandate of leaving no one behind, the Elimination Initiative policy promotes four lines of action: strengthening the integration of health systems and service delivery; strengthening strategic health surveillance and information systems; addressing the environmental and social determinants of health; and strengthening governance, stewardship, and finance.

The emergence of COVID-19 at the beginning of 2020, its subsequent spread throughout the Region, and the ensuing travel bans and physical distancing measures widely disrupted technical workplans and required reengineering of the Organization's technical cooperation approaches. Nonetheless, work with Member States continued, both in order to sustain routine disease control and elimination programs, and to better understand and respond to the intersections between COVID-19 and those programs.

HIV prevention, testing, and treatment

The Bureau worked with Member States in coordination with partners and civil society to adopt pre-exposure prophylaxis (PrEP) as an additional resource for HIV combination prevention for individuals at substantial risk of infection. Four additional countries (Colombia, Ecuador, Guatemala, and Uruguay) began PrEP implementation through either public policy or large-scale demonstration projects, bringing the number of countries in the Americas that now provide PrEP to 16.²⁴ Despite these advances, access and coverage

During the pandemic, work with Member States continued both to sustain routine disease control and elimination programs and to better understand and respond to the intersections between COVID-19 and those programs.

remain limited, while issues of equity have emerged in some countries where PrEP is only available in the private sector.

Nine countries—Argentina, Colombia, El Salvador, Guatemala, Honduras, Paraguay, Suriname, Trinidad and Tobago, and Uruguay—initiated the development of national policies for HIV self-testing. Although recommended by WHO since 2015, expansion of self-testing in the Region appears to be constrained by concerns about the lack of in-person pre-test counseling and the potential negative consequences of positive tests performed outside health facilities. The COVID-19 pandemic has made the adoption of HIV self-testing particularly relevant, as it could represent a significant mitigation strategy for severely impacted facility-based HIV testing services.

PASB supported Member States to update national policies related to antiretroviral treatment, enabling initiation of therapy in all PLWHIV, regardless of CD4 count, as recommended by WHO. In total, 91% of Member States (32/35) are now providing treatment to all persons with confirmed diagnosis of HIV and 43% (15/35) are promoting rapid initiation of treatment, defined as treatment given within seven days of confirmed diagnosis of HIV.

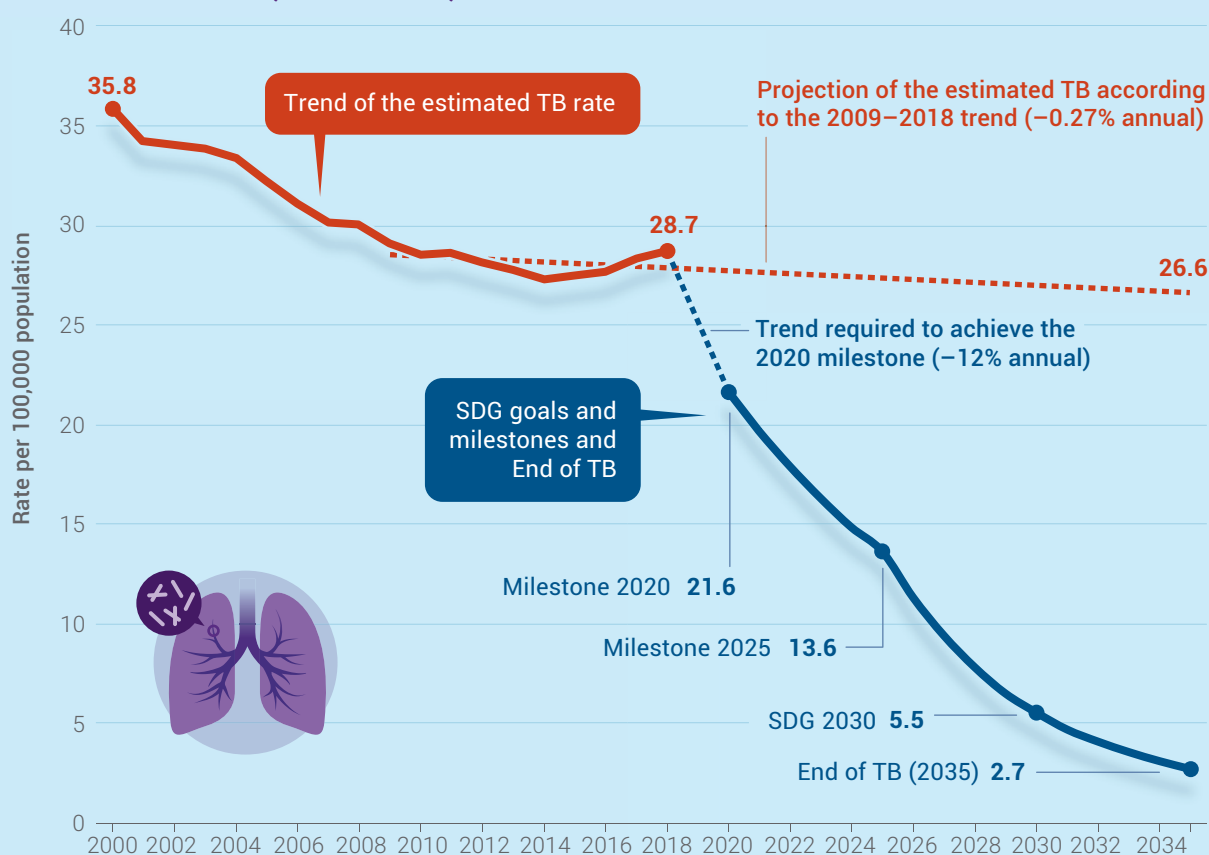
²⁴ Bahamas, Barbados, Brazil, Canada, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Jamaica, Mexico, Peru, United States of America, and Uruguay.

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Protecting gains made by priority communicable disease programs

Improved prevention, diagnosis, and treatment for HIV, TB, and other high-priority communicable diseases in the Americas have resulted in impressive declines in morbidity and mortality from these causes. However, the COVID-19 pandemic has impacted programs and services for these diseases in many countries. **Ensuring needed investments in human and financial resources will be critical for continued progress toward the elimination of priority communicable diseases and for protecting the public health gains already made.**

TB incidence trends, the Americas, 2000–2035

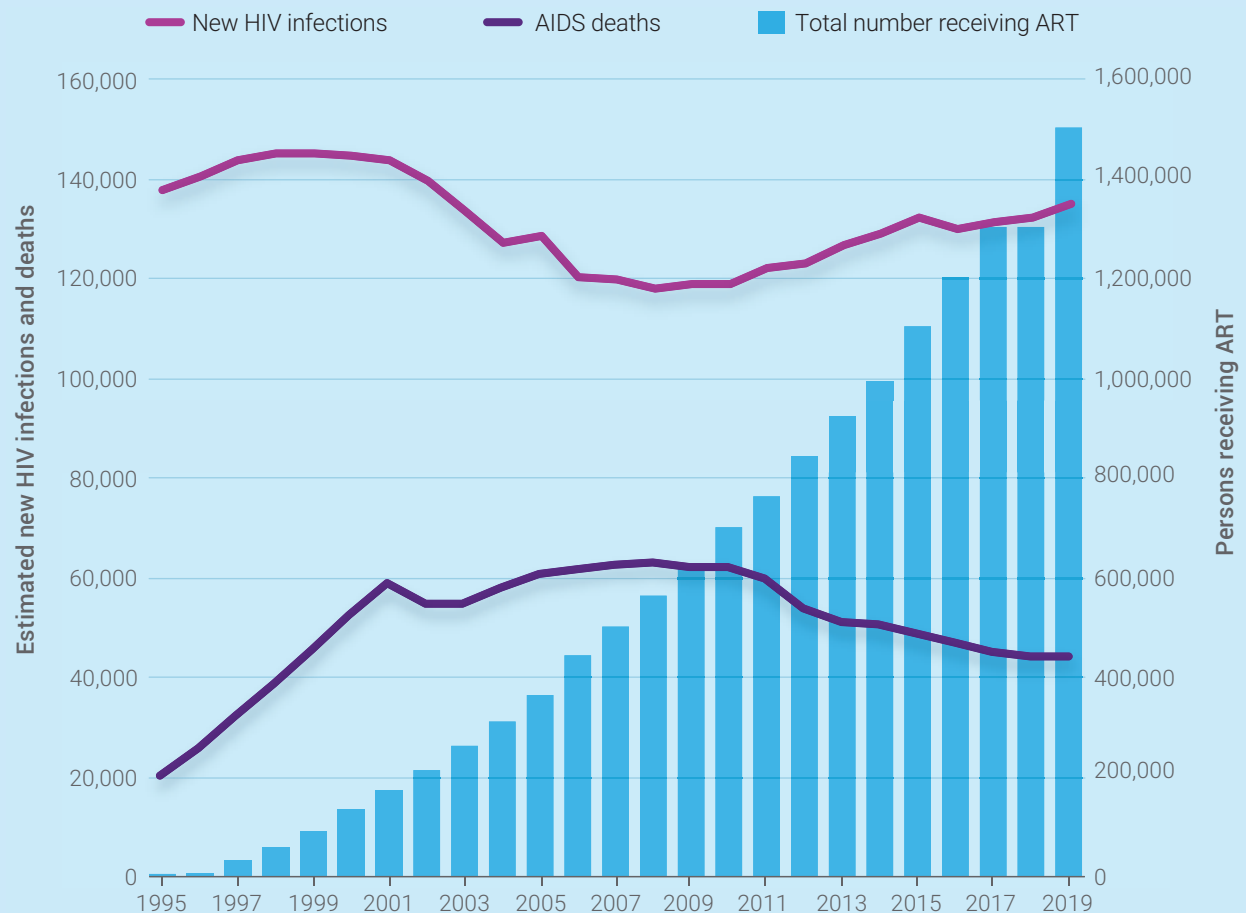


SOURCE: WHO; 2019. Global Tuberculosis Report data. <https://www.who.int/tb/country/data/download/en/>

TB incidence rates have declined by 0.27% annually between 2009 and 2018, while TB deaths have decreased by an estimated 3% per year during the same period (data not shown). The reductions in incidence were not sufficiently deep to allow the Region to achieve the 2020 End TB milestone of 21.6 TB cases per 100,000 population. **Accelerating reductions in TB incidence and deaths will require the involvement of a broader array of partners, the introduction of new rapid molecular diagnostics, and shorter treatment regimens using patient-centered approaches.**

(continued)

New HIV infections, deaths, and persons living with HIV receiving ART, Latin America and the Caribbean, 1995–2019



SOURCE: PAHO. Based on the following data: UNAIDS. Spectrum HIV estimates 2019 and WHO/UNAIDS, GARPR and GAM country reports 2000–2019

Latin America and the Caribbean have made mixed progress in their efforts toward ending the HIV epidemic. Between 2010 and 2019, the number of people receiving antiretroviral treatment (ART) more than doubled, although reductions in new HIV infections have stagnated. In 2019, an estimated 77% of people with HIV were diagnosed, yet only 60% had received treatment, and only half had achieved viral suppression, the hallmark of successful treatment. **Reducing the incidence of HIV infections remains a challenge, especially in key populations and among others in situations of vulnerability.**

Twelve additional countries²⁵ actively initiated the transition to the new WHO-preferred first line dolutegravir-based treatment regimen. This means that 63% of Member States (22/35) are now actively offering the new WHO-recommended first line regimen, while an additional seven—Barbados, Belize, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines—are in the process of updating guidelines or procurement plans. Ten Member States—Argentina, Bolivia (Plurinational State of), Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Paraguay, Peru, and Venezuela (Bolivarian Republic of)—are currently procuring this first line regimen as a fixed dose combination through the PAHO Strategic Fund.

Eleven countries²⁶ completed nationally representative surveys to estimate the prevalence of pretreatment HIV drug resistance, in compliance with WHO-recommended methodology. These data facilitate ongoing optimization and updating of national HIV treatment guidelines for more effective treatment of PLWHIV.

With support from the Global Fund, PASB engaged in work to strengthen data availability, quality, and use to drive and enhance HIV/sexually transmitted infection (STI) programs for vulnerable populations, including men who have sex with men, sex workers, and transgender women. The interventions involved measuring the impact of HIV/STI services and building HIV prevention cascades, which outline the steps needed to achieve HIV prevention in persons at high risk. The initiative was launched in February 2020, and as of 30 June 2020, 10 countries—Bolivia (Plurinational State of), Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Nicaragua, Panama, and Paraguay—had built their key population prevention cascades.

Elimination initiatives: mother-to-child transmission, hepatitis B, malaria, and tuberculosis

Progress toward the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis continued in the Caribbean. During the reporting period, Antigua and Barbuda, Bermuda, Cayman Islands, and Saint Kitts and Nevis had their maintenance of EMTCT validation status approved. Dominica and Guyana have submitted EMTCT validation requests to PASB and the process is advancing. In 2019, Cuba was recertified as having eliminated mother-to-child transmission of HIV and congenital syphilis. In Brazil, the municipality of São Paulo was certified as having eliminated vertical transmission of HIV and the city of Curitiba maintained its elimination certification.

The Bureau supported pilot activities in Colombia and Cuba to test the feasibility of different methods for verifying the achievement of hepatitis B virus elimination impact targets, such as a less than 0.1% prevalence of hepatitis B surface antigen (HBsAg) among children at 5 years of age. The Bureau is collaborating with WHO on the development of a global methodology for the validation of the EMTCT of hepatitis B.

During the reporting period, the Americas continued progress toward the elimination of malaria. In 2019, malaria elimination was certified in Argentina, while Belize and El Salvador reported zero indigenous malaria cases, making them good candidates for elimination certification in 2022 (Belize) and 2020 (El Salvador). In Peru, within the cooperation framework of the Zero Malaria Plan, in 2019 there were 24,324 cases of malaria, a reduction of more than 50% when compared with the 55,227 cases recorded in 2017. In the Amazon, an indigenous intercultural community approach was adopted, focusing on the health services network and the implementation of a malaria management model utilizing community agents. The Bureau's important technical and financial partners in advancing malaria elimination in the Region include the Clinton Health Access Initiative (CHAI), Global Fund, IDB, UN Foundation, USAID, United States Centers for Disease Control and Prevention (U.S. CDC), CDC Foundation, and WHO.

²⁵ Antigua and Barbuda, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Guyana, Honduras, Jamaica, Panama, Paraguay, and Suriname.

²⁶ Antigua and Barbuda, Argentina, Dominica, El Salvador, Grenada, Haiti, Paraguay, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Uruguay.

PASB's technical cooperation for tuberculosis elimination enabled accelerated implementation of the End TB Strategy and the commitments of the UN General Assembly High-Level Meeting on Tuberculosis. USAID was a key partner in these efforts, which included: a) strengthening capacity for analysis and use of TB information and follow-up in 10 countries—Argentina, Bolivia (Plurinational State of), Brazil, Costa Rica, Cuba, Dominican Republic, Guatemala, Haiti, Mexico, and Peru; b) fostering TB research networks in 10 countries—Argentina, Brazil, Chile, Colombia, Cuba, El Salvador, Jamaica, Mexico, Panama, and Peru; c) addressing vulnerable populations such as indigenous people, children, and adolescents; and d) capacity-building for national TB programs and

civil society representatives on the ENGAGE-TB Approach in eight countries—Bolivia (Plurinational State of), Brazil, Dominican Republic, El Salvador, Guatemala, Jamaica, Mexico, and Peru. The ENGAGE-TB Approach seeks to shift the perception of TB as only a medical illness to a more comprehensive understanding of the disease as a socioeconomic and community issue. The Approach emphasizes the value of collaboration and partnership between national TB programs and civil society organizations.

Work was also undertaken on the prevention and control of drug-resistant TB through the regional Green Light Committee. A three-year Global Fund grant (2017–2019)

Country experiences in advancing HIV, STI, TB, and malaria prevention and control

In Costa Rica, The Ministry of Health and the President signed a comprehensive reform of Law No. 7771, General Law on HIV-AIDS, of April 29, 1998 (Law No. 9797) addressing legislative human rights support for persons living with HIV. PASB supported this reform, which seeks to promote and guarantee a comprehensive approach to human rights for PLWHIV, including creating a National Council for Comprehensive HIV Care and guaranteeing the right to confidentiality for workers living with the virus.

In the Bolivarian Republic of Venezuela, PASB, in collaboration with the Joint United Nations Program on HIV/AIDS (UNAIDS), civil society, and other partners, continued to support the implementation of the Master Plan for HIV, STI, Tuberculosis and Malaria, to strengthen the response to the respective diseases from a public health perspective. The Master Plan provides a coherent assessment of the country's needs in terms of these three major epidemics and is a base document for dialogue and negotiations with donors and other partners. In 2019, with resources provided through a Global Fund exceptional contribution for non-eligible countries in crisis, the PAHO Strategic Fund purchased 705,312 bottles of fixed-dose combination of tenofovir, lamivudine, and dolutegravir (TLD), ensuring access to treatment for approximately 38,000 PLWHIV, more than 75% of the estimated eligible cohort of adults. In light of persistent stock-outs of reagents for HIV viral load monitoring, PASB mobilized technical and financial support to design and implement a population-based survey estimating the treatment response in PLWHIV who have transitioned to the new TLD regimen.

Despite the critical malaria situation in the Bolivarian Republic of Venezuela since 2015, the country reported a decrease in the number of cases and deaths between 2017 and 2019. At the end of 2019, the Global Fund approved a second exceptional contribution of \$5.85 million to support the procurement and distribution of medicines and diagnostics for HIV, TB, and malaria.

to strengthen TB national laboratory networks in 20 countries²⁷ was successfully concluded. A continuation grant was prepared in close partnership with the Andean Health Agency-Hipólito Unanue Agreement (ORAS-CONHU) and the Executive Secretary of the Council of Ministers of Health of Central America and the Dominican Republic (SE COMISCA).

In collaboration with CARPHA, PASB made GeneXpert TB testing available for the small island countries and territories of the Caribbean. This contributed to the implementation of the Caribbean regional TB strategy that was developed in 2019 to guide the countries of the Organization of Eastern Caribbean States (OECS) toward TB elimination. The GeneXpert machine has opened up new opportunities to improve system efficiencies, improve cost savings, increase patient access to diagnosis, and ultimately improve quality of care in the Caribbean. Importantly, at this time GeneXpert machines are also being used for COVID-19 testing.

Control of arboviral diseases

In the face of continued high dengue transmission, PASB's technical cooperation focused on clinical training in the management of dengue and identification of early predictors of severity at the first level of care. This led to continued reduction in the dengue case fatality rate, which, as of 30 June 2020, was 0.03% for 2020, well below the regional target of 0.05%. Transmission of chikungunya and Zika continued at lower levels throughout the Region, with most cases in 2020 being reported by Brazil. Key partners in arboviral disease control in the Region include the U.S. CDC, Oswaldo Cruz Foundation (FIOCRUZ), Brazil; Florida International University, and WHO. PASB participated in the evaluation of *Wolbachia* bacterial strains as a method of biocontrol of the *Aedes aegypti* mosquito in Brazil and Colombia.

²⁷ Argentina, Belize, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

Control of zoonotic diseases

PASB's technical cooperation in this area applies the One Health approach to facilitate sustainability. One Health is the term used to represent the collaborative efforts of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment.²⁸ This approach extends beyond zoonotic diseases to include pathologies with an impact on public health and food security.

The Bureau focused on strengthening country programs for primary prevention, since preventing and controlling zoonotic infections circulating in animal populations is the most effective way to prevent human disease. However, food safety was also a priority, with focus on strengthening preventive measures in food systems along the food value chain "from farm to fork." When disease prevention is not feasible, as with sylvatic rabies and poisoning by venomous snakes and arthropods, the focus is on access to treatment, and PASB continued to work with national producers of antivenoms and the PAHO Strategic Fund to provide access to antivenoms to all countries in need.

The Bureau undertook assessment of food control systems in Costa Rica, El Salvador, Honduras, and Suriname, and made recommendations to improve operations and effectiveness. In Bolivia (Plurinational State of), El Salvador, Guatemala, Guyana, and Honduras, PASB's technical cooperation strengthened the countries' National Codex Committees through provision of access to FAO/WHO Codex Trust Fund projects.

Food inspectors from 10 Caribbean countries and territories—Aruba, Barbados, Belize, Bermuda, Guyana, Jamaica, Saba, Sint Maarten, Suriname, and Trinidad and Tobago—were trained in risk-based food inspection, and the Risk-Based Food Inspection Manual for the Caribbean

²⁸ Pan American Health Organization. One Health – From Ideas to Action. Report on subregional workshop held in Port of Spain, Trinidad and Tobago, March 2013. Washington, D.C: PAHO; 2013. Available from: <https://bit.ly/2CmgM2i>.

was developed and validated with the countries. In addition, a food handlers' online training course in English was developed and launched through the PAHO VCPH. This course has been followed by 775 people from 37 countries in the Americas, and, more recently, the Spanish version of the course was released in the VCPH.

Although COVID-19 is not transmitted by food, the pandemic provided an opportunity to ensure that the food industry was compliant with measures to protect food industry workers from contracting SARS-CoV-2, and to

strengthen food hygiene and sanitation practices.

In this regard, PASB worked to increase awareness of food safety along the food value chain through the production and dissemination, including through social media, of multimedia materials promoting the Five Keys to Safer Food and good practices in the food industry and markets. On World Food Safety Day, 7 June 2020, PASB organized an online event in keeping with the theme "Food Safety, Everyone's Business" that was followed by more than 5,000 people from 33 countries in the Americas and beyond.

Progress toward elimination of neglected infectious diseases

Lymphatic filariasis

- Guyana successfully implemented its first mass drug administration campaign with the triple drug combination (ivermectin, diethylcarbamazine, and albendazole) to eliminate lymphatic filariasis, with overall coverage of 75% (510,317 people treated out of 677,286 eligible) in all eight endemic regions. The campaign was supported by PASB's mobilization of financial resources from USAID and the Ending Neglected Diseases (END) Fund.
- Brazil conducted a re-mapping of historical foci of lymphatic filariasis and completed serological and entomological surveys within the Yanomami community to inform the targeting of public health interventions.

Chagas disease

- Guatemala, Honduras, and Nicaragua validated the elimination of *Rhodnius prolixus*, the main vector of Chagas disease in Central America, as a public health issue.
- The Plurinational State of Bolivia and Colombia interrupted domiciliary vector transmission by the vectors *Triatoma infestans* and *Rhodnius prolixus* in some areas.

Leishmaniasis

- Of 17 countries²⁹ with endemic cutaneous leishmaniasis in the Region that reported transmission during the period under review, 10 countries—Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, El Salvador, Guatemala, Nicaragua, Panama, Peru, and Suriname—reduced the proportion of cases in children under 10 years of age during the reporting period, and 12 countries³⁰ diagnosed at least 80% of their cases by laboratory testing.

²⁹ Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, and Venezuela (Bolivarian Republic of).

³⁰ Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, El Salvador, Guyana, Honduras, Mexico, Nicaragua, Paraguay, Peru, and Suriname.

- Of the nine countries—Argentina, Brazil, Colombia, El Salvador, Guatemala, Honduras, Paraguay, Uruguay, and Venezuela (Bolivarian Republic of)—reporting transmission of visceral leishmaniasis, six—Argentina, Colombia, El Salvador, Guatemala, Honduras, and Uruguay—diagnosed at least 95% of the cases by laboratory testing.

Rabies

- In Brazil's Amazon basin, PASB supported planning, monitoring, and evaluation of a pilot initiative for the implementation of pre-exposure prophylaxis against vampire bat-mediated human rabies in a riverside population of the Brazilian Amazon region. The Bureau collaborated with the Ministry of Health of Brazil, the Secretary of Health of Pará State, and the municipal governments of Breves, Melgaço, and Portel in this intervention. Approximately 2,900 people (children 2 years of age and older, and adults) received free immunization against rabies in September 2019.
- The Bolivia (Plurinational State of)-Brazil border area, Dominican Republic, and Haiti conducted vaccination campaigns against canine rabies. New, improved management guidelines were established in the Dominican Republic, and nine of the ten departments in Haiti participated in the national campaign. There had not been widespread canine rabies vaccination in Haiti for over a decade, and preliminary results indicate a vaccination coverage rate of 79.4% in the participating departments. PASB collaborated with the Haiti Ministry of Agriculture, Natural Resources, and Rural Development in this intervention.
- Mexico became the first country in the world, in November 2019, to receive WHO validation for having eliminated dog-transmitted rabies as a public health problem.
- The Bolivarian Republic of Venezuela implemented pre-exposure prophylaxis with human rabies vaccine.

Antimicrobial resistance

In October 2019, the first joint meeting of the Latin American and Caribbean antimicrobial resistance (AMR) surveillance networks was held in Brasília, Brazil. Countries agreed to implement a new standardized AMR surveillance methodology that combines laboratory and epidemiological (patient) data. This will enable improved AMR data quality, analysis, and reporting of AMR related to bacterial causes of blood stream infections, and facilitate reporting to the Global AMR Surveillance System, GLASS.

In November 2019, PASB assumed the role of lead implementer of the three-year initiative Working Together to Fight Antimicrobial Resistance (2020–2022) funded by the EU. Jointly coordinated with the FAO and the World Organization for Animal Health (OIE), this groundbreaking initiative promotes the One Health approach to assist

seven countries—Argentina, Brazil, Chile, Colombia, Paraguay, Peru, and Uruguay—to better implement their AMR national action plans.

Through the PAHO Cooperation among Countries for Health Development (CCHD) initiative, Argentina and CARICOM collaborated to strengthen capacities for AMR diagnostics and surveillance under the One Health approach in 11 Caribbean countries.³¹

Health and the climate crisis

A five-year agreement with the EU was launched to foster a climate-resilient health sector in the CARIFORUM

³¹ Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

community through the development of the project Strengthening Climate Resilient Health Systems in the Caribbean, to support the implementation of the Caribbean Action Plan on Health and Climate Change 2019–2023. Using a One Health approach within the Caribbean Cooperation in Health Phase IV (CCH IV) framework, this project will contribute to reduction of mortality and morbidity from the expected health consequences of climate change in Caribbean countries. It will also implement actions to provide infrastructure and services in healthcare facilities that aim to increase the climate resilience of the health sector and reduce its carbon footprint.

The Caribbean Action Plan on Health and Climate Change includes linkages to the environmental determinants of health, and actions to address COVID-19 have been integrated into the activities of the EU-funded project to strengthen climate-resilient health systems in the Caribbean subregion. The project will a) support national-level efforts to adapt systems in order to better address future climatic threats and strengthen public health interventions; b) strengthen national health early warning surveillance systems and training; c) enhance training and assessment of the environmental health workforce to respond to COVID-19; d) pilot food safety and inspection programs that consider the impacts of both climate change and COVID-19; e) train multisectoral and interdisciplinary groups from health, environment, climate, agriculture, and other sectors in COVID-19 prevention and control; f) promote youth engagement in COVID-19 prevention activities; and g) develop health communication strategies that enable the Caribbean public to better understand and prevent COVID-19. In addition to CARIFORUM, partners in this work include CARICOM, CARPHA, the CARICOM Climate Change Center (CCCCC), Caribbean Institute of Meteorology and Hydrology (CIMH), UWI, UNEP, FAO, and UNICEF.

A review of the Caribbean Regional Curriculum for Environmental Health Officers (3STEP Curriculum) was completed, from the perspectives of climate change adaptation and the introduction of online courses. A final recommendation and an action plan were also completed, with the participation of representatives from

Caribbean educational institutions, including the UWI, and environmental health departments.

Air quality and health

PASB worked to mobilize regional leadership in air quality and health through country engagement in the BreatheLife Campaign. The Campaign has raised awareness and built technical capacities among health actors to address air pollution and mitigate climate change through a series of webinars and one-on-one e-meetings with national and subnational authorities. With 28 members, the Region has the largest number of participants in this global campaign.³² Major partners include the Climate and Clean Air Coalition, WHO, and UNEP.

Strengthening country capacity to address health emergencies and disasters

PASB's health emergencies program focuses on strengthening country capacities for prevention, risk reduction, preparedness, surveillance, response, and early recovery in relation to all types of human health hazards that may result from emergencies or disasters. Particular attention is given to those capacities that fall under the requirements of the International Health Regulations (2005). The Bureau's technical cooperation in this category aims to strengthen hazard-specific capacity-building in relation to a range of diseases with the potential to cause outbreaks, epidemics, or pandemics, and in relation to chemical and radiological emergencies, natural hazards, and conflicts. It considers the human security approach to building coherent intersectoral policies to protect and empower people, and to increase community resilience against critical and pervasive threats. In addition, it includes coordinated international health assistance to help Member States respond to emergencies when required.

³² Members include Colombia, Honduras, Mexico, and Trinidad and Tobago, and several cities from the Region, including Bogotá, Lima, Mexico City, Montreal, Panama City, San Antonio, Santiago, Vancouver, and Washington, D.C.



PAHO-deployed emergency personnel support the health response to Hurricane Dorian in September 2019.

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A major effort for PASB during the first six months of 2020 was technical cooperation to support the response to the COVID-19 pandemic. There was also intense focus during the entire reporting period on providing uninterrupted support to respond to the situation in the Bolivarian Republic of Venezuela and to associated humanitarian issues not only in that country, but also in neighboring countries—Brazil, Colombia, Ecuador, Guyana, Peru, and Trinidad and Tobago.

While the situation generated many challenges, it also provided opportunities to enhance the Bureau's work with countries and territories in the Region, particularly in the control and prevention of epidemic- and pandemic-prone diseases; to emphasize vaccine-preventable diseases; and to enhance efforts to address the wider agenda on mass migration and health.

Preparedness and risk reduction

Evolution of the Smart Hospitals initiative

The project Smart Health Care Facilities in the Caribbean, funded by the United Kingdom Department for International Development, is in its fifth year. During the period under review, PASB continued to utilize and advocate for "Smart" ("safe and green") practices in healthcare facilities in the seven participating countries—Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines.

The Smart Health Care Facilities initiative has generated much interest in and outside of the participating countries on integration of the Smart concept for building resilience to the climate crisis into sectors other than health, and is evolving from a "Smart concept" into a "Smart movement." Belize is implementing an EU-funded project for Smart Hospitals, and the Belize Social Investment Fund is constructing three new healthcare facilities according to Smart standards. The World Bank-funded OECS Regional Health Project aims to improve the climate resilience of selected health facilities in Dominica, Grenada, Saint Lucia, and Saint Vincent and the Grenadines. Montserrat has utilized the Smart concept in the construction of a

new hospital, while an EU-funded project to build a new smart shelter in Sint Maarten is being finalized. In the British Virgin Islands, shelters are being retrofitted to become Smart and the education sector has adopted the concept for schools. The Bureau presented the Smart concept in Peru, at a meeting with participants from 11 countries.³³

In 2019, PASB introduced an extra training component for ancillary staff across all project beneficiary countries, with an emphasis on maintenance, bringing the total number of persons trained through the project, as of 30 June 2020, to 1,081. Retrofitting works to improve safety from natural hazards and greening standards, supported by PASB's procurement function, were completed in 20 healthcare facilities as of June 2020, inclusive of a senior citizens' home and a children's home.

Various technical documents have been produced and modified over the course of the project. Recently, case studies on Hurricane Shutters & Windows: The Dos and Don'ts of Installation and the guide on Smart Retrofit Measures for COVID-19 were added to the repository of all available Smart technical documents.³⁴

Access to health services in violence-prone areas in Central America

The Northern Triangle of Central America, comprised of El Salvador, Guatemala, and Honduras, has one of the highest rates of violence in the world for a non-conflict area, with homicide rates that WHO classifies as epidemic. With financial support from the Disaster Preparedness Program of the European Civil Protection and Humanitarian Aid Operations Department (DIPECHO), PASB improved access to health services in violence-prone areas of the three countries, using the current third phase of the project to replicate and scale up previous successful interventions.

³³ Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Paraguay, and Peru.

³⁴ Technical documents available from: <https://www.paho.org/en/health-emergencies/smart-hospitals/smart-hospitals-toolkit>.

PASB supported the ministries of health to develop and strengthen multisectoral and interinstitutional tools for the diagnosis of the causes and effects of violence in the health systems, and the design of relevant public policies. The project worked with 34 health facilities (17 hospitals and 17 health units) and two migrant care centers located in violence-prone areas, in close coordination with health authorities and institutions at the national, regional, and local levels. As of December 2019, this initiative contributed to strengthening the safe health care delivery capacity in 30 prioritized health facilities through safety assessments and development of protocols based on the results. Twenty-five health facilities had rehabilitation work performed and they received equipment and/or supplies to improve safety conditions and protect health workers and patients. Two national campaigns were implemented to protect health services; and more than 1,500 people were trained in areas such as clinical management of violence-related medical emergencies, psychosocial and mental health support, and the use of the Rapid Preparedness Assessment for Health Care Facilities (RPA) tool, which was developed by the International Committee of the Red Cross (ICRC), under the Health Care in Danger Global Initiative.

Preparedness for influenza and other respiratory viruses

With funding support from the U.S. CDC and the WHO Pandemic Influenza Preparedness Framework, PASB continued its technical cooperation in the surveillance of influenza and other respiratory viruses in the Americas. These efforts rely on the laboratory network of 30 National Influenza Centers (NIC), institutions that are formally evaluated and recognized by WHO's Global Influenza Surveillance and Response System (GISRS), and which conduct surveillance of severe acute respiratory illnesses (SARI) and influenza-like illnesses (ILI). The NIC network demonstrated its importance in the early detection of potentially epidemic-prone events, with significant spillover benefits for the COVID-19 response. During the reporting period, Suriname's Central Laboratory of the Bureau of Public Health received WHO's designation as the country's NIC.

National capacities for influenza surveillance and preparedness were strengthened in 20 Caribbean countries and territories³⁵ at a subregional meeting on influenza in September 2019, the first such initiative for the Caribbean subregion. PASB convened the first regional SARI-net Laboratory Meeting in October 2019, where 23 countries and territories,³⁶ as part of the WHO GISRS network, improved their knowledge and practical skills to face the challenges of managing the transmission of influenza viruses that evolve and cocirculate with other respiratory viruses in the Americas.

During the period July to September 2019, the Bureau coordinated a regional sequencing project, aimed at increasing the number and timeliness of sequenced influenza virus data to be used in the Vaccine Composition Meeting for the yearly formulation of the vaccine destined for application in the Southern Hemisphere. PASB also conducted the phylogenetic analyses of these data, which were presented at the September 2019 Vaccine Composition Meeting.

International Health Regulations core capacities

The IHR provide the overarching framework for Member States to collaborate in addressing global health security. These legally binding regulations require States Parties to notify a potentially wide range of events to PASB and WHO on the basis of defined criteria which may indicate that the event constitutes a public health emergency of international concern. Strengthening countries' core capacities to implement the IHR remains an important priority for PASB's technical cooperation, and work under the IHR umbrella during the reporting period was executed with support from the Spanish Agency for International Development Cooperation (AECID),

³⁵ Anguilla, Antigua and Barbuda, Aruba, Belize, Bermuda, Cayman Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

³⁶ Argentina, Belize, Bolivia (Plurinational State of), Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago (CARPHA), and Uruguay.

the Netherlands, U.S. CDC, and Brazil's national voluntary contributions.

PASB supported implementation of the IHR Monitoring and Evaluation Framework (IHR MEF), which includes one mandatory component, namely the State Party Annual Report, and three voluntary components: After-Action Reviews of Public Health Events, Simulation Exercises, and Voluntary External Evaluations. During the period under review, the Bureau supported Argentina and the Dominican Republic to host Voluntary External Evaluations, based on the Joint External Evaluation (JEE) tool. PASB also supported six simulation exercises (in Antigua and Barbuda, Canada, Ecuador, Saint Kitts and Nevis, Saint Lucia, and Turks and Caicos Islands) and two After-Action Reviews (one national, in Peru, and one multicountry for Hurricane Dorian, involving the Bahamas, Canada, and the United States of America). Twenty-nine³⁷ of 35 (83%) States Parties in the Americas submitted their State Party Annual Reports to the 73rd World Health Assembly in 2020. The Bureau organized training on the methodological approach to After-Action Review and Simulation Exercises for States Parties and Territories in the Caribbean subregion at a meeting in Port of Spain, Trinidad and Tobago, 19–21 November 2019.

Epidemic Intelligence—the cycle of organized and systematic collection, analysis, and interpretation of information from all sources to detect, verify, and investigate potential health risks—is a core function under the IHR. PASB continued to participate in the Epidemic Intelligence from Open Sources (EIOS) initiative, which is a unique collaboration among various public health stakeholders around the globe, aimed at building a strong public health information community. PASB strengthened human resource capacity in the Caribbean in surveillance,

PASB issued 30 Epidemiological Alerts and Updates and registered 138 public health events of potential international concern, of which 83% were determined to be substantiated.

and in basic and advanced epidemiology, using online, facilitator-led courses delivered through the PAHO VCPH—135 participants from 20 countries and territories³⁸ completed the courses.

During the reporting period, PASB issued a total of 30 Epidemiological Alerts and Updates, mostly related to vaccine-preventable diseases and dengue, but also including nine publications related to COVID-19. The Bureau disseminated information on 36 events in the Region on the Event Information Site for IHR National Focal Points and four on the WHO Disease Outbreak News site, and registered 138 events in the Event Management System, of which two required documentation with rapid risk assessment—the latter included a Regional Assessment for COVID-19. Eighty-three percent (114) of the 138 acute public health events considered in the Americas for their potential international implications were determined to be substantiated, and 47% of those were related to COVID-19.

PASB continued to enhance the Emergency Medical Team initiative. An EMT national focal point has been designated

³⁷ Argentina, Bahamas, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

³⁸ Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Haiti, Jamaica, Saba, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

in each of 28 Member States³⁹ and 122 experts are part of the regional roster of EMT coordinators, including 119 from 35 countries and territories⁴⁰ in the Region and three from Spain. As of 30 June 2020, 10 national EMTs and 23 international nongovernmental organizations (NGOs) were enrolled in a mentoring process to achieve the WHO Global Classification. In September 2019, the Barbados Defense Force was classified as EMT Type 1 Fixed, becoming the first team in the Caribbean and the first military unit in the Region to qualify.

Response operations

Hurricane Dorian in the Bahamas

On 1 September 2019, the strongest storm in the modern history of the Bahamas, Hurricane Dorian, made landfall in Great Abaco. A category 5 storm with wind speeds of 185 miles per hour (mph), gusts of 200 mph, and storm surges of 18–23 feet, Dorian caused severe flooding and destruction of residential, industrial, and commercial properties in Abaco. The hurricane moved to Grand Bahama on 2 September 2019, where it stalled for over 24 hours, generating torrential rains, winds up to 165 mph, and sea surges of over 20 feet, devastating particularly the eastern side of the island. Hurricane Dorian affected approximately 76,000 persons in Grand Bahama and Abaco, with an official toll of 69 persons dead and 346 persons missing.

PASB monitored Hurricane Dorian's passage through the Caribbean before its landfall in the Bahamas

and activated contingencies, including assessment and preparation of available emergency stocks in PASB's logistics hub in Panama, initiation of coordination with health partners in the field, and maintenance of permanent communications with the Ministry of Health of the Bahamas. This continuous collaboration, supported by USAID/OFDA and the WHO Contingency Fund for Emergencies, resulted in the implementation of short-term, high-impact interventions to save lives and reduce suffering among the most vulnerable populations affected by the hurricane.

The efforts resulted in continuous access to health care for affected populations, including procurement of essential medicines, supplies, and equipment; reestablishment of operations and health services delivery at the Rand Memorial Hospital in Grand Bahama; provision of field logistics support for the receipt and distribution of donations, supplies, and equipment; planning and coordination of mental health and psychosocial support interventions, including psychosocial support for first responders and persons affected by the disaster; strengthening of disease surveillance surge capacity on the affected islands and in New Providence for early detection of respiratory, water-, and vector-borne diseases or outbreaks and other public health concerns; establishment of health Emergency Operations Centers (EOCs) for coordination, and a situation room for analysis and tracking of public health issues; repair and surveillance of water supply to prevent public health problems; and planning to restore the safe disposal of healthcare waste.

In total, PASB deployed 30 experts to the Bahamas to provide surge capacity in the technical areas of project coordination, communications, epidemiology, entomology, vector control, environmental health, water, sanitation, and hygiene (WASH), humanitarian supply management system (SUMA/LSS), field logistics, mental health and psychosocial support, procurement, civilian-military liaison, health systems and services, and communicable diseases.

³⁹ Argentina, Bahamas, Bolivia (Plurinational State of), Brazil, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁴⁰ Antigua and Barbuda, Argentina, Bahamas, Barbados, Bermuda, Bolivia (Plurinational State of), Brazil, Canada, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

Public health needs in the Bolivarian Republic of Venezuela and neighboring countries related to mass migration

Between 2015 and the first quarter of 2020, over 4.9 million persons emigrated from the Bolivarian Republic of Venezuela due to the ongoing political and socioeconomic situation in that country. Approximately 4 million of those persons migrated to other Latin American and Caribbean countries, particularly Argentina, Aruba, Brazil, Chile, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, and Uruguay. During the period under review, neighboring countries—Brazil, Colombia, Ecuador, and Peru—continued to receive large numbers of Venezuelan migrants and served as the first stop for those in transit to other locations. Though some countries began limiting migrant access in 2019, Colombia maintained open borders to the Venezuelan population.

The health system in the Bolivarian Republic of Venezuela, while retaining some capacity, has been under stress due to several factors, including frequent interruptions in the supply of core public services such as water and electricity at health facilities; health workforce migration; and shortages of medicines and health supplies, particularly at the secondary and tertiary levels of care. The global lockdowns to stem the spread of COVID-19 dramatically reduced the demand for transportation and travel, and consequently, crude oil, resulting in negative oil prices for the first time in history, in April 2020. As a result, the Venezuelan economy, which relies heavily on oil production, faced new risks and challenges, including a detrimental impact on the national health system.

In collaboration with international and local partners, PASB intensified its technical cooperation with the ministries of health of the Bolivarian Republic of Venezuela and Latin American and Caribbean countries hosting migrants to enhance health systems management; improve the prevention and control of communicable and noncommunicable diseases; reduce maternal and neonatal mortality; improve emergency management; and purchase medicines, vaccines, laboratory reagents, and other supplies. During the period under review, the

Bureau mobilized over \$32 million from the international community to support the adaptive capacity of national and local health systems, and collaborated with national authorities and other health partners to provide essential health care to the most vulnerable groups, whether migrants or host population. Over 602 tons of essential medicines, health supplies, and equipment were procured and distributed to 379 essential health services in 24 states in the Bolivarian Republic of Venezuela, benefiting an estimated 11 million persons. In neighboring countries, efforts focused on improving access to, and the care delivery capacity of, essential health services, and strengthening national and decentralized health surveillance, information management, and monitoring systems for outbreak detection and control.

From July 2019 to June 2020, PASB mobilized more than 20 international experts to provide support to the Venezuelan health authorities in technical areas such as logistics, emergency coordination and incident management, WASH, health services, project management and administration, investigation and clinical management of yellow fever, and information management. In addition, 173 missions were completed by PASB national experts in the areas of immunization, logistics, emergency and risk management, communicable diseases, TB-HIV coinfection and nutrition, communicable diseases and epidemiological surveillance, NCDs and mental health, and health services.

The Bureau supported the Venezuelan Ministry of Popular Power for Health to develop and implement the 2018–2021 Plan of Action for the Control of Malaria, the national plans for rapid response to measles and diphtheria, and the national plan to increase routine vaccination coverage among indigenous communities. Between July and September 2019, immunization was expanded to provide mass vaccination against polio to more than 3 million children between 2 months and 5 years of age. PASB strengthened the cold chain network through capacity-building and procurement of equipment, and in 2019, 4 million doses of vaccines and syringes were procured and delivered to the Bolivarian Republic of Venezuela through the PAHO Revolving Fund.

More than 25,000 vaccinators and 34 national consultants were deployed between July 2019 and March 2020 in

support of national immunization efforts to control the measles and diphtheria outbreak. Between April and June 2020, the Bureau's technical cooperation to improve immunization coverage addressed the country's implementation of vaccination strategies in the context of the COVID-19 pandemic; re-verification of the interruption of the measles outbreak; and investigation of vaccine-related adverse events. PASB coordinated the donation to the Bolivarian Republic of Venezuela of 4.7 million doses of yellow fever vaccine in May 2020, followed by 2.5 million doses of oral polio vaccine (OPV) in June 2020.

During the first semester of 2020, PASB's technical cooperation with the Bolivarian Republic of Venezuela expanded to support the development and implementation of the COVID-19 Preparedness and Control Plan, including scaling up epidemiological surveillance, strengthening laboratory capacity and points of entry, implementing risk communication strategies, and improving clinical management of positive cases. The Bureau also coordinated the evaluation of the COVID-19 reference hospitals to assess the level of preparedness and increase the capacity of the essential services. PASB procured and delivered significant amounts of PPE to the Bolivarian Republic of Venezuela, including through PAHO's Standby Partner, Direct Relief.

PASB's funding partners for its intensified technical cooperation with the Bolivarian Republic of Venezuela included the UN Central Emergency Response Fund (CERF); Swiss Agency for Development and Cooperation; European Civil Protection and Humanitarian Aid Operations (ECHO); Global Fund; UN Foundation; AECID; U.S. CDC; Vaccine Ambassadors; Public Health Agency of Canada; Government of Canada; Task Force for Global Health; Measles and Rubella Initiative; USAID/OFDA; Direct Relief; and the WHO Contingency Fund for Emergencies.

Toward cholera elimination in Haiti

January 2020 marked one year since Haiti's last confirmed cholera case, bringing under control the outbreak that began in October 2010, affected over 820,000 people, and resulted in the loss of 9,792 lives. However, in order to receive validation of disease elimination from WHO, the country must maintain effective surveillance systems and remain cholera-free for two more years. Over a third of the population (35%) still lacks basic drinking water services and two-thirds (65%) have limited or no sanitation services, compared with the LAC averages of 3% and 13%, respectively. The Bureau will continue to work with national counterparts and international partners to improve the situation.

Achievements of PASB's intensified technical cooperation with the Bolivarian Republic of Venezuela

- A reduction of 59.3% in malaria transmission in 2020 when compared with the same period in 2019, and a reduction of 60% in maternal deaths due to malaria in the states of Bolívar, Anzoátegui, Zulia, and Sucre, due to the implementation of the Plan of Action for the Control of Malaria 2018–2021.
- A reduction in maternal deaths, including late maternal deaths, by 16.7%, as of 28 December 2019 ($n = 598$), when compared with the same period in 2018.
- No new confirmed cases of measles, as of 30 June 2020, since 11 August 2019, when the last confirmed case was reported.
- Vaccination of 3,290,426 children aged 2 months to 5 years with one dose of the oral bivalent poliomyelitis vaccine between July and September 2019; 19 of 24 (79%) states and 257 of 335 (77%) municipalities had coverage rates above 95%.
- Vaccination of nearly 200,000 people in 231 indigenous communities according to the National Immunization Scheme during Vaccination Week in the Americas 2019.

During the period under review, PASB's technical cooperation with Haiti contributed to increased surveillance to detect and respond to possible outbreaks; implementation of rapid diagnostic initiatives; cholera vaccination programs at local levels; and the provision of supplies and trained personnel to quickly respond to and manage cases. The Bureau continued its collaboration with the Haiti Ministry of Public Health and Population in the implementation of the LaboMoto project, which focused on the rapid transport of samples from treatment centers to laboratories using motorcycles. This initiative enabled testing and confirmation of suspected cases to increase from 21% in 2017 to 95% in 2019.

COVID-19 response

On 30 January 2020, the WHO Director-General declared the COVID-19 outbreak a public health emergency of international concern under the IHR. The first case in this Region was confirmed in the United States of America on 20 January 2020, followed by Brazil on 26 February 2020. On 11 March 2020 the WHO Director-General declared a COVID-19 pandemic, and by mid-June 2020 the Region of the Americas had become the epicenter of the pandemic, with three countries in the Region—Brazil, Peru, and the United States of America—being among the 10 countries reporting the highest number of cases and deaths globally, and two—Brazil and the United States of America—being ranked in the top three globally. All 54 countries, territories, and areas in the Region have reported COVID-19 cases, and, as of 29 June 2020, there were 5,136,705 confirmed cases in the Americas, with 247,129 deaths.

The pandemic control measures put in place by countries and territories in the Region showed varying levels of implementation and success. The rapidly evolving nature of the COVID-19 pandemic required PASB to implement an agile and adaptive response mechanism, in an altered work context influenced by travel restrictions and physical distancing. On 17 January 2020, PASB activated an organization-wide Incident Management Support Team (IMST) to undertake technical cooperation with countries and territories in the Region to address and mitigate the impact of the COVID-19 pandemic. By 15 March 2020,

PASB completed 25 missions to countries and territories, including joint missions with the International Organization for Migration (IOM), United Nations Population Fund (UNFPA), and UNICEF. In the Caribbean subregion, PAHO was the only international agency invited to engage at the highest levels of decision-making.

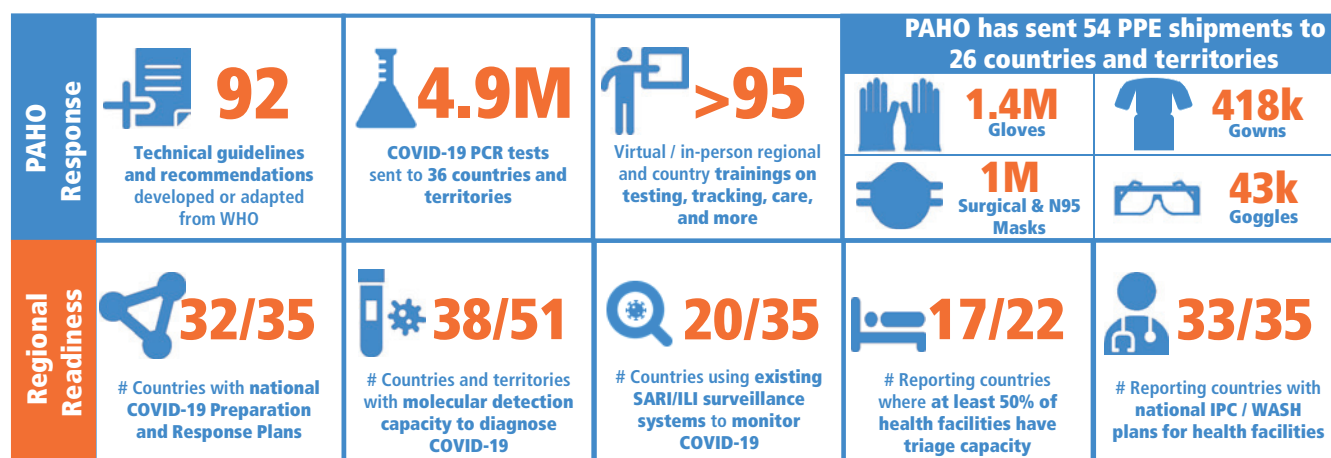
Personnel and/or supplies were mobilized to 51 countries and territories in the Region to complement local PASB resources in training national health authorities; supporting the development and activation of national emergency plans; assessing the reorganization of services; supporting the analysis of needs for PPE, supplies, and reagents; and supporting Member States to advance purchasing processes to generate strategic national reserves.

Experts in clinical management, infection prevention and control, and reorganization of health services, were dispatched to Antigua and Barbuda, Bolivia (Plurinational State of), Dominica, Ecuador, Grenada, Honduras, Nicaragua, Paraguay, and Venezuela (Bolivarian Republic of); experts on implementation of the Go.Data contact tracing digital platform were deployed to Argentina, Brazil, Colombia, and Mexico. Over 95 virtual training sessions were completed with over 20,000 participants from 33 countries, and more than 92 technical documents and tools were developed, adapted, and/or translated for use in the Americas. PASB also purchased and distributed laboratory reagents, PPE, and medical supplies and equipment to 37 countries and territories (Figure 1).⁴¹

The Bureau's technical cooperation in the COVID-19 response is fully aligned with the nine pillars of the global COVID-19 Strategic Preparedness and Response Plan (3 February 2020),⁴² namely, a) country-level coordination,

⁴¹ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁴² Note: The global COVID-19 Strategy was updated on 14 April 2020. Available from: https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_19.

FIGURE 1. COVID-19: PASB response and regional readiness at a glance (as of 29 June 2020)

planning, and monitoring; b) risk communication and community engagement; c) surveillance, rapid response teams, and case investigation; d) national laboratories; e) infection prevention and control; f) case management; g) points of entry; h) operational support and logistics; and i) maintaining essential services during the pandemic; with additional pillars of research, innovation, and development, and resource mobilization and partnerships.

Country-level coordination, planning, and monitoring

All 35 Member States activated intersectoral coordination mechanisms in response to the COVID-19 pandemic in order to mount a comprehensive response. These mechanisms involved the highest political leadership, officials in key sectors, and the active engagement of local governments and authorities, as well as the activation of crisis management plans and emergency response mechanisms. Twenty-seven Member States⁴³ activated or established health sector emergency administrative structures and measures to strengthen country health systems.

⁴³ Antigua and Barbuda, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Cuba, Dominica, Dominican Republic, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

With PASB's support, more than 500 hospitals (public and private) in 18 countries⁴⁴ conducted COVID-19 readiness self-assessments in February and March 2020. Results indicated moderate levels of preparedness in some key areas such as laboratory capacity for diagnosis of SARS-CoV-2, patient isolation procedures, and case management. All countries and territories implemented measures to expand hospital capacity, including executive decisions at national level to integrate country capacities to the extent possible, especially for critical care; centralized management of beds; repurposing, retrofitting, and upgrading of beds; and strengthening clinical management within the network for continuity of care and efficient use of hospital resources.

Risk communication and community engagement

PASB conducted risk communication surveys of ministries of health and other authorities involved in COVID-19 communications to assess needs and identify potential synergies among countries. The Bureau created a risk communication package for healthcare workers and conducted virtual training in English and Spanish for ministry of health staff; briefed high-level policymakers,

⁴⁴ Argentina, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Haiti, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of).



Responding to the coronavirus pandemic in the Americas: before case zero and beyond

PAHO's early and rapid response to COVID-19 provided Member States with invaluable time to prepare their health systems and establish testing capacity. The Americas was the first WHO Region to provide its Member States with PCR laboratory diagnostic kits as early as mid-January. Since then, PAHO has continued purchasing additional laboratory supplies and distributing them to countries.

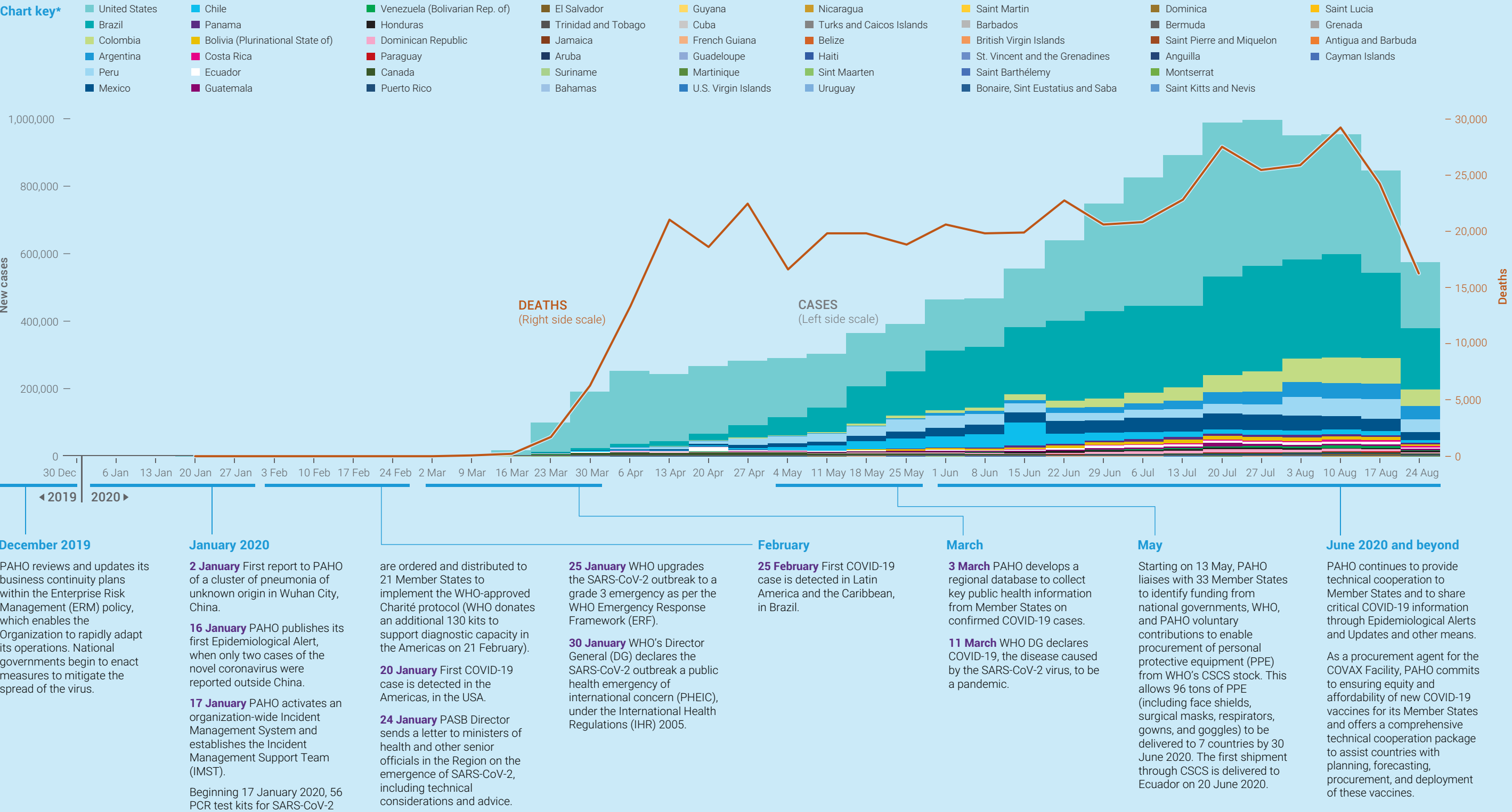
PAHO's Strategic Fund (SF), the regional technical cooperation mechanism for pooled procurement of essential medicines and strategic health supplies, enabled Member States to procure in vitro diagnostics (IVDs) to detect the SARS-CoV-2 virus. Through the SF, Brazil procured over 10 million IVDs by mid-May, with more countries using the SF for IVD procurement in subsequent months.

PAHO maintains a stock of emergency supplies, including PPE and other supplies and equipment, in its hub in Panama City, Panama. To protect health workers and recognizing severe shortages across global markets, PAHO shipped its first PPE kits (including gloves, surgical masks, respirators, goggles, and gowns) to Jamaica on 8 February 2020, followed by an additional 25 countries through June. These 53 shipments to 26 countries included 699,500 gloves, 460,550 surgical masks, 28,575 respirators, 16,010 goggles, and 201,152 gowns.



Timeline of COVID-19 response: key events, reporting, and information sharing

*The countries are listed by the number of reported COVID-19 cases, in order of greatest to the smallest number of cases. Source: PAHO Incident Management Support Team (IMST), September 2020.



including ministers of health, on relevant issues; and developed COVID-19: Guidelines for Communicating about Coronavirus Disease 2019—A guide for leaders.

PASB developed and disseminated numerous materials (videos, infographics, and media cards) in multiple languages, including sign language; utilized a wide variety of communication media and platforms; and convened webinars and online sessions addressing a multiplicity of topics to contribute to and guide Member States' responses to COVID-19. Topics included influenza and COVID-19; the use of masks; COVID-19 and science; mental health and children; parenting during COVID-19; domestic violence in the context of COVID-19; and pregnancy, childbirth, and breastfeeding.

The PAHO Director and the Executive Management Team also played critical roles in extending PASB's communication related to COVID-19 through a number of planned initiatives, which included convening frequent high-level meetings with ministers of health of the Region to provide epidemiologic updates on COVID-19; share information on PAHO's response to this pandemic and the lessons learned; elicit from them the successes and challenges encountered in their national responses; and provide a space for dialogue in which countries outside the Region of the Americas, such as Spain, could share their successful experiences in combating COVID-19.

Similar briefings were undertaken with Member State ambassadors to the OAS, and there was frequent telephone engagement with some Member State presidents and prime ministers. Under the aegis of the Director, weekly press briefings were conducted to spotlight some of the critical issues that countries should address, notwithstanding the necessary attention being given to COVID-19. These issues included the health needs of populations residing in conditions of vulnerability and simultaneous focus on priority health programs such as immunization and the care and treatment of persons with underlying health conditions, in order to protect the public health gains that the Region has achieved over the past decades.

The Bureau responded to media enquiries on the pandemic and held weekly online "Ask the Expert" sessions,

addressing topics such as hand hygiene and infection control; COVID-19 and indigenous people; mental health; and testing for COVID-19. PASB developed NCD fact sheets for persons living with NCDs, and contributed to and disseminated a children's storybook entitled *My Hero Is You: How kids can fight COVID-19!* aimed at teaching young persons how to be active while staying mainly indoors. The book, which was a project of the UN Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, was translated into more than 100 languages.

PASB also developed an alliance with Twitter to provide factual, reliable information on the pandemic, the Bureau's first formal agreement with a social media company, and participated in weekly meetings with the UN communications officers from Latin America to exchange information and identify common areas of work. With the start of the hurricane season in the Caribbean in June 2020, and in the context of COVID-19, the Bureau collaborated with the Caribbean Development Bank to develop a communications campaign entitled "Stronger Together." The campaign, which will highlight information and tools to assist communities in coping with the psychological impact of adverse events, was launched in July 2020.

Surveillance, rapid response teams, and case investigation

PASB worked with countries to integrate COVID-19 into their sentinel-based, syndromic SARI/ILI surveillance systems, and 20 countries⁴⁵ completed the integration. Such integration facilitates characterization of COVID-19 transmissibility, severity, and impact, and allows effective evaluation of seasonal influenza and COVID-19 vaccination initiatives.

PASB maintained the COVID-19 line listing using the WHO-recommended format and has captured nominal data on

⁴⁵ Argentina, Bolivia (Plurinational State of), Chile, Colombia, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Suriname, Uruguay, and Venezuela (Bolivarian Republic of).

The laboratory network of National Influenza Centers (NICs) provided a foundation for the COVID-19 response, in particular by making possible the swift introduction of molecular testing for the emerging virus throughout the Region.

70% of all confirmed and probable cases from 38 countries and territories, more than any other WHO Region. This line listing is a critical tool for managing the confirmation and isolation of COVID-19 patients and for tracing and quarantining their contacts. In collaboration with the Global Outbreak Alert and Response Network (GOARN), PASB trained persons from 31 countries and territories⁴⁶ in the use of the Go.Data app, a tool that supports suspected case investigation and management, displays of transmission chains, contact tracing, and monitoring of adherence to quarantine. Twenty-one countries and territories⁴⁷ have implemented the Go.Data contact tracing digital platform as part of their COVID-19 response.

Seventeen countries⁴⁸ are participating in the regional pilot SARS-CoV-2 genomic surveillance project. Three laboratories in the Region—FIOCRUZ, Brazil; Institute of Epidemiological Diagnosis (InDRE), Mexico; and

U.S. CDC—have been designated as WHO COVID-19 reference laboratories. Countries are extending their molecular diagnostic capacity toward next generation sequencing, an advanced form of full genome sequencing that enables countries to link single cases to transmission chains. This provides a more complete picture of the interconnectedness of COVID-19 and other pathogens circulating within and across countries.

PASB developed a Geo-Hub for the Region's COVID-19 data. It includes a series of dashboards and epidemiological data that are updated daily, and provides four subregional and 54 country, territory, and area geo-hubs for the Americas. The Bureau supported Argentina, Belize, Chile, Guatemala, and Venezuela (Bolivarian Republic of) to enter their country data and adapt their own hubs to facilitate the monitoring of COVID-19 cases. PASB also established an interactive dashboard that can be accessed by the public, providing information on cumulative cases, deaths, and incidence rates, as well as on new cases, deaths, and other epidemiological indicators reported by countries and territories.

In Colombia, seroepidemiological investigation protocols originally developed for pandemic influenza are supporting the national COVID-19 response, facilitating timely estimates of the severity spectrum and the level of population susceptibility. Seroprevalence data may support countries to refine public health and social measures and to make informed policy decisions on future COVID-19 vaccination initiatives.

National laboratories

The laboratory network of NICs provided a foundation for the COVID-19 response, in particular by making possible the swift introduction of molecular testing for the emerging virus throughout the Region. The inaugural regional SARInet laboratory meeting in October 2019 added value to the Region's preparedness and efforts to manage COVID-19, since the strengthening of capacities in the countries greatly facilitated their abilities to incorporate COVID-19 testing algorithms from the outset of the pandemic. Currently, all NICs and national reference

⁴⁶ Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Bermuda, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, and Trinidad and Tobago.

⁴⁷ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Brazil, Canada (Saskatchewan), Chile, Colombia, Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Jamaica, Paraguay, Saint Lucia, Sint Eustatius, Sint Maarten, and Suriname.

⁴⁸ Argentina, Bahamas, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

laboratories are supporting the COVID-19 response, and have access to the SARInet pool of expertise, knowledge, and resources during the response.

PASB supported the strengthening or installation of SARS-CoV-2 virus laboratory diagnostic capacity in 38 countries and territories.⁴⁹ Thirty-four countries and territories⁵⁰ implemented molecular diagnostic methods for the detection of SARS-CoV-2 virus in at least one national public health or reference laboratory. From February to mid-March 2020, laboratory training exercises were organized in Brazil for 10 countries—Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Panama, Paraguay, Peru, and Uruguay—and in Mexico for eight Central American and Caribbean countries—Belize, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, and Nicaragua—as well as for representatives from three Mexican states (Quintana Roo, Jalisco, and Baja California). Laboratory experts were specifically deployed to the Bahamas, Barbados, Dominica, Colombia, Guyana, Haiti, Jamaica, Suriname, and Venezuela (Bolivarian Republic of) to provide relevant training for staff and strengthening of laboratory capacity.

While at least 18 countries and territories⁵¹ have in-country capacity to sequence the virus, all have access to sequencing from selected laboratories outside their borders. Though the procurement of supplies for in vitro diagnostics was hindered by the shortage of products available on the market, as of 29 June 2020, PASB provided

primers, probes, controls, and/or polymerase chain reaction (PCR) kits to support approximately 4.9 million reactions/tests. Countries and territories were also supported in the procurement of over 10 million PCR tests through the PAHO Strategic Fund.

Infection prevention and control

All countries and territories implemented measures to reinforce IPC. As of 30 June 2020, 33 countries⁵² reported having a national IPC program and WASH standards in healthcare facilities. From the onset of the pandemic, reinforcement of compliance with hand hygiene practices, use of PPE, and cleaning and disinfection of medical devices, were priorities for countries and territories, and for the Bureau's technical cooperation.

PASB promoted the safety of healthcare workers in countries, produced guidance on requirements and technical specifications for PPE in healthcare settings, and conducted several IPC webinars. The webinars included topics such as standard and transmission-based precautions, with a focus on PPE; IPC in nontraditional settings such as schools, long-care homes, and correctional institutions; IPC among persons with disabilities; drug safety; and IPC strategies for safe reopening after lockdowns.

Case management

With the Bureau's technical cooperation, Member States accelerated actions to strengthen information systems for health and to adopt digital solutions for access to timely, disaggregated data for decision-making in the COVID-19 response. Platforms and applications for telehealth, including teleconsultations, telemedicine visits, remote monitoring of patients, and remote communication, were implemented. These mechanisms enabled health workers, particularly those at the first

⁴⁹ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁵⁰ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁵¹ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, French Guiana, Guatemala, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, Trinidad and Tobago (CARPHA), and Venezuela (Bolivarian Republic of).

⁵² Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guyana, Haiti, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

level of care, to manage medical care and facilitate home monitoring of persons with COVID-19 and other conditions, including NCDs.

PASB provided technical guidance for the management of persons with COVID-19, including publication of a revised version of Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of rapid systematic reviews (16 June 2020). The Bureau collaborated with the Epistemonikos database, based in Chile, to identify systematic reviews relevant to COVID-19, and conducted rapid reviews of emerging evidence on the effectiveness, therapeutic benefits, and harms of possible treatments. PASB provided summaries of available evidence and the strength of recommendations based on research criteria, then adapted or revised guidelines as needed. Topics included the role of children in COVID-19 transmission, optimal supportive treatment for cases, and duration of viral shedding and infectiousness of cases.

Points of entry

The Bureau supported countries in promoting, advocating for, and educating on nonpharmacological measures to prevent and control COVID-19 at points of entry, in efforts to control their borders. In Brazil, PASB supported the government of the state of Mato Grosso do Sul to develop a plan with criteria for adjusting nonpharmacological measures, including travel restrictions, in response to the spread of COVID-19 in the state. Educational materials, including pull-up banners, were produced for posting at points of entry in Jamaica, designed to raise awareness among travelers and personnel about quarantine, physical distancing, and IPC measures for stemming the spread of the virus.

Operational support and logistics

PASB was instrumental in the procurement and distribution of supplies, equipment, and materials for the COVID-19 response, including PPE and testing kits, through the PAHO Strategic Fund and in collaboration with various partners such as UNICEF. The Bureau also worked to strengthen procurement, and supply and distribution chains, in countries.

Maintaining essential health services

PASB's technical cooperation supported the reorganization and progressive expansion of health services for the response to the COVID-19 pandemic, particularly for triage, isolation, and intensive care in adults. Within days of WHO's confirmation of the COVID-19 outbreak, and to enhance health services preparedness at country level, PASB developed several technical guidance documents and tools, which were shared with Member States in-country and through online trainings, as outlined in previous paragraphs and throughout this report.

Of 24 countries⁵³ assessed in May 2020, 20 countries⁵⁴ confirmed the incorporation of the first level of care into the health response to COVID-19, through education and communication, case investigation and contact tracing, triage, testing, referral, and follow-up of cases and contacts in the community. The main actions undertaken for the continuity of essential services related to the care of pregnant women and newborns; immunizations; dispensing of medications; and monitoring of patients with chronic conditions by teleconsultation or home care.

Outpatient services for NCDs were maintained, with limited access in 18 countries (64%) and full access in seven countries (25%).⁵⁵ A PASB survey on immunization services during COVID-19 revealed that routine immunization services were maintained in 22⁵⁶ of 33 countries and territories (67%), with 10 countries and

⁵³ Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁵⁴ Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁵⁵ Pan American Health Organization. Rapid Assessment of Service Delivery for NCDs during the COVID-19 Pandemic in the Americas, 4 June 2020. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/rapid-assessment-covid-19-impact-ncd-programs-region-americas>.

⁵⁶ Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Colombia, Cuba, Dominica, Grenada, Guatemala, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, Uruguay, and Venezuela (Bolivarian Republic of).

territories (30%)—Argentina, Bolivia (Plurinational State of), Brazil, Cayman Islands, Dominican Republic, Ecuador, Haiti, Honduras, Peru, and Saint Lucia—experiencing partial suspension of services.

In March 2020, PASB published the guidance document *The Immunization Program in the Context of the COVID-19 Pandemic* (updated in April and May 2020) and worked with health authorities to devise strategies for vaccinating persons at high risk against influenza and other diseases. HIV treatments continued uninterrupted despite shortages, due to mitigation measures implemented by countries and territories and support from the PAHO Strategic Fund.

EMTs and Alternative Medical Care Sites (AMCS) played a key role in the medical surge to expand capacity in order to meet the needs created by the exponential increase in patients during the pandemic. EMTs were primarily national, given the unavailability of international EMTs as a result of travel restrictions and countries' needs to support their own national health systems. Fifteen countries and territories⁵⁷ reported 176 national EMTs deployed, with nine on standby. With respect to AMCS, 96 were made operational, providing a total of 8,330 inpatient beds and 458 critical care beds.

Many countries established legal and normative tools for the management of human resources for health, with some declaring COVID-19 an occupational disease. Some countries, including Argentina, Dominican Republic, El Salvador, Honduras, Paraguay, and Peru, also provided economic and noneconomic incentives for health personnel responding to the pandemic.

Research, innovation, and development

One of the priority lines of action of PASB's response is research and innovation, with the aim of learning, innovating, improving, and developing better ways to manage COVID-19. The Bureau participated in WHO's global research coordination efforts and collaborated

with multiple partner institutions at global and regional levels in COVID-19 research, including universities, nonprofit organizations such as Cochrane, and PAHO/WHO Collaborating Centers such as McMaster University. With PASB's support, 13 countries⁵⁸ enrolled in the WHO Solidarity Clinical Trial for COVID-19 treatments.

PASB launched a new searchable database COVID-19 Guidance and the Latest Research in the Americas as a complement to the WHO database COVID-19 Global Literature on Coronavirus Disease. The database includes best practices, studies, and research protocols; up-to-date guidance; and scientific publications from the Americas and affected countries worldwide. Targeted at decisionmakers, policymakers, researchers, health professionals, and the general public, the PASB database is organized into three main categories: Save Lives, Protect Healthcare Workers, and Slow the Spread.

Resource mobilization and partnerships

In April 2020, PASB launched a \$95 million appeal, later increased to \$200 million through the end of 2020, to support and scale up public health preparedness and response efforts in Latin American and Caribbean countries facing the COVID-19 pandemic. As of 18 June 2020, contributions received and/or pledged from the following countries and entities reached 47% of the total appeal: Azerbaijan, Belize, Brazil, Canada, Germany, Japan, Spain, Switzerland, United Kingdom, United States of America, and Venezuela (Bolivarian Republic of); CAF Development Bank of Latin America, Confederation of Caribbean Credit Unions, European Commission, IDB, PAHO COVID-19 Response Fund,⁵⁹ UN agencies (CERF, World Food Program [WFP], United Nations Development Program [UNDP], UNICEF, UNFPA, and IOM), UN Multi-Partner Trust Fund, World Bank, and Yamuni Tabush Foundation. The Bureau also received in-kind contributions from Direct Relief, Mary Kay Inc., and Twitter, and engaged

⁵⁷ Argentina, Bahamas, Barbados, Bolivia (Plurinational State of), Canada, Cayman Islands, Chile, Costa Rica, Ecuador, Guatemala, Guyana, Jamaica, Peru, Trinidad and Tobago, and United States of America.

⁵⁸ Argentina, Bahamas, Barbados, Brazil, Colombia, Cuba, Dominican Republic, Ecuador, Honduras, Jamaica, Mexico, Peru, and Trinidad and Tobago. Note: The Caribbean countries are participating through the University of the West Indies.

⁵⁹ The PAHO COVID-19 Response Fund receives contributions only from individual donors and small miscellaneous contributions from corporations under \$5,000.

in strategic partnerships with Global Citizen, Salomón Beda, and Sony Music Latin to fight the pandemic.

Reducing inequities and improving health through the life course

This area of work focuses on the development of evidence-based guidance and programs for women and men's health across the life course; maternal and neonatal health; the integrated health and development of children and adolescents; the health of aging populations; comprehensive immunization throughout the life course; and the factors outside of the traditional health sector that influence health. Relevant technical cooperation promotes an integrated approach that incorporates health promotion and health-in-all-policies perspectives to tackle the social and other determinants of health.

The frameworks that guide PASB's technical cooperation in this area are aligned with the SDGs and include the Decade on Healthy Aging 2020–2030; the PAHO Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 (Document CD57/10); the Plan of Action on Health in All Policies (Document CD53/10, Rev. 1); the Plan of Action on Workers' Health (Document CD54/10, Rev. 1); the Plan of Action on Immunization (Document CD54/7, Rev. 2); and the Plan of Action for Women's, Children's, and Adolescents' Health 2018–2030 (Document CD56/8, Rev. 1).

Newborn and child health

Thirteen countries⁶⁰ established national registry systems for birth defects following training to strengthen surveillance of these conditions in the Region. PASB worked closely with WHO, March of Dimes, U.S. CDC, and the International Clearinghouse for Birth Defects Surveillance and Research to present the experiences and lessons learned in the Region, which have been included in capacity-building interventions in countries outside of the

Americas. The Bureau improved access to quality services for reducing blindness due to retinopathy of prematurity in 11 countries⁶¹ through policy and guideline development, human resources capacity-building, and enhancement of services.

PASB participated in the WHO-led Global Scale for Early Development (GSED) team, which has created the largest global bank, to date, of child development instruments and items. The GSED comprises experienced statisticians and child development experts from various institutions, including UNICEF, IDB, and the World Bank. The Bureau collaborated with UNICEF and IDB to disseminate evidence-based interventions on parenting and fatherhood, and recommendations on physical activity for children under 5 years of age, as well as considerations of the links between environmental risks and child development. In addition, PASB conducted advocacy to strengthen interprogrammatic work and increase child-focused actions in disease-specific programs such as those addressing the prevention and control of communicable diseases, NCDs, and injuries and violence.

Adolescent health

PASB collaborated with CARICOM and other regional and international partners to organize the first Caribbean Congress on Adolescent and Youth Health, held in Trinidad and Tobago in October 2019. Convened under the theme "Championing our Wealth: Promoting the Health and Well-Being of Adolescents and Youth in the Caribbean," the multistakeholder congress brought together youth, policymakers, technical representatives, and civil society advocates. The congress drew approximately 200 participants, including 80 young people, and during the following months, more than 1,000 persons accessed the taped sessions posted on the congress website. The Bureau supported the development of a road map to address critical issues identified at the congress related to physical, mental, and social well-being, substance use, violence and injuries, nutrition, sexual

⁶⁰ Argentina, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Uruguay, and Venezuela (Bolivarian Republic of).

⁶¹ Antigua and Barbuda, Barbados, Colombia, Dominica, Grenada, Guyana, Haiti, Peru, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines.

A new mother gives “kangaroo care” to her prematurely born daughter, after both survived a high-risk delivery attended by skilled medical personnel.

© PAHO/WHO Karen González Abril



and reproductive health, and climate change and the environment, ensuring attention for the most vulnerable groups.

The Bureau promoted and supported the development of standards for adolescent health services, conducted training, and introduced the e-Standards tool, a web-based platform to monitor global standards for those services, in Colombia; supported the Dominican Republic and Honduras with the development of new adolescent pregnancy prevention plans; and presented the preliminary results of the equity-based study of adolescent pregnancy in Member States of the Central American Integration System (SICA) to COMISCA. The preliminary analysis confirmed inequalities in the distribution of adolescent fertility along social gradients defined by income, educational level, and area of residence, with the data indicating that adolescents in the lower social gradients had a higher risk of early pregnancy than those at the most advantageous end of the scale. The analysis found that this pattern of inequality was repeated within countries (at subnational and national levels) and between countries. The study, funded by USAID through the Every Woman, Every Child—Latin America and the Caribbean (EWEC-LAC) initiative, reinforced the need for implementation of pro-equity interventions to address adolescent pregnancy.

In 2019, PASB established the PAHO Youth for Health Group, aiming to institutionalize the engagement and empowerment of young people in the Bureau's work. The group participated in various interventions, including several related to mental health and tobacco control, as well as monthly live social media sessions. The latter were increased to weekly "COVID-19 Hangouts with Youth" during May to June 2020 as part of the response to the COVID-19 pandemic.

The Strong Families—Love and Limits program was updated and strengthened in close collaboration with its original developers at Iowa State University, resulting in the production of two additional manuals and eight videos on program management and competency-based training of human resources for the program. Supported by the Government of Canada-funded Integrated Health Systems

in Latin America and the Caribbean (IHSLAC) project, the program targets adolescents aged 10–14 years, and aims to prevent risky behaviors, promoting and strengthening parent-child communication, providing advice on parenting and home teaching skills, and supporting the mental health and development of adolescents.

Healthy aging

The PASB-developed course International Accreditation of Competences in Health Care for Older Persons (ACAPEM) was made available in English on the VCPH in late 2019. The course was already available in Spanish, and the formulation of the Portuguese version is in progress. Since its launch in early 2019, the course has reached over 16,000 health professionals, providing competences to improve the care of older persons.

The Bureau contributed to strengthening communities, systems, and care for older adults, including through the Diabfrail LatAm Consortium, funded through the European Commission's Horizon 2020 program. The Consortium aims to implement multimodal interventions for older people with diabetes in Latin America and to build better strategies and care, culminating in improved quality of life and fewer comorbidities. PASB also designed the methodology for the Assessment of the Health System's Responsiveness Regarding the Needs of Older Persons and

PASB designed the methodology for the Assessment of the Health System's Responsiveness Regarding the Needs of Older Persons and supported the first phase of assessment in four countries—Barbados, Brazil, Chile, and Mexico.

supported the first phase of assessment in four countries—Barbados, Brazil, Chile, and Mexico.

With PASB's technical cooperation, 14 countries and territories⁶² implemented the Chronic Disease Self-Management Program (CDSMP), which was updated with new evidence-based strategies and adapted for virtual platforms, the latter to enable its continued use despite COVID-19 restrictions. In collaboration with the Administration for Community Living (ACL), which is part of the U.S. Department of Health and Human Services, the Bureau is currently piloting the virtual CDSMP in Argentina, Chile, Cuba, Mexico, Peru, and Trinidad and Tobago. ACL is supporting the nationwide implementation of the program in the United States of America.

The Bureau collaborated with WHO, Orbis International, and Christoffel-Blindenmission (CBM) to address geographical and economic inequities in eye and ear healthcare services, generating evidence of inequality in the distribution of ear, nose, and throat (ENT) specialists in 15 Latin American countries⁶³ and strengthening ophthalmology services in four public hospitals outside the capital city in Peru. A study on inequities in the subnational distribution of ophthalmologists and ENT specialists⁶⁴ provided baselines to improve the recruitment, training, and retention of the health workforce in the underserved areas.

Women's and maternal health

PASB worked with 10 priority countries—Bolivia (Plurinational State of), Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru, and Suriname—to accelerate reduction in maternal mortality. Maternal mortality reduction plans were

updated in Bolivia (Plurinational State of), Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, Paraguay, and Suriname, and maternal mortality committees were reactivated in those eight countries and Peru. During 2019, maternal mortality declined in Bolivia (Plurinational State of), Dominican Republic, Guatemala, Honduras, Nicaragua, Paraguay, Peru, and Suriname, with reductions ranging from 9% in Paraguay to 27% in Suriname.

In October 2019, the Bureau launched a course on maternal and perinatal death surveillance and response on the PAHO VCPH. The course targets professionals involved in care, management, and institutional administration related to maternal and perinatal health, and, as of mid-June 2020, 1,015 participants from 40 countries had enrolled, with registrations from the Caribbean, Europe, Africa, Asia, and Oceania. In the Bolivarian Republic of Venezuela, by the end of 2019, 1,476 obstetrics and gynecology professionals were trained in immediate-post-obstetric contraception and the management of post-obstetric events, with the aim of applying updated family planning strategies in the most vulnerable populations.

During 2019, 17 countries⁶⁵ upgraded to SIP Plus, the expanded web-based version of the PAHO Perinatal Information System.⁶⁶ SIP Plus has added value to clinical data, as it allows clinical registration and access from multiple wireless devices, updates all information online, can be used in real time, and provides interoperability with all electronic format records, including national vital statistics. SIP Plus is expected to strengthen the quality and monitoring of women's, maternal, adolescent, and neonatal care. Among countries that have integrated SIP Plus with other digital forms of information are Argentina, Bolivia (Plurinational State of), Colombia, Dominican Republic, Nicaragua, and Panama.

⁶² Anguilla, Antigua and Barbuda, Argentina, Brazil, Canada, Chile, Costa Rica, Grenada, Mexico, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, and United States of America.

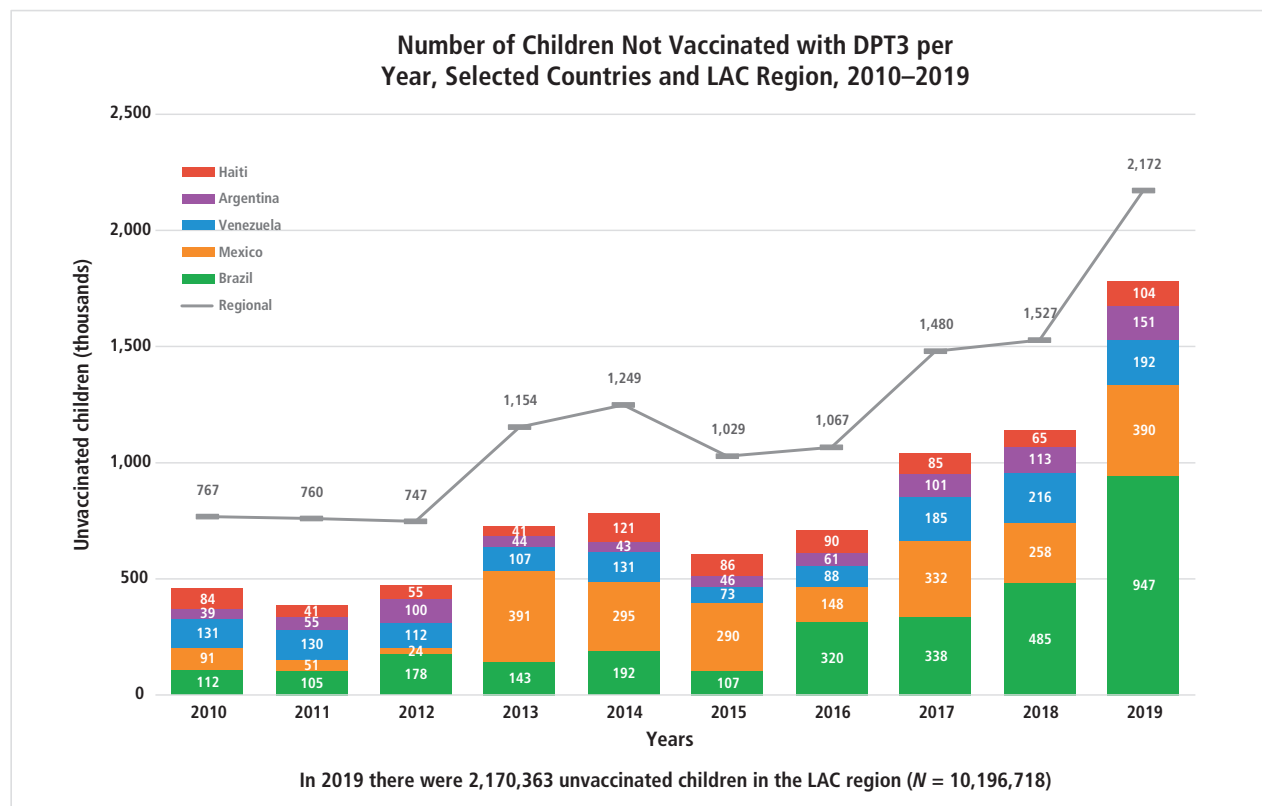
⁶³ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Venezuela (Bolivarian Republic of).

⁶⁴ Bright T, Mújica OJ, Ramke J, Moreno CM, Der C, Melendez A, et al. Inequality in the distribution of ear, nose and throat specialists in 15 Latin American countries: an ecological study. *BMJ Open* 2019;9:e030220. First published online 19 July 2019. Available from: <http://dx.doi.org/10.1136/bmjopen-2019-030220>.

⁶⁵ Argentina, Bolivia (Plurinational State of), Colombia, Dominica, Dominican Republic, El Salvador, Guyana, Honduras, Nicaragua, Panama, Paraguay, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

⁶⁶ Information on the Perinatal Information System (SIP) is available from: <http://www.sipplus.org/#about>.

FIGURE 2. Trends in number of unvaccinated children (DPT3) in Latin America, 2010–2019



Source: PAHO-WHO/UNICEF 2020 joint reporting form (JRF) on immunization (2019 data).

The 48 sentinel sites of PAHO's women's and maternal health network, located in 16 countries⁶⁷ of the region, worked collaboratively to improve epidemiological surveillance of the main causes of maternal mortality and severe maternal morbidity. The network's database increased to 150,000 cases, enabling more comprehensive and accurate assessments of the causes of maternal mortality.

The Bureau continued to collaborate with partners to develop recommendations for continuity of services in maternal and newborn health, and sexual and reproductive health care. The partners included WHO, Regional Task Force on Maternal Mortality Reduction, Latin American and Caribbean Neonatal Alliance, University of Colorado Center

for Global Health, University of Campinas of Brazil, Brazilian Federation of Gynecology and Obstetrics Associations (FEBRASGO), and International Federation of Gynecology and Obstetrics (FIGO).

Comprehensive immunization

In the last decade, while immunization programs have been strengthened with the introduction of several vaccines, Latin America has faced a decline in the coverage of DTP3-cv (diphtheria-tetanus-pertussis) in infants under the age of 1 year, from 92% in 2010 to 85% in 2019. As illustrated in Figure 2, this is largely due to reductions in coverage in countries with large cohorts of children (Argentina, Brazil, Haiti, Mexico, and Venezuela [Bolivarian Republic of]), which has decreased the regional average. Reasons for these reductions include changes in methods for vaccine coverage reporting (administrative data versus survey data); vaccine stock-outs for DTP-cv; physical barriers to

⁶⁷ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Panama, Peru, and Uruguay.

access; limited resources for operational activities; and sociopolitical situations.

PASB's technical cooperation with countries to address these reductions includes political advocacy to increase and maintain immunization coverage; provision of tools to evaluate missed opportunities for vaccination and to conduct integrated monitoring of coverage of health interventions such as vaccination and deworming, for more efficient use of resources; reinforcement of surveillance and laboratory networks; strengthening of vaccination information systems; provision of scientific evidence to support immunization; development of risk communication strategies; addressing gaps in cold and supply chains; support for the introduction of new vaccines; and strengthening of immunization programs in the context of outbreaks and disasters.

PASB continued its technical cooperation with Member States to maintain elimination of polio, rubella, congenital rubella syndrome, measles, and neonatal tetanus, and to control other vaccine-preventable diseases in the Americas. In the second half of 2019, efforts focused on controlling measles outbreaks in the Region, advancing the global certification process for polio eradication, and virus containment.

Thirteen countries⁶⁸ in the Region succeeded in stopping measles transmission, including the Bolivarian Republic of Venezuela, which managed to control its measles outbreak between 2017 and 2019, amid a humanitarian crisis; Brazil is the only country where an outbreak has persisted since 2018. The Regional Committee for Monitoring and Re-verification of Measles and Rubella Elimination in the Americas was created as a response to the reestablishment of endemic transmission of measles in Brazil and the Bolivarian Republic of Venezuela. PASB developed manuals, guidelines, and case studies to strengthen national capacity in rapid response to measles outbreaks, and supported training in these tools in all countries in the Region, in collaboration with partners

such as the Measles and Rubella Initiative. Vaccination against measles was conducted in follow-up campaigns in Guatemala and Haiti. In Guatemala, 2,120,324 children aged 1 to 6 years were vaccinated, reaching 94% of the national goal, while in Haiti 1,279,526 children aged 9 months to 4 years were vaccinated, reaching 94.6% of the national goal.

On 24 October 2019, the global eradication of wild poliovirus type 3 was declared, a milestone to which all countries of the Americas had contributed. PASB continued to support Member States in their surveillance of polio, and in 2019 vaccination campaigns were conducted in four countries of the Region—Dominican Republic, Guatemala, Haiti, and Venezuela (Bolivarian Republic of)—during which 7.5 million children received the bivalent oral poliovirus vaccine, with coverage equal to or greater than 90%. The Bureau mobilized \$2.1 million to support these campaigns through the Global Polio Eradication Initiative, a public-private partnership led by national governments with six partners: Bill and Melinda Gates Foundation, U.S. CDC, Gavi, Rotary International, UNICEF, and WHO.

Celebration of the 18th Vaccination Week in the Americas took place from 25 April to 2 May 2020 with the slogan "Love. Trust. Protect. #GetVax." Due to COVID-19 pandemic-related restrictions, PASB encouraged Member States to a) focus on vaccination against seasonal influenza (in the Southern Hemisphere) and outbreak-prone diseases, such as measles; b) adapt their vaccination strategies, canceling mass outreach activities and introducing innovative vaccine delivery strategies; c) establish measures to protect health personnel administering vaccines, to prevent COVID-19 transmission; and d) promote the use of social and traditional media in promoting Vaccination Week in the Americas and the importance of vaccination. In this new context, as part of Vaccination Week in the Americas activities, 14 countries⁶⁹ prioritized the vaccination of high-risk groups such as older persons, persons with underlying health conditions, and healthcare workers.

⁶⁸ Argentina, Bahamas, Bolivia (Plurinational State of), Canada, Chile, Colombia, Costa Rica, Cuba, Peru, Saint Lucia, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

⁶⁹ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Honduras, Nicaragua, Panama, Paraguay, Peru, and Uruguay.



Evaluations of the web-based Vaccine Supplies Stock Management tool (wVSSM) were conducted in seven countries—Dominican Republic, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, and Suriname—during September and October 2019. The evaluations aimed to verify both the degree of implementation and the use of the tool for the management and control of inventories of vaccines, ancillary immunization items, and pharmaceutical products, including antiviral, antimycotic, antibacterial, and antineoplastic agents.

Health promotion

The final report of the regional Plan of Action on Health in All Policies 2014–2019 indicated significant progress in the understanding and application of intersectoral approaches to address the social and other determinants of health. Most countries in the Region reported strengthened health sector capacity to engage with other ministries and sectors; establishment of intersectoral coordination mechanisms; and stronger community participation in health decision-making processes.

Progress in addressing the urban health agenda occurred with the commitment of more than 100 mayors from at

least 17 countries⁷⁰ to advance the Regional Network on Healthy Municipalities, Cities, and Communities during the 3rd Regional Meeting of Mayors for Healthy Cities from the Region of the Americas in 2019 in Paipa, Colombia. The meeting aimed to strengthen the capacities of mayors and local leaders to promote and implement a governance-for-health agenda.

Progress was further demonstrated by the growing number of PASB partnerships in this sphere, such as with the Urban Health in Latin America (SALURBAL) project, which includes a consortium of leading universities from the Region to provide evidence-based policy recommendations on improving urban health to local leaders. PASB's partnership with the Latin American Federation of Cities, Municipalities, and Local Government Associations (FLACMA) resulted in the implementation of a series of capacity-building and experience-sharing events in the first half of 2020 to strengthen the local response to COVID-19. Further partnerships, such as with UN-Habitat, Vital Strategies, and the Ibero-American Center for Strategic Urban Development (CIDEU), are being strengthened to

⁷⁰ Argentina, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Honduras, Mexico, Paraguay, Peru, and Uruguay.

create a strong urban health movement in the Region. At country level, intersectoral collaboration among ministries and civil society led to the certification of over 12 municipalities in Costa Rica as members of the Network for Age-Friendly Cities and Communities.

The health and well-being of workers is an important aspect of the PASB's technical cooperation. During its 2019 meeting, the Network of PAHO/WHO Collaborating Centers in Occupational Health renewed its commitment to contribute to the implementation of the regional Plan of Action on Workers' Health 2015–2025, including the protection of workers in the informal economy. In Argentina and Guyana, the National Outlook on Workers' Health was finalized in collaboration with, respectively, the Superintendency of Occupational Risks together with the Ibero-American Social Security Organization (OISS), and the multisectoral National Advisory Council on Occupational Safety and Health (NACOSH).

The Bureau celebrated Wellness Week in September 2019 under the theme "Building Healthy Schools." The campaign included dialogue with children, adolescents, and school communities across the Region, and highlighted the experiences of some health-promoting schools in the Americas during the launch event. In Jamaica, a vendor outside the Port Antonio High School encouraged students to consume healthy foods by selling only fresh fruit; in Paraguay, the Parents-Teachers Association and administrators at Public School No. 3654 Ever Faustino Beaufort participated in the development of school policies and programs to provide healthy school lunches, encourage physical activity, and promote mental health; and in the United States of America, the school community at the E.L. Haynes Public Charter School, Washington, D.C., promoted and embedded a holistic approach to well-being in the school programs and curriculum.

COVID-19 responses

The Bureau provided guidance directly related to the intersection of COVID-19 with the programmatic components of the life course approach, such as the effectiveness of interventions focused on prevention, risk mitigation, and risk communication. PASB promoted

the benefits of using a comprehensive approach and intergenerational interventions as part of the PHC approach in Argentina, Brazil, Guatemala, Peru, and Trinidad and Tobago. PASB also identified barriers and unintended consequences of the public health measures implemented to address COVID-19 and recommended all-of-government, all-of society strategies to overcome them, with emphasis on groups and territories in conditions of vulnerability.

The Bureau established an interprogrammatic rapid response team to support countries in the analysis of maternal and neonatal mortality related to COVID-19, responded to country queries, and facilitated the revision of relevant national guidelines—12 countries⁷¹ benefited from technical cooperation in this framework. In addition, PASB developed a specific form and associated software for registering and monitoring pregnant women with respiratory infections and their newborns, using the SIP platform. This SIP COVID form, which has been made available in English, Spanish, and Portuguese, is being implemented at the national level in Bolivia (Plurinational State of), Dominica, and Trinidad and Tobago, while in Chile, Dominican Republic, and Honduras, selected reference institutions have initiated its use as part of the response to the pandemic.

PASB tracked the impact of the COVID-19 pandemic on vaccination coverage, which, as of March 2020, saw a decrease of almost 15% in the number of vaccines applied in 23 countries and territories⁷² in the Region, compared with the same period during the previous year. Planned measles campaigns had to be postponed in Bolivia (Plurinational State of), Colombia, Dominican Republic, Honduras, and Paraguay. Based on the tracking, the Bureau provided guidance for maintenance of essential vaccination during the pandemic, including technical documents that were adopted by countries, such as The Immunization Program in the Context of the COVID-19

⁷¹ Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, Guatemala, Haiti, Jamaica, Mexico, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

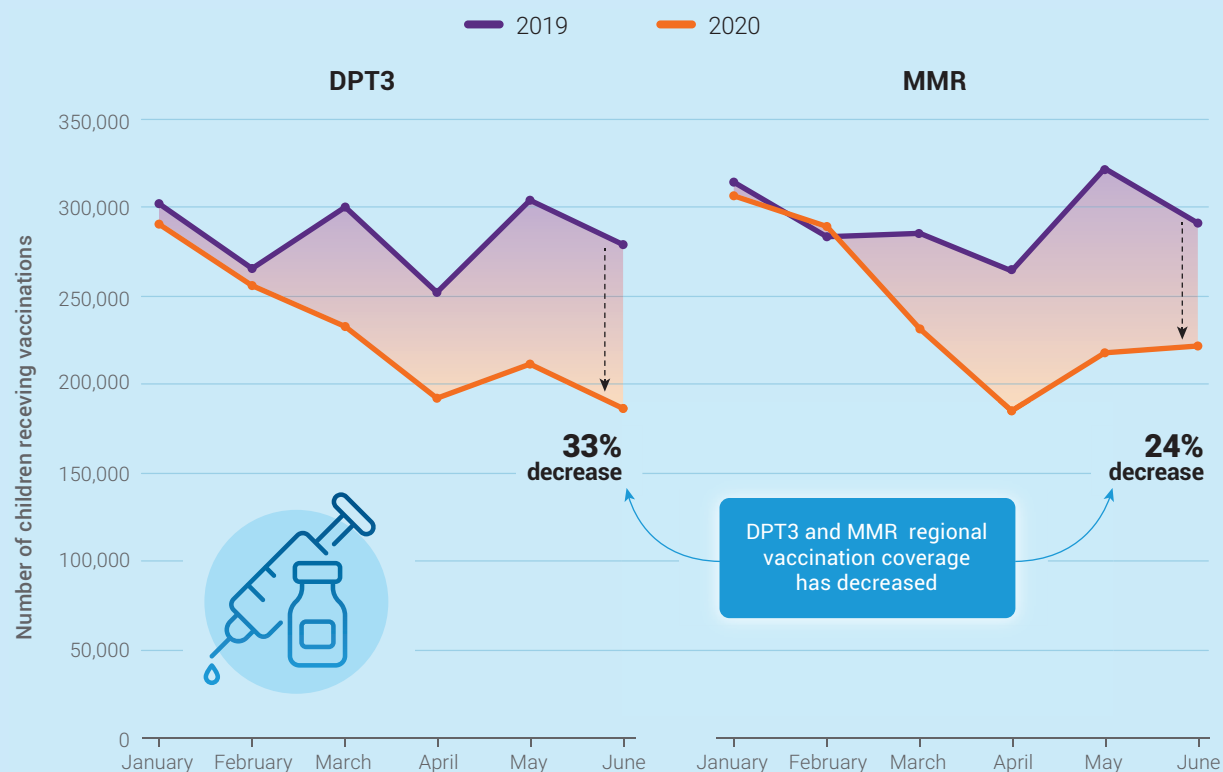
⁷² Anguilla, Barbados, Belize, Bermuda, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, Paraguay, Peru, Saint Lucia, Sint Maarten, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Maintaining routine immunizations, even during a pandemic

Immunization has been one of the Region's greatest public health success stories. However, recent declines in coverage levels in some countries have endangered progress in our fight against measles and other vaccine-preventable diseases. Additionally, the damaging impact of COVID-19 on immunization services has the real potential to erode those historic and hard-fought gains which have been achieved in the Region. **Maintaining routine immunization as an essential public health service, while simultaneously responding to the COVID-19 pandemic, is vital for preventing outbreaks and reducing mortality from vaccine-preventable diseases.**

Children receiving DPT3 and MMR vaccinations, the Americas,* January–June, 2019 and 2020



SOURCE: PAHO Immunization Program; July 2020.

*Note: Includes the following countries and territories which reported immunization data for the January–June, 2020 period (Anguilla, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Chile, Colombia, Costa Rica, Dominican Republic, Grenada, Guatemala, Guyana, Haiti, Jamaica, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, and Venezuela (Bolivarian Republic of)).

A comparison of the number of children receiving DPT3 and MMR vaccinations from January to June of 2019 and 2020, respectively, indicates that regional vaccination coverage has decreased by 33% for DPT3 and by 24% for MMR. **Every effort must be made to maintain the population's trust in vaccination services, to establish and follow national guidelines for immunization in the context of COVID-19 transmission, to prioritize newborn vaccination, and to maintain periodic and systematic registries of the population pending vaccination.**

Pandemic (March 2020, updated April 2020); Vaccination of Newborns in the Context of the COVID-19 Pandemic; and Immunization throughout the Life Course at the Primary Care Level in the Context of the COVID-19 Pandemic.

PASB also provided guidance to prevent the spread of COVID-19 through routine immunization programs and recommended innovative vaccine delivery approaches such as vaccination in nontraditional locations, including cars (“drive-through”), empty schools, pharmacies, and banks, and in health facilities based on prescheduled appointments. The Bureau disseminated guidance on how to close the gaps once vaccination services are reestablished; tracked the development of candidates for COVID-19 vaccines; provided guidance to develop national plans for the introduction of future COVID-19 vaccines, once available; prepared a guide on preventing COVID-19 transmission at construction sites, in collaboration with the United Nations Office for Project Services (UNOPS); provided insights into WHO guidance documents; and translated those documents into PAHO’s official languages.

With the aim of strengthening seasonal influenza vaccination coverage to prevent associated morbidity, mortality, and overburdening of health services from influenza during the COVID-19 pandemic, PASB secured access to the influenza vaccine through the PAHO Revolving Fund for the 2020 Southern Hemisphere season and the 2020–2021 Northern Hemisphere season. Between March and June 2020, 14 countries⁷³ conducted seasonal influenza vaccination activities using the Southern Hemisphere formulation, reaching more than 87 million people.

Fostering new approaches to noncommunicable diseases, mental health, and neurological conditions

NCDs have long been recognized as major causes of death and illness globally. After the Third UN High-Level Meeting on NCD Prevention and Control in 2018, the emphasis

on “4x4,” that is, the four major NCDs (cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases) and the four main risk factors (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol) was expanded to “5x5,” with the addition of mental health and neurological conditions to the diseases and air pollution to the risk factors.

In the context of SDG target 3.4,⁷⁴ the Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9, Rev. 1) and the regional Plan of Action for the Prevention and Control of Noncommunicable Diseases (Document CD52/7, Rev.1) have framed PASB’s technical cooperation in this program area, aligned with global, subregional, and national frameworks. However, there is an “implementation deficit” in interventions for NCD reduction, and progress toward SDG target 3.4 had slowed even before the COVID-19 pandemic. With firm evidence that PLWNCs are at higher risk of severe infection, complications, and death due to SARS-CoV-2, and the pandemic’s demonstrated psychosocial and mental impact, renewed, accelerated, and innovative efforts by PASB and Member States will be critical for effective NCD prevention and control.

Priority NCDs

Cardiovascular diseases

The HEARTS technical package, which is aimed at strengthening the management of cardiovascular diseases using the PHC approach, was introduced in 2016. During the period under review, four new countries joined the program: Dominican Republic, Mexico, Peru, and Saint Lucia. This has increased implementation from 36 to 371 PHC centers, resulting in increased population coverage from 500,000 to over 6 million people (based on the health service catchment areas). The eight other participant countries—Argentina, Barbados, Chile, Colombia, Cuba, Ecuador, Panama, and Trinidad and Tobago—have begun to scale up the initiative nationally. Another important

⁷³ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Honduras, Nicaragua, Panama, Paraguay, Peru, and Uruguay.

⁷⁴“By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being.”

An indigenous resident of Santa Cruz, the Plurinational State of Bolivia, is screened for hypertension during a visit to a mobile clinic.

© PAHO/WHO David Spitz

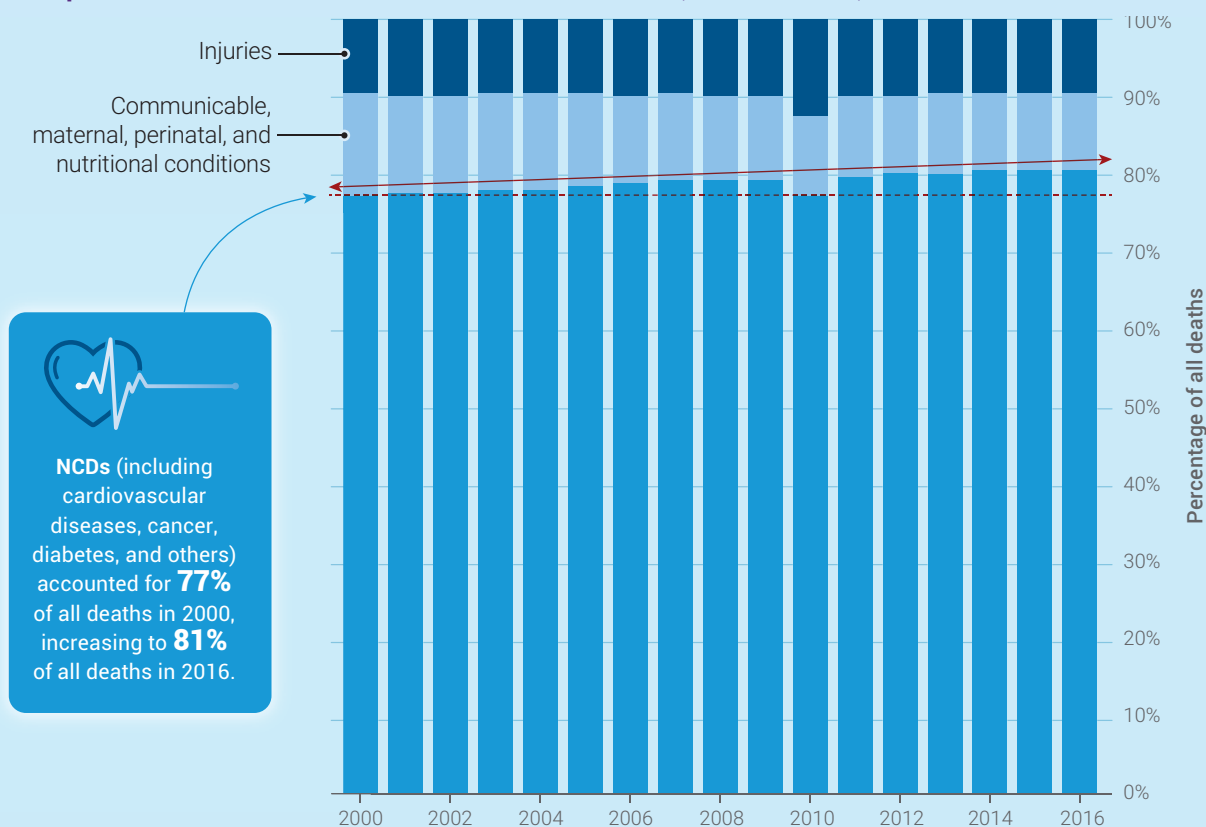


►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Reducing the burden of NCDs in the Americas

Noncommunicable diseases (NCDs) such as cardiovascular diseases, cancer, and diabetes are the largest contributors to the burden of disease in the Americas, accounting for 81% of all deaths in 2016. They also have the greatest impact on productive years of life and on health systems. The NCD burden is largely driven by four main risk factors: tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity. The most effective prevention measures include increased taxes on tobacco and alcoholic beverages and front-of-package labeling of consumer food products. **Reducing the NCD burden requires strengthening services based on primary health care to improve diagnosis, treatment, and care for people living with NCDs and to keep their illnesses from becoming life-threatening.**

Proportional distribution of deaths from broad causes, the Americas, 2000–2016



SOURCE: Global Health Estimates: Deaths by cause, age and sex and country, 2000–2016. Geneva, World Health Organization; 2018

Numerous studies of COVID-19 have confirmed that persons with NCDs are at higher risk of developing severe forms of COVID-19 disease and dying. Yet, the pandemic disrupted essential NCD services and halted policy changes aimed at reducing their risk factors. **Prioritizing NCD prevention, diagnosis, treatment, and management must be paramount on the health services delivery agenda, both during the COVID-19 pandemic and beyond.**

achievement was the creation of a robust body of technical, educational, and training resources for PHC teams. As of 30 June 2020, 93,300 health professionals had enrolled in the virtual courses on cardiovascular disease management offered through the PAHO VCPH.

The implementation of the HEARTS technical package has resulted in measurable improvements in the detection and treatment of persons with hypertension, and hypertension control among those treated. Data from a community health center in the city of Matanzas, Cuba, published in 2020, show that coverage increased from 52.9% to 88.2% and the proportion of those treated who were controlled increased from 59.3% to 68.5%.⁷⁵ In recognition of the impact of the initiative, PAHO received the 2019 World Hypertension League Excellence Award for Hypertension Prevention and Control, and the Cuba HEARTS program received this award in 2020.

Childhood cancer

A regional initiative to address inequities in outcomes for children with cancer was implemented to strengthen early detection and treatment services, aligned with the WHO Global Initiative for Childhood Cancer. In Central America, PASB convened national health authorities, childhood cancer foundations, pediatric oncologists, and, in collaboration with COMISCA, conducted a rapid situation assessment in July 2019 in Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Panama. The assessment results revealed, among other findings, that children were being diagnosed with cancer late in the course of the disease, and that the necessary referral systems and pathology services were weak. These and other findings are being used to create national childhood cancer plans in each country, and to develop standardized treatment guidelines for the main cancer types. In the Caribbean, a similar workshop was

A regional initiative to address inequities in outcomes for children with cancer was implemented to strengthen early detection and treatment services, aligned with the WHO Global Initiative for Childhood Cancer.

held in February 2020 with nine countries—Bahamas, Barbados, Belize, Guyana, Jamaica, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago—and commitments were made to cooperate on treatment protocols, train more medical specialists, and improve referral pathways, blood banks, and pathology services.

The results of a situational assessment of childhood cancer completed in June 2019 in Peru, in collaboration with leading oncologists, were made available during the reporting period. This assessment revealed gaps in access to timely treatment and essential medicines, and strategies are being put in place to improve the quality of care, including creating standardized treatment protocols; training primary care providers in detection; establishing clear referral pathways for diagnosis and treatment; increasing access to essential medicines through the PAHO Strategic Fund; and designing data systems to record and monitor patient outcomes.

Cervical cancer

Implementation of the regional Plan of Action on Cervical Cancer Prevention and Control 2018–2030 (Document CD56/9) continued at regional and country level. A web-based PASB communication campaign “It’s Time to

⁷⁵ Valdés Y, Campbell N, Pons E, Calderón M, Pérez A, Morales J, et al. Implementation of a community-based hypertension control program in Matanzas, Cuba. *Journal of Clinical Hypertension* 2020;22(2):142–9. Available from: <https://doi.org/10.1111/jch.13814>.

End Cervical Cancer,” with videos, posters, fact sheets, brochures, and social media messages to mobilize health providers, and encourage women and girls to seek preventive care, has reached over 10,000 users. Twenty-six countries⁷⁶ initiated a path toward elimination of cervical cancer as a result of PASB-led discussions with representatives from national immunization and cervical cancer programs, which included innovative approaches to overcome challenges related to human papillomavirus (HPV) testing and vaccination.

PASB provided technical cooperation to develop national cervical cancer elimination plans in 12 Latin American countries,⁷⁷ and launched a virtual telementoring program, Project ECHO-ELA, to build capacity for their implementation. The project provided approximately 150 health professionals from 18 ministries of health⁷⁸ and civil society representatives with technical skills and knowledge to reach their vaccination, screening, and treatment targets. Approximately 50,000 primary care providers took the PAHO virtual course on comprehensive cervical cancer prevention, and 1,500 providers completed the recently launched PAHO palliative care course.

A study was completed in Trinidad and Tobago to provide the Ministry of Health with cost-of-care information and enable costing of the national cervical cancer program. In Suriname, an education and outreach campaign was implemented in a remote, isolated community, and 10 health providers were retrained in screening and precancer treatment methods. Approximately 100 indigenous women in the community were screened for cervical cancer for the first time; one case of invasive cancer was detected and treated.

⁷⁶ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and United States of America.

⁷⁷ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, and Peru.

⁷⁸ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

NCD risk factors

Tobacco control

Tobacco control legislation and regulation continued to advance during the period under review. Saint Lucia amended its Public Health Act to include smoke-free environments, and three countries in the Region approved new legislation on tobacco control—Bolivia (Plurinational State of), Mexico, and Venezuela (Bolivarian Republic of). PASB and other partners worked with the three countries to generate and disseminate supporting evidence and to counter industry interference.

- a) The Plurinational State of Bolivia passed a comprehensive tobacco control law that included the adoption of “100% smoke-free environments” in indoor public places and workplaces, becoming the 21st country in the Americas to do so. The law also mandates larger graphic health warnings on tobacco packages.
- b) Mexico increased taxes on cigarettes, adjusted for cumulative inflation since 2009, and banned the importation of electronic nicotine delivery systems and heated tobacco products, an effective policy to prevent vaping by youth. The results of a study on illicit trade of cigarettes, conducted in collaboration with national partners, the Johns Hopkins Bloomberg School of Public Health, and the American Cancer Society, were presented at a press conference on 31 May 2019. This information was critical for the adjustment of tobacco taxes, which was approved by the Congress in late 2019.⁷⁹
- c) The Bolivarian Republic of Venezuela approved a ministerial resolution establishing a total ban on advertising, promotion, and sponsorship of tobacco, in alignment with the WHO Framework Convention on Tobacco Control, becoming the eighth country in the Americas to implement this requirement.

⁷⁹ Additional information on the study is available from: <https://www.paho.org/en/partnerships/hopkins-acsi-insp-research-tobacco-control-mexico>

Healthy nutrition

PASB's collaboration with partners to address nutrition has quadrupled over the period under review. The Bureau launched, in coordination with the Institute of Nutrition of Central America and Panama and the World Bank, the results of a study on price elasticity of sugar-sweetened beverages (SSBs) in Central America and the Dominican Republic. The study demonstrated that in all countries, an increase in the real price of SSBs can significantly reduce the consumption of such beverages. For instance, a 25% increase in the real price can reduce SSB consumption by 25%, on average. With support from GHAI, similar studies were completed in Colombia and Peru, and GHAI support enabled completion of a study in Jamaica that revealed the impact of SSB purchases on expenses related to essential goods and services. This study reported that SSB purchases supersede purchases in essential goods and services such as education and health care, which implies that decreasing the amount spent on SSBs may have important immediate and longer-term consequences for the welfare of households.

In response to increasing requests from Member States to strengthen their technical resources regarding SSB taxation, PASB calculated, for the first time, an indicator of the share of indirect taxes in the price of SSBs and other affordability and price indicators for all PAHO Member States. This process included an analysis of the current regulations in LAC pertaining to the application of excise taxes to SSBs, which revealed that 15⁸⁰ of the 19 Latin American PAHO Member States and 6⁸¹ of the 14 Caribbean PAHO Member States apply excise taxes to SSBs.

PASB has been supporting the engagement of health authorities in the work of the Codex Alimentarius to protect public health, given the recent inclusion on the Codex agenda of discussions related to front-of-

package labeling (FoPL), nutrient profile models, and breast-milk substitutes. The Bureau contributed to an approximately 40% increase in the participation in Codex Committees by representatives from ministries of health in the Region.

FoPL is gaining traction as an important mechanism to enable healthy food choices. PASB's technical cooperation in the Caribbean subregion enabled the completion, in 2019, of the first study to demonstrate the efficacy of nutrition warning labels in a Caribbean country, Suriname. The findings of the Suriname study corroborated international results, and assist in countering industry arguments that the positive effect of warning labels, though proven internationally, had not been validated in the Caribbean. The study was supported by GHAI and advice from researchers in Brazil, Canada, Chile, and Uruguay; a similar study is in progress in Jamaica to add to the evidence base.

The CARICOM Regional Organization for Standards and Quality (CROSQ) leads the revision of the CARICOM Regional Standard for Specification for labeling of prepackaged foods (CRS 5:2010) to integrate provisions for FoPL. The Caribbean subregional process has triggered the engagement of industry and private sector interests, which continue to propose voluntary approaches and alternative FoPL systems that are known to be less effective in achieving the intended public health objectives. The process has also stirred public debate on the right to know the nutritional content of food products, with civil society, including the Healthy Caribbean Coalition—with which PASB has a Letter of Agreement—leading advocacy and public education campaigns. This initiative has become particularly relevant during the current COVID-19 pandemic, which put a spotlight on food and nutrition security in the Caribbean.

The Caribbean subregional FoPL initiative was supported by a CCHD project between the Government of Chile and CARICOM, and benefited from PASB's engagement with, and sensitization of, legal officers from ministries of health, representatives of ministries of legal affairs, relevant CARICOM bodies and institutions, civil society,

⁸⁰ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, and Uruguay.

⁸¹ Barbados, Belize, Dominica, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Suriname.

and academia. The Bureau's actions included capacity-building, collaboration with the Caribbean Court of Justice (CCJ) Academy for Law,⁸² and initiation of the establishment of a Caribbean network on the use of law to advance public health goals, with FoPL as a priority area.

At country level:

- a) Mexico approved a law that provides for the adoption of an effective FoPL system and an amendment to the Official Mexican Standard NOM-051-SCFI/SSA1-2010 (NOM-051), on the general labeling specifications for prepackaged food and non-alcoholic beverages. This modification requires FoPL indicating whether the product has excessive amounts of sugar, sodium, saturated fat and/or trans fat, to provide clear and simple information on content that compromises nutrition and health. With the enactment of this modification of NOM-051, Mexico became the fourth country in the Region to enact front-of-package nutrition warning labels, with the most advanced standard regionally and worldwide. The labeling includes information on the presence of non-sugar sweeteners; uses the PAHO Nutrient Profile Model; restricts the use of persuasive and promotive elements on the package; and requires quantitative declaration of trans fat and added sugars in the "nutrition facts" table.
- b) Peru entered into force advertising warnings based on the FoPL model that uses "high in" warning octagons, in the framework of the law on the promotion of healthy nutrition for boys, girls, and adolescents.
- c) Suriname developed the Standard of Labeling for prepackaged foods, including FoPL.

The regional Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020–2025 (Document CD57/8) was approved in 2019 by the 57th PAHO Directing Council. The Plan serves as a catalyst for

The regional Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020–2025 was approved in 2019 by the 57th PAHO Directing Council.

the enactment, implementation, and enforcement of regulatory policies that will eliminate Industrially Produced Trans-Fatty Acids (IP-TFA) from the food supply in the countries of the Americas by prohibiting the use of partially dehydrogenated oils in food for human consumption and/or limiting IP-TFA content to no more than 2% of total fat in all food products, by 2023. PASB convened technical meetings to support Member States' related interventions.

In December 2019, the Brazilian Health Regulatory Agency enacted Resolution RDC 332/2019 on the use of IP-TFA in Brazil. The norm constitutes a best practice regulation on the use of industrial trans fats in the food chain, and Brazil has joined Chile and Peru as the only countries in Latin America implementing best practices in the use of trans fats policies. The approach in Brazil combines the restriction of trans fats to no more than 2% of total fat in foods with the complete ban of partially hydrogenated oils and fats.

The Baby-Friendly Hospital Initiative promotes breastfeeding, an important component of healthy nutrition. PASB continued to support countries in implementation of the Initiative—four hospitals in Jamaica were certified as baby-friendly and baby-friendly hospital assessor training was conducted for Grenada, Guyana, and Trinidad and Tobago, in order to build national capacity.

⁸² Formerly the Caribbean Academy for Law and Court Administration (CALCA).

Physical activity

PASB collaborated with the United States of America to complete research on the country's existing bicycle-sharing systems, the results of which will be used to analyze causality between better health outcomes and the use of those systems. In addition, the WHO Health Economic Assessment Tool (HEAT) was adapted for the United States of America and the tool algorithm was finalized. These two achievements laid the groundwork to build a strong case for physical activity in the United States of America and the rest of the Region.

Reduction of alcohol use

PASB convened a regional consultation on 19–20 September 2019 with focal points appointed by the ministries of health from 30 countries and territories,⁸³ on the WHO Global Strategy to Reduce the Harmful Use of Alcohol, to discuss progress, barriers, and recommendations on the way forward. The recommendations informed a global report (Document EB146/7 Add.1) that was presented at the 146th Session of the WHO Executive Board in February 2020 leading to a decision, Accelerating action to reduce the harmful use of alcohol (Decision EB146 (14)), to request the development of an action plan 2022–2030 to effectively implement the global strategy, for consideration by the 75th World Health Assembly in 2022.

At country level:

- a) Brazil was the first country in the Region to launch the WHO SAFER technical package, at an international workshop held on 7–8 October 2019 in Brasília, with participants from several

government sectors, parliamentarians, civil society, and academia. Existing data on alcohol consumption, alcohol-related harms, and alcohol reduction policies in Brazil were presented, as well as successful global and regional experiences on the implementation of the most cost-effective policies. Discussions led to the identification of gaps and needs that can be addressed by the national authorities.

- b) Mexico passed legislation for a national alcohol awareness day—15 November 2019—which was celebrated with activities throughout the country and a national seminar on alcohol as a public health issue.

Disabilities and rehabilitation

Bolivia (Plurinational State of), Costa Rica, and Dominican Republic initiated redevelopment of their disability certification processes during the review period. The Plurinational State of Bolivia and El Salvador began the process of assessing their national rehabilitation system, while Chile and Guyana initiated updating of their national rehabilitation plans based on national assessments. Antigua and Barbuda and Grenada completed needs assessment for persons with disabilities, and Uruguay improved accessibility and perception of quality of health care for persons with disabilities as part of a multi-UN agency project.

Mental health and neurological conditions

Integration of mental health into primary health care

The Mental Health Gap Action Program aims to scale up care for mental, neurological, and substance use disorders. PASB supported the design of operational plans for mhGAP in Costa Rica, Mexico, and Panama, initiating implementation in the latter two countries and establishing mhGAP monitoring and supervision mechanisms in Panama. A survey of countries was launched to establish key mhGAP indicators for integration into national operational plans.

⁸³ Antigua and Barbuda, Argentina, Belize, Brazil, Canada, Chile, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, United States of America, and Uruguay.

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Preparing health systems for an aging population

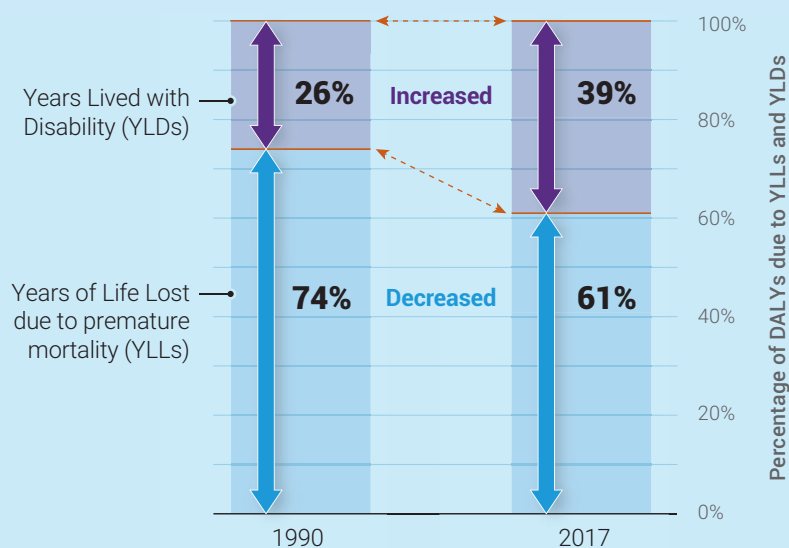
As the population of the Americas ages, people are living longer, but with more chronic diseases and mental disorders. Health systems will increasingly be requested to respond to these health needs with the appropriate care, such as rehabilitation services to optimize functioning. **Expanding and strengthening health programs and services for older adults must be a key component of strategies for advancing toward universal health.**

Disability-adjusted life years, Latin America and the Caribbean,* 1990 and 2017



Source: Global Burden of Disease (GBD); 2017. Institute for Health Metrics and Evaluation (IHME) Data available on <http://ghdx.health-data.org/gbd-results-tool>

*World Bank Region



Disability-adjusted life years (DALYs) are the sum of years of potential life lost due to premature mortality and years of life lived with a disability. This figure distinguishes the proportion of DALYs due to years of life lost from premature mortality (YLLs, shown in blue) and years lived with disability (YLDs, shown in purple). It shows that the proportion of DALYs due to YLDs in Latin America and the Caribbean increased from 26% in 1990 to 39% in 2017, indicating improved survival but increased years lived with disabilities.

mhGAP was implemented in 17 countries and territories⁸⁴ over the past year, and PASB led an evaluation of mhGAP training in Belize, Colombia, and Dominican Republic. The mhGAP Virtual Classroom, an initiative which aims to further strengthen mhGAP training in the Region, was launched in October 2019. This virtual space provides support, monitoring, and supervision of key technical issues to non-specialist health professionals trained in mhGAP. Through the Virtual Classroom, general practitioners and primary care nurses trained in mhGAP can receive guidance and advice from experienced mental health specialists on problems or key questions related to the application of the program. As of 30 June 2020, non-specialist health professionals from 11 countries⁸⁵ had benefited from the mhGAP platform.

Saint Vincent and the Grenadines fully implemented mhGAP in six community sites, and in Peru, the implementation of the reform of mental health systems and services toward a community-based model led to the establishment of more than 130 community mental health centers.

Mental health capacity-building

During the reporting period, two online courses were launched in Spanish on PAHO's VCPH. A self-learning course on Psychological First Aid (PFA) in the management of emergencies was launched on 20 April 2020. As of 30 June 2020, 17,782 persons had participated from 23 countries in the Region⁸⁶ and internationally, with 10,638 being certified as having completed the course. Preventing Self-Harm/Suicide: Empowering Primary Healthcare Providers, a self-learning course based on the self-harm suicide module of the mhGAP Intervention Guide (mhGAP-IG), aims to enhance the capacity of non-specialized health

workers to identify, assess, manage, and provide follow-up to people with suicidal behaviors. The course was launched on 9 July 2019, and as of 30 June 2020, had engaged more than 36,000 participants from 28 countries in the Region⁸⁷ and internationally. PFA and the mhGAP-IG are key tools for providing support to people in distress during emergencies and managing mental health conditions, respectively, and have become highly relevant during the COVID-19 pandemic, which has engendered population-wide distress.

Substance use prevention

PASB continued its collaboration with strategic partners, including CICAD OAS, UNODC, and national drug authorities, to strengthen country capacities for the formulation of drug policies with a public health orientation. In Argentina, through a specific cooperation agreement with the National Secretariat for Integrated Policies on Drugs, local intersectoral plans were developed and approved by the provincial governments in Mendoza, Jujuy, Neuquén, Córdoba, and the City of Buenos Aires, to integrate prevention and treatment of substance use disorders into the public health services network.

PASB and CICAD OAS supported national task forces in Saint Kitts and Nevis, Saint Lucia, and Trinidad and Tobago with the formulation and updating of national drug policies. The Bureau also coordinated the regional field test—carried out in Brazil, Chile, and Mexico—to inform the March 2020 revision of the International Standards for the Treatment of Drug Use Disorders, developed by WHO and UNODC. In collaboration with the Cooperation Program between Latin America, the Caribbean, and the European Union on Drugs Policies (COPOLAD), PASB supported national working groups in 23 countries⁸⁸ in the assessment of available programs for the prevention and treatment of substance

⁸⁴ Belize, Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Guyana, Mexico, Nicaragua, Panama, Peru, Suriname, Trinidad and Tobago, and Turks and Caicos Islands.

⁸⁵ Argentina, Colombia, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, and Venezuela (Bolivarian Republic of).

⁸⁶ Argentina, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

⁸⁷ Antigua and Barbuda, Argentina, Belize, Bahamas, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, United States of America, and Uruguay.

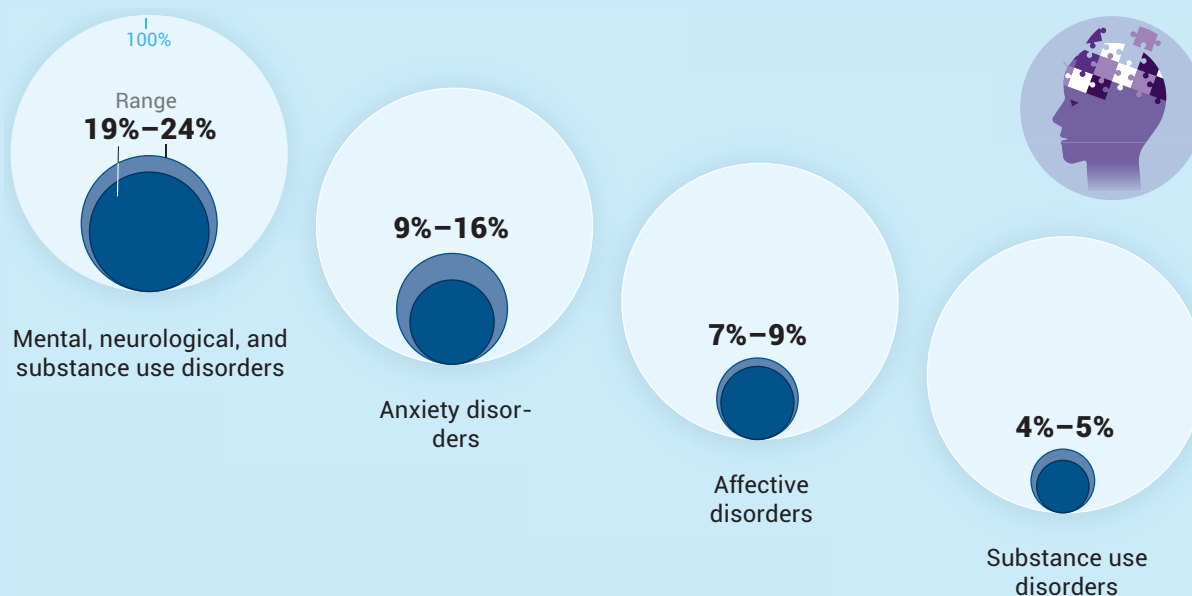
⁸⁸ Antigua and Barbuda, Argentina, Bahamas, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Strengthening mental health services

Mental and substance use disorders along with suicide are major causes of disability and mortality in the Americas, responsible for a third of total years lived with disability (YLDs) and a fifth of total disability-adjusted life years (DALYs). Recent studies demonstrate that the COVID-19 pandemic has been associated with increased anxiety, depression, sleep problems, and delirium. **Strong mental health policies and services are essential to ensure continuity of treatment and quality care for people with preexisting mental health disorders as well as for the anticipated surge in mental health problems resulting from the COVID-19 pandemic.**

Estimated 12-month prevalence and burden of mental, neurological, and substance use conditions, the Americas, 2013



SOURCE: Adapted from PAHO, Treatment Gap in the Americas, Technical Document.

At the regional level, depression is the leading cause of disability, accounting for 8% of total disability. The estimated 12-month prevalence for mental, neurological, and substance use disorders ranges across countries from 19% to 24%; anxiety disorders from 9% to 16%; affective disorders from 7% to 9%; and substance use disorders from 4% to 5%.^a

^a <https://www.paho.org/salud-en-las-americas-2017/?tag=mental-health>

use disorders, and the review and adaptation of a set of accreditation standards based on scientific evidence. Direct technical cooperation was undertaken with 11 countries⁸⁹ in validating quality standards for treatment programs and developing a road map for the establishment of program accreditation systems. In addition, a set of essential standards on drug treatment was developed in cooperation with WHO, UNODC, COPOLAD, and CICAD OAS.

Dementia evidence and awareness

Using an interprogrammatic approach, and in partnership with Alzheimer's Disease International, PASB launched an Americas-wide dementia awareness and anti-stigma campaign on 1 September 2019, in honor of World Alzheimer's Month. The "Let's Talk About Dementia" campaign was implemented as part of the regional Strategy and Plan of Action on Dementias in Older Persons (Document CD54/8, Rev. 1), the goal of which was to promote universal health with quality interventions for people with, or at risk of, dementia. The Bureau used social media platforms to implement the campaign, and its 237 social media posts reached almost 800,000 people in the Region.

PASB facilitated countries in the Region to join the WHO Global Dementia Observatory (GDO), a data and knowledge exchange platform that offers easy access to key data on dementia from Member States across policies, service delivery, information, and research domains. GDO members in the Region comprise Belize, Canada, Chile, Costa Rica, Cuba, Dominican Republic, Grenada, Guyana, Trinidad and Tobago, and the United States of America. The Bureau also contributed to the finalization of a national dementia plan in the Dominican Republic.

Mental health in emergencies

In August 2019, a few weeks before Hurricane Dorian struck, PASB supported the Government of the Bahamas

in developing standard operating procedures (SOPs) for mental health and psychosocial support (MHPSS) in preparation for the 2019 hurricane season. This enabled MHPSS services to be rapidly put in place in affected areas after Hurricane Dorian, and the SOPs will facilitate the integration of MHPSS into the Bahamas' COVID-19 response.

PASB and the Government of the British Virgin Islands, with financing from the Caribbean Development Bank, continued implementation of a two-year project to strengthen MHPSS in disaster management. The project expanded activities to build resilience and response to natural disasters and to provide MHPSS in the context of COVID-19. As of 30 June 2020, approximately 150 professionals and community members had been trained in PFA and stress management, the mhGAP Humanitarian Intervention Guide (mhGAP-HIG), and resiliency skills; PFA virtual training was also organized for mental health professionals in Peru.

The Bureau expanded its partnerships for mental health in the Caribbean, collaborating with the Caribbean Alliance of National Psychologists Associations to address mental health in emergencies. The inaugural partnership event, a webinar series dealing with MHPSS, is scheduled for implementation in July 2020.

COVID-19, NCDs, and mental health

As scientific information emerged that PLWNCDs were at increased risk of severe disease, complications, and death due to COVID-19, PASB rapidly responded to Member States' needs for information, communication materials, and technical guidance. The Bureau produced and disseminated a series of questions and answers for PLWNCDs; fact sheets for health workers on caring for PLWNCDs during COVID-19; and guidance documents on maintaining essential NCD services and adapting cancer services during the pandemic. The materials were disseminated to Member States, on social media, and through PAHO's NCDs and COVID-19 webpage. Webinars and virtual meetings were held with national health authorities and the public health

⁸⁹ Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Jamaica, Mexico, Panama, Peru, Saint Lucia, and Trinidad and Tobago.

community to disseminate scientific information and share national and regional experiences on the impact of COVID-19 on NCD services, as well as adaptations made to ensure continuity of care, including palliative care, for PLWNCDs.

PASB conducted a rapid assessment of the impact of COVID-19 on NCD services, to which 29 Member States⁹⁰ responded. The assessment revealed that in the majority of countries (20/29, 69%), NCD staff were partially reassigned to the COVID-19 response, and that NCD services were disrupted in 83% of the countries (24/29) due to, among other factors, partial clinic closures, cancellation of elective care, and client nonattendance at health facilities for fear of contracting COVID-19.

Gender-based violence typically increases in emergency situations, and in the context of COVID-19, early data suggest that domestic violence is increasing in the Region. PASB responded by strengthening technical cooperation to improve response services for victims and provide input on relevant policies, protocols, and strategies in Chile, Ecuador, Paraguay, and Uruguay; train health sector volunteers answering COVID-19 hotlines in Jamaica, raising their awareness and skills in responding to calls for help from domestic violence survivors; and increase access to helplines in Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Chile, Guyana, Jamaica, Mexico, Panama, and Peru, including through text messaging, WhatsApp, and similar mobile apps, while maintaining privacy and confidentiality safeguards. The Bureau hosted a series of webinars with UN and other partner organizations to disseminate information and country experiences on responding to victims of violence during COVID-19, and developed and widely disseminated risk communication materials on domestic violence in the context of COVID-19.

⁹⁰ Antigua and Barbuda, Argentina, Barbados, Bolivia (Plurinational State of), Brazil, Canada, Chile, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

PASB conducted a rapid assessment of the impact of COVID-19 on NCD services. It revealed disruptions due to, among other factors, partial clinic closures, cancellation of elective care, and client nonattendance at health facilities for fear of contracting COVID-19.

The Bureau also worked to counteract misinformation and disinformation in the context of COVID-19, such as reports suggesting that nicotine use and smoking were protective against COVID-19; that vitamin D supplements could help against COVID-19 infection; that alcohol was beneficial; and that COVID-19 could be transmitted to infants through breastfeeding. PASB regularly disseminated information that dispelled these and similar claims.

Some manufacturers of tobacco, alcohol, and ultra-processed products used the pandemic as an opportunity to present themselves as socially responsible by donating masks, medical equipment, ultra-processed products, and breast-milk substitutes, while there were attempts by the tobacco industry to weaken tobacco control regulations. PASB continued to work on pre-regulation analyses to support the regulatory processes in Colombia and Mexico for strengthening IP-TFA regulation and adopting FoPL. The Bureau collaborated with other members of the Nutrition Cluster of the Regional Group on Risks, Emergencies, and Disasters for Latin America and the Caribbean (REDLAC), to prepare a joint statement on nutrition in the context of the COVID-19 pandemic.

PASB supported Member States to improve nutrition standards for foods provided during emergency

situations; provided guidance for reduced consumption of ultra-processed food products; and advocated for increased availability of minimally processed foods, using interprogrammatic mechanisms. The Bureau developed communication messages aimed at health professionals and the general public on emerging evidence on intersections between COVID-19 and tobacco, diet, breastfeeding, and obesity, and provided periodic briefings for ministry of health staff and health professionals.

The Bureau developed MHPSS key messages and communication materials—videos, social media products, and infographics—for the general public and vulnerable groups. One of the videos, *Six Recommendations for Dealing with Stress during the COVID-19 Pandemic*, has been viewed 6 million times, as of 30 June 2020. Technical guidance, in the form of weekly virtual seminars and trainings on key COVID-19 and MHPSS issues reached thousands of healthcare professionals across the Region—webinars on adapting PFA to COVID-19 and remote interventions for MHPSS during COVID-19 were presented to more than 1,000 participants each.

Leading digital transformation for enhanced decision-making in public health

Digital transformation means more than automating processes or procuring software and hardware. It entails the positioning of public health in the digital era and aims to support the convergence of public health efforts with digital transformation, toward a society that is more interconnected and digitally interdependent. It has the potential to help create greater efficiencies, bridge inequalities, and provide health authorities with quality and timely health data, information, and knowledge for health action.

These principles guided PASB's technical cooperation with its Member States during the reporting period, and the Bureau prioritized five areas of work: a) strengthening information systems for health (IS4H), including ethical and secure data management, greater disaggregation of data, and adoption of digital health solutions; b) metrics,

analytics, and forecasting, with health equity integrated into health analysis; c) management of scientific and technical information and exchange of knowledge; d) generation of evidence that informs policy development; and e) fostering innovation in the health sector.

Strengthening information systems for health

In collaboration with Member States, specialized networks, PAHO/WHO Collaborating Centers, and development partners including the IDB, Global Affairs Canada, USAID, and AECID, PASB's technical cooperation in IS4H focused on governance and management; ethical and safe data management, prioritizing data disaggregation; adopting digital health solutions; and innovation. These interventions were founded on international standards and ethical principles with equity considerations foremost.

PASB enhanced its deployment of a tool that the Bureau developed in 2017 to establish the maturity level (on a scale of 1–5, where 1 is low and 5 is high) of health information systems in countries and territories of the Americas, based on defined strategic areas. The results showed that 32⁹¹ (65%) of the 49 assessed countries and territories are progressing to levels 3 to 5 within the strategic area Data Management and Information Technology (DMIT). This proportion also reflects the results for the other three strategic areas: Management and Governance (MAGO), Knowledge Management and Sharing (KMSH), and Innovation (INNO), as shown in Figure 3.

This work was conducted within the framework of the Plan of Action for Strengthening Information Systems for Health 2019–2023 (Document CD57/9, Rev. 1), approved by the 57th Directing Council, building on the efforts first launched in 2016 by countries from the Caribbean subregion and later endorsed by all subregions. This marks the first time in the history of PASB's technical cooperation that Member

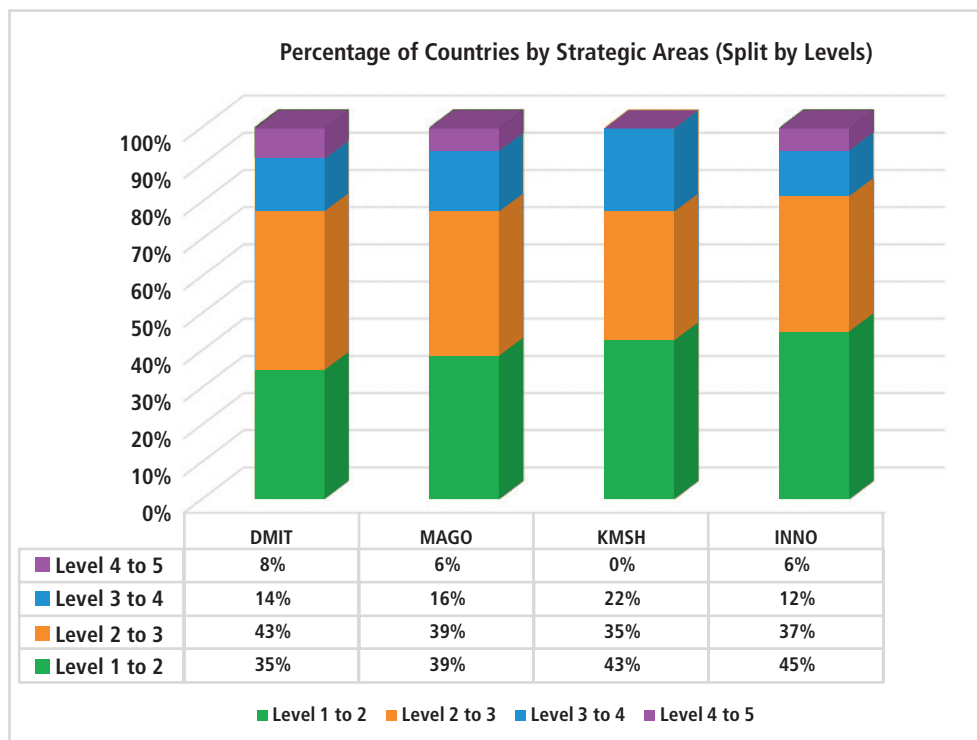
⁹¹ Argentina, Bahamas, Barbados, Belize, Bermuda, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Cuba, Curaçao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Lucia, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).



During the COVID-19 pandemic, PASB used digital platforms to provide information and technical cooperation to Member States and to ensure continued stakeholder participation in the Organization's governance.

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FIGURE 3. Average level of maturity of IS4H in the Americas, by strategic area



States have championed IS4H, and this framework for regional action is internationally recognized and supported by PASB's strategic partners, including scientific and academic institutions.

The IS4H initiative has resulted in country-led sustainable and scalable national action to strengthen capacities for managing data, information, knowledge, and digital technologies, which are critical for collecting, analyzing, sharing, predicting, acting, and recovering in the context of the information society. PASB support has contributed to more digitalized electronic medical records based on interoperability, the adoption of digital solutions focusing on telemedicine, and significant progress toward updating legislation and processes to establish unique patient identifiers, in alignment with the e-government initiatives of Member States. Moreover, PASB's partnership with the IDB contributed to over \$50 million in loans for eight Member States—Bahamas, Belize, Ecuador, Guyana, Honduras, Jamaica, Paraguay, and Suriname—to invest in IS4H or to conduct IS4H assessments as preconditions for further investments.

The global health data assessment SCORE (Survey, Count, Optimize, Review, Enable) was completed for all Member States. Results were validated and approved by 28 countries,⁹² and helped countries to identify gaps in tracking progress toward the health and health-related SDGs, universal health, the PAHO Plan of Action for the Strengthening of Vital Statistics 2017–2022, and goals related to health emergencies and other national and subnational priorities.

In order to assist with national responses to the COVID-19 pandemic, PASB trained more than 1,250 health personnel from its Member States to certify and classify deaths due to COVID-19 using the emergency codes assigned for

⁹² Antigua and Barbuda, Argentina, Bahamas, Canada, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

laboratory-confirmed and suspected cases. The Bureau's technical cooperation also enabled Member States to appropriately code other diseases, deaths, and conditions, according to the Family of International Classifications. With the impending adoption of the 11th Revision of the International Classification of Diseases (ICD-11) in 2022, PASB contributed to establishing preparatory mechanisms in 10 Member States— Argentina, Bahamas, Belize, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, Jamaica, and Mexico—through ICD-11 pilot testing and road map development.

Metrics, analytics, and forecasting, with health equity integrated into health analysis

PASB's work during the reporting period strengthened Member States' capacity to provide estimates for maternal, neonatal, infant, and child mortality. The Bureau responded to a request from the Government of Costa Rica to complete a comprehensive report Health Situation of the Afro-descendant Population in Latin America. Expected to be published in the second half of 2020, the report examines the group's social protection status and incorporates social and cultural perspectives that contribute to inequalities in health.

PASB continued to monitor progress toward objectives and indicators from the PAHO Strategic Plan 2020–2025, SHAA2030, the 13th General Program of Work (GPW13), and SDG 3, in collaboration with Member States and WHO. These efforts incorporate quantitative and qualitative methodologies that allow tracking of regional advances not only to those objectives, but also to reducing inequalities within the Region.

In its technical cooperation for COVID-19 responses, PASB developed population modeling tools for the Region of the Americas to aid Member States in their efforts to create projections on how the COVID-19 pandemic might affect their countries. The PASB COVID-19 response has been a springboard to action in partnering with the London School of Hygiene and Tropical Medicine, UWI, and the Johns Hopkins Bloomberg School of Public Health to create models specifically tailored to the Latin American and Caribbean context. These models can inform Member

States' decisions on actions to mitigate the impact of COVID-19 and implement short-, medium-, and long-term responses to the pandemic.

Management of scientific and technical information and exchange of knowledge

Capacity-building, best practices, and innovation are centerpieces of the knowledge-sharing process, and PASB continued its technical cooperation in this area with the contribution of the 190 PAHO/WHO Collaborating Centers in the Americas.⁹³ During the reporting period, several Collaborating Centers worked hand in hand with the Bureau to develop guidelines and recommendations, methodologies, platforms, trainings, and other initiatives to support the Bureau's response to the COVID-19 pandemic.

PASB continued to strengthen local capacities to access and use health information, in efforts to reduce the gap between scientific knowledge and health practice, and to inform decision-making. More than 1,500 information professionals from 20 countries⁹⁴ participated in relevant training activities, and a network of professionals specialized in bibliographic search was created to develop knowledge translation services and products, such as windows of knowledge, quick answers, and systematic search for evidence. PASB also launched a self-learning course on Scholarly Communication in Health Sciences in November 2019, aiming to promote the publication of research results in countries in LAC. The course is hosted by the PAHO VCPH, and, as of 30 June 2020, there were more than 9,000 enrollees, with over 4,000 having completed the training. Of the professionals who took the course, nurses ranked first, followed by general practitioners and specialist physicians.

PASB reviewed and expanded the Health Sciences Descriptors/Medical Subject Headings (DeCS/MeSH)

⁹³ Information on PAHO/WHO Collaborating Centers is available from: <https://www.paho.org/collaborating-centers/>.

⁹⁴ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Portugal, Spain, Uruguay, and Venezuela (Bolivarian Republic of).

vocabulary for the Organization's crosscutting themes of equity, gender, ethnicity, and human rights. This resulted in the addition of more than 100 new terms to promote better organization, retrieval, and use of information and scientific evidence on these priorities in LAC. The Bureau also maintained updated LILACS and other databases with publications from the countries of the Region, giving visibility and access to more than 10,000 new pieces of scientific and technical information. The content related to health systems and services research and experiences at the national, state, and municipal levels, on topics such as assessment of health technologies, nursing, integrative health, psychology, health legislation, and, more recently, COVID-19.

As the Bureau launched its COVID-19 response, institutional mechanisms and platforms were put in place to enable it to share important information with all Member States in a timely manner. The Pan American Journal of Public Health (PAJPH) immediately instituted a fast-track editorial process to meet the uptick in submitted COVID-19-related manuscripts, many with original research from the Americas—11 of the 50 papers published in the Journal in the first six months of 2020 were related to COVID-19. During the reporting period, the PAJPH also coordinated special issues and supplements on Human Resources for Health, SDG 3, and Equity in Health, many with external partners, to signal the approach of its centenary of uninterrupted publication of peer-reviewed scientific information, and gave priority to articles from PAHO Key Countries. Topics, including AMR, TB, equity, and nutrition and information, were jointly coordinated with strategic partners including Florida International University, FAO, and the Health Equity Network of the Americas.

Since mid-April 2020, more than 130 of 1,700 reports published by members of the Health Technology Assessment Network of the Americas (RedETSA) and available in the Regional Base of Health Technology Assessment Reports of the Americas (BRISA) have addressed COVID-19. The impact of this dissemination and knowledge sharing can be noted in the BRISA usage statistics: comparing March and April 2020, the number of page views increased by 11%; comparing April and May

PASB was able to quickly respond to WHO's request to develop a search web interface for the dissemination of global literature on COVID-19—the WHO COVID-19 database was launched 10 days after the request was received.

2020, the number of users, visits, and page views increased by, respectively, 138%, 135%, and 96%, with increases of, respectively, 187%, 184%, and 155% comparing the first half of June with the same period in May 2020.

The use of information technologies is essential to promote access and use of up-to-date evidence to support better decisions, as well as to counteract the global infodemic, including misinformation and disinformation, that has accompanied the COVID-19 pandemic. PASB was able to quickly respond to WHO's request to develop a search web interface for the dissemination of global literature on COVID-19—the WHO COVID-19 database was launched 10 days after the request was received. After three months of daily updates, the database has over 32,000 documents, with more than 107,000 visits and more than 585,000 page views from 217 countries and territories.

The e-BlueInfo app for mobile devices, an information platform for health practice, was launched by PASB in 2018 to decrease inequities in health professionals' access to and use of scientific information and evidence oriented to healthcare services. The e-BlueInfo app has its greatest impact when used by people located in cities far from large urban centers. Since July 2019, among users in Brazil, El Salvador, Guatemala, and Peru, 14.3% of the page views have come from cities with less than 300,000

inhabitants. El Salvador adopted this initiative on 1 May 2020 with a collection of documents dedicated only to COVID-19, and the use of the e-BlueInfo app has become an important component of that country's national response. In less than two months, El Salvador had 773 active users, more than the other three countries mentioned, even though they adopted the e-BlueInfo app well before El Salvador.

The Evidence Maps methodology, an emerging method of knowledge translation that seeks to synthesize, identify, describe, and characterize the scientific evidence that exists for a health topic or condition, and to identify knowledge gaps, gained traction during the reporting period. The methodology was applied to produce 10 evidence maps on the clinical applicability of Integrative and Complementary Health Practices (PICS) to support Brazil's National PICS Policy, as well as to suggest topics for further research. An evidence map constructed by the Traditional Complementary and Integrative Medicine (TCIM) Americas Network included 15 countries⁹⁵ and systematized available evidence on the application of some integrative practices to the clinical management of COVID-19 symptoms. The evidence map aimed to improve immunity and mental health in persons in conditions of social isolation and trauma, and was the basis of recommendations from the Brazil National Health Council to other national and local authorities in the country regarding the use of PICS during the COVID-19 pandemic.

The Bureau reinforced its institutional capacity to process, index, and monitor COVID-19-related documents and guidance. As of 30 June 2020, PAHO's Digital Library, the Institutional Repository for Information Sharing (IRIS), has 427 COVID-19-related technical documents and guidance available (118 in Portuguese, 133 in Spanish, 158 in English, and 18 in French). The 10 most-accessed documents have been accessed 95,693 times and, between January and June 2020, these documents received 7.4 million page views and 6.9 million visitors. The COVID-19 Guidance and the Latest Research in the

Americas portal facilitates access to and use of evidence-based information to strengthen health systems and services, and promote research. As of 30 June 2020, users of this portal have access to 1,477 indexed resources, primarily in English, Spanish, and Portuguese, classified by their relevance to saving lives, protecting healthcare workers, and slowing spread. The scientific papers and technical recommendations available in the database come primarily from PAHO, WHO, and national authorities of countries and territories in the Americas, such as the U.S. CDC and ministries of health, as well as from articles and evidence studies selected from other databases, including Evidence Aid, Cochrane, PUBMED, and LILACS.

Generation of evidence that informs policy development

PASB supported the implementation of the iPIER (Improving Program Implementation through Embedded Research) initiative in 11 countries,⁹⁶ aimed at documenting systemic issues that contribute to suboptimal implementation of health interventions and failures in health systems arrangements and performance. iPIER provides evidence for corrective strategies through innovative methods of developing science and engaging decisionmakers in research, and emphasizes the benefits of implementation research to support health policy, programs, and systems. Partners in this work include the Alliance for Health Policy and Systems Research, WHO's Special Program for Research and Training in Tropical Diseases, and the National Institute of Public Health of Mexico.

The Bureau supported the establishment and implementation of national research priorities and the institutionalization of mechanisms for evidence-informed, rapid-response decision-making in 10 Member States—Argentina, Brazil, Chile, Colombia, Dominican Republic, El Salvador, Mexico, Paraguay, Peru, and Trinidad and Tobago—and strengthening of evidence-for-policy mechanisms (EVIPNet) to support decision-making in Brazil, Chile, Colombia, El Salvador, and Peru.

⁹⁵ Argentina, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Cuba, Ecuador, Guatemala, Mexico, Nicaragua, Paraguay, Peru, United States of America, and Venezuela (Bolivarian Republic of).

⁹⁶ Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Paraguay, and Peru.

PASB provided updated evidence on therapeutics and other interventions for the management of persons with COVID-19, and maintained the international database of Grading of Recommendations Assessment, Development and Evaluation (GRADE) Guidelines; the Evidence Informed Policy database; and PASB's COVID-19 guidance and scientific evidence database. The Bureau provided on-site and virtual trainings for ministries of health on the generation and use of scientific evidence, and disseminated methodologies and tools to support countries' implementation of policies and programs on knowledge translation and evidence. A virtual training course on evidence and guideline development was made available to all Member States, and by mid-2020, the course had close to 1,100 participants from 19 countries.⁹⁷

Fostering innovation in the health sector

PASB collaborated with the University of Illinois in the United States of America to leverage “big data” and artificial intelligence for improving public health in the Region. The Bureau is working closely with the Institute for Health Metrics and Evaluation at the University of Washington to track the spread of diseases and assess the global burden of disease in the Americas, and this collaboration yielded projections for the spread of COVID-19 in the Americas. PASB is also collaborating with Member States to promote open government initiatives that would put timely and quality health data into the hands of researchers, civil society, and the larger public, and catalyze the transition toward digital transformation in health in the Region of the Americas.

Promoting equity, protecting the vulnerable, and enabling intercountry cooperation

The PAHO Strategic Plan 2020–2025 continues the four crosscutting themes (CCTs) of equity, gender, ethnicity,

⁹⁷ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

and human rights for integration into the Organization's technical cooperation. For the first time, the Strategic Plan explicitly seeks to catalyze Member States' efforts to reduce inequities in health within and between countries and territories to improve health outcomes, with the inclusion of a related impact indicator. These actions are both urgent and promising for transformative change in the Americas, which is consistently characterized as one of the most inequitable regions in the world, including with respect to health.⁹⁸ Although there has been progress in reducing inequalities in many countries, according to the OECD, countries in the Americas consistently rank among the lowest in terms of average well-being.⁹⁹

Among the indigenous people in the Amazon region, which covers eight countries, including Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, Guyana, Peru, Suriname, and Venezuela (Bolivarian Republic of), as well as parts of French Guiana, about 50% of adults aged 35 years or older suffer from type 2 diabetes and have a life expectancy that is shorter by 20 years than that of non-indigenous groups. Weak healthcare infrastructure, with many isolated communities lacking medical posts, doctors, and basic medications, is compounded by lack of culturally sensitive services, which affects access.

Equity

During the period under review, the report of the PAHO Independent Commission on Equity and Health Inequalities in the Americas (Document CD57/INF/6) was finalized, and was launched at a highly successful side event during the 57th Directing Council in 2019. The Commission formulated 12 recommendations for translating high-level political objectives that address

⁹⁸ Amarante V, Galván M, Mancero X. Inequality in Latin America: a global measurement. In: Economic Commission for Latin America and the Caribbean (ECLAC). CEPAL Review No. 118, April 2016. Santiago: ECLAC; 2016: 25–44. Available from: <https://www.cepal.org/en/publications/40423-inequality-latin-america-global-measurement>.

⁹⁹ Organisation for Economic Co-operation and Development. How's life? 2020: measuring well-being. Paris: OECD; 2020. DOI: <https://doi.org/10.1787/9870c393-en>.



A Peruvian mother-to-be receives preventive care as part of a health outreach campaign by the Regional Health Directorate of Loreto, Peru's northernmost province.

© DIRESA-Loreto

equity into action, and the full revised report¹⁰⁰ was published in October 2019.

PASB was awarded a grant from the Robert Wood Johnson Foundation in 2019, which supported enhancement of the evidence base on health equity in the health policy environment. Work included a study on the integration of health equity into the national health plans of 32 countries¹⁰¹ of the Region of the Americas, which revealed advances with regard to acknowledging health equity as an explicit goal of health sector actions; inclusion of specific, targeted initiatives to improve access and outcomes for populations in conditions of vulnerability; and integration of monitoring of health sector indicators and outcomes as part of policy frameworks. However, this study also demonstrated the need for additional support to countries to assist in building accountability mechanisms that incorporate civil society; in working across sectors, particularly with the private sector; in achieving health equity goals; and in strengthening capacity to address violations of the right to health.

The Bureau designed a course targeting policymakers that outlines health equity and its inclusion in health policy, and, in July 2019, convened an Editorial Board that included external experts to organize a thematic issue of the PAJPH on health equity for publication in late 2020. As of 30 June, the thematic issue received 10 submissions, and two editorials will complete the issue.

At country level, results of PASB's interprogrammatic action included:

- a) In Lima, Peru, implementation of the WHO draft guidance document Conducting Situation Analysis of Demand-side Barriers Faced by People Working in the Informal Economy to Effective Access to Health. The implementation of the guidance document resulted in the report Analysis of Barriers to Access to Health Care for Venezuelan Migrants Working in the Informal Economy in Selected Districts of Lima, Peru, which included a proposal to address the situation of migrant populations.
- b) In Brazil, development and dissemination of a series of equity tools, including the Portuguese translation of the Innov8 tool to assess national health programs from an equity perspective. The manual for monitoring health inequalities in the country was also produced and published.
- c) In Haiti, establishment of a maternity waiting home in the Nippes department, and improvement of the hospital in Ouanaminthe in the north to provide quality care to pregnant women and mothers. These interventions contributed to strategies to reduce gender-based violence in maternity wards and increase equity in health by improving access to quality care for women from remote areas and those living in conditions of vulnerability.

Gender

During the reporting period, PASB's technical cooperation to address gender inequalities in health focused upon evidence generation and monitoring, policy recommendations, capacity strengthening, and advocacy, with the majority of regional-level activities partially or fully funded through the Government of Canada's IHSLAC grant. Documents responding to country demands and providing guidance to countries for mainstreaming and monitoring gender equality in health were published online and in print.

One example of such a guidance document is Gender Mainstreaming in Health: Advances and Challenges in the Region of Americas. This comprehensive review of advances in gender mainstreaming in the Region was based on self-assessments provided by 30 countries and

¹⁰⁰ Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Just societies: health equity and dignified lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, D.C.: PAHO; 2019. Available from: <https://iris.paho.org/handle/10665.2/51571>.

¹⁰¹ Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of).

territories.¹⁰² The review noted that despite a groundswell of initiatives and various promising experiences, more investments in results-based approaches, institutional strengthening, and accountability are needed for transformational changes and measurable impact on the health conditions and status of women and men in the Region.

Other significant publications during the reporting period include:

- a) A Framework and Indicators for Monitoring Gender Equality and Health in the Americas, which proposes an updated framework and set of core indicators for monitoring advances on gender equality in health in the Region, within the framework of renewed regional commitments to health equity, gender equality, and the SDGs;
- b) Masculinities and Health in the Region of the Americas, which researched and outlined how men's health and well-being in the Region are products of multiple factors, in particular the construction of masculinity; and
- c) Unpaid Health Care Work: A Look at Gender Equality, based on a review of policy experiences from selected countries—Colombia, Costa Rica, Jamaica, Mexico, and Uruguay. The publication includes policy recommendations that promote the incorporation of unpaid work into comprehensive public policies, as well as health-specific policies, from gender and rights perspectives. Though currently available only in Spanish due to resource limitations, an English version will be produced once resources are mobilized.

PASB launched the virtual course Gender and Health in the Framework of Diversity and Human Rights in coordination with the Latin American Faculty of Social Sciences,

PASB's technical cooperation to address gender inequalities in health focused on evidence generation and monitoring, policy recommendations, capacity strengthening, and advocacy.

Argentina. Fifty participants from Latin America enrolled in the eight-week course of study, which was taught from 9 September to 3 November 2019. The course will be transferred to the PAHO VCPH for future iterations. The Spanish version of the four-hour updated self-learning virtual course Gender and Health: Awareness, Analysis and Action was also opened to the public on the PAHO VCPH.

The Bureau coordinated the March 2020 International Women's Day campaign under the theme "Generation Equality—I commit to more gender equality in health." The campaign elicited strong commitments from health leadership both within and outside of PASB. The latter included civil society, from organizations such as Promundo and the MenEngage Alliance, which seek to advance gender equality, to indigenous people advocates from Guatemala. The campaign also received individual pledges of support from women and men in Member States and across the Organization.

At country level, with PASB's technical cooperation:

- a) Argentina developed and launched a report on masculinities in coordination with academia, local government, NGOs, and other international organizations, such as the International Labor Organization. Research was conducted on the health

¹⁰² Anguilla, Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Venezuela (Bolivarian Republic of).

of trans persons in Santa Fe province, with a focus on gender identity in public health interventions.

- b) Colombia's Ministry of Health developed a workplan focusing on gender mainstreaming, knowledge management, and capacity strengthening in gender. A third bulletin on reducing maternal mortality, with an emphasis on gender, was elaborated.
- c) Grenada, Saint Lucia, and Saint Vincent and the Grenadines had capacity-strengthening interventions on gender mainstreaming in health, with an emphasis on gender equity in health profiles. The interventions resulted in the production of two health profiles: Gender Disparities in Accessing HIV Services and Programs in Saint Lucia; and Gender-Based Profile of HIV/AIDS Antiretroviral Treatment Compliance in Saint Vincent and the Grenadines.

Ethnicity

One of the most significant achievements with respect to addressing ethnic inequalities in health during this reporting period was the approval by the 57th Directing Council of the Strategy and Plan of Action on Ethnicity and Health 2019–2025 (Document CD57/13, Rev. 1). The Strategy and Plan of Action includes impact indicators for reduction in maternal and infant mortality and TB among indigenous peoples, Afro-descendants, and other ethnic groups.

The Bureau promoted data disaggregation by ethnicity in several countries, and during the period under review, there were relevant advances in Paraguay and Peru. The strengthening of intercultural approaches to the reduction of maternal mortality has also been an important component of work during this period, and interprogrammatic technical cooperation was undertaken with Argentina, Ecuador, Paraguay, and Peru, and in the Gran Chaco region. This work included the evaluation of blood transfusion services and the relationship with causes of maternal mortality; validation and application of the culturally safe birth tool in maternal health services, pending publication of the tool; and establishment of knowledge dialogues with indigenous women regarding their health needs. It was anticipated that these

intercultural approaches would increase the likelihood of indigenous women accessing maternal health services, and a reduction in maternal mortality was reported in the community of Awajún, Peru. These activities were supported through the Government of Canada's IHSLAC project and AECID.

At country level:

- a) The Plurinational State of Bolivia updated and finalized a guide for pregnancy, delivery, and postpartum care using an intercultural approach that included the ancestral knowledge of traditional indigenous midwives; and
- b) Colombia organized a workshop, with the participation of four subnational departments with high populations of indigenous and Afro-descendant communities, to strengthen the competences of health personnel in intercultural health, especially in relation to maternal health and barriers to access.

Human rights

In August 2019, the Bureau organized a high-level meeting and a workshop in Paraguay on the role of courts in relation to the right to health, in coordination with the Ministry of Health and the Supreme Court of Justice of Paraguay. Participants included members of the Supreme Courts of Chile, Colombia, Paraguay, and Uruguay, as well as parliamentarians from Bolivia (Plurinational State of), Chile, and Paraguay, with an audience of more than 200 judges and Ministry of Health directors and staff. In November 2019, PASB organized a high-level meeting in Uruguay to promote dialogue between the Ministry of Health and the judiciary in the context of cases that were before the judiciary involving the right to health.

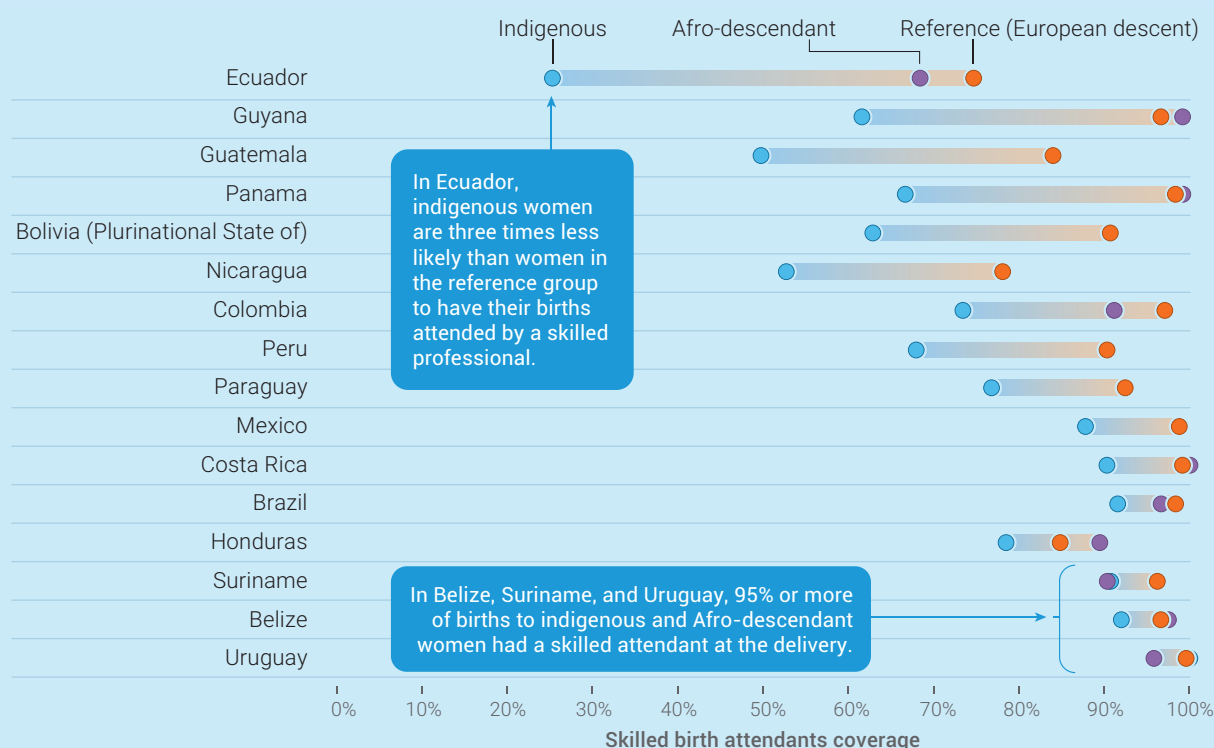
These high-level meetings provided a unique opportunity to encourage dialogue between the branches of government and learn from experiences in different countries, in order to advance the protection of the right to health and other health-related rights. The high-level officials participating in these meetings agreed that while respecting the separation of powers, it was important to strengthen

►► KEY ACTIONS FOR BUILDING STRONGER PRIORITY HEALTH PROGRAMS

Using information to promote health equity in the Americas

National-level data can obscure important differences in the health status and health needs of populations as they relate to geography, age, sex, ethnicity, educational level, and household income. Yet, many countries face challenges to routinely collect, monitor, evaluate, and analyze health data that are disaggregated, making it difficult to systematically address the social determinants of health that perpetuate health inequities. **Routine and timely collection, analysis, and dissemination of disaggregated health data are essential to inform policies and interventions that can effectively reduce health inequities.**

Skilled attendant at birth, by ethnicity, for 16 countries of Central and South America, national surveys, 2004–2016



SOURCE: Victora CG. The importance of ethnicity as a social determinant. Background document for the Strategy and Plan of Action on Health and Ethnicity in the Americas. International Center for Equity in Health. Federal University of Pelotas, Brazil. Pan American Health Organization: Washington D.C.; 25 July 2018.

In Belize, Suriname, and Uruguay, at least 95% of births to indigenous and Afro-descendant mothers had a skilled attendant at delivery, approaching the same proportion as the reference population (of European descent). By contrast, in other countries the percentage of births attended by a skilled health professional was much lower in these ethnic groups, with indigenous women at a particularly pronounced disadvantage. In Ecuador, for example, indigenous women were three times less likely than the reference group to have their births attended by a skilled professional, and in Guatemala, half as likely. Afro-descendant mothers fared better than indigenous women but not as well as the reference group.

the relationship between the executive and legislative branches of government and the judiciary, and promote an ongoing exchange of views. This model of continuous dialogue seeks to combine the strengths of all branches of government and views the protection of human rights as a joint effort, rather than as a competitive process in which one branch must prevail.

The Bureau also contributed to strengthening Member States' legal framework to promote the right to health and other health-related rights by providing technical comments on relevant legislative proposals and policies at their request.

COVID-19 and the crosscutting themes

As part of its response to the COVID-19 pandemic, PASB continued to promote integrated approaches to the CCTs. The Bureau produced and widely distributed the guidance note Promoting Health Equity, Gender and Ethnic Equality, and Human Rights in COVID-19 Responses: Key considerations, which aimed to raise awareness of the CCTs and guide national health policymakers in their efforts to integrate relevant approaches into their COVID-19 responses. The note also provided links to sources of related information and guidelines, and countries have aligned with the guidance provided; as in Brazil, where country-specific guidelines for CCT implementation were produced. The Bureau also produced and disseminated the documents Key Considerations for Integrating Gender Equality into Health Emergency and Disaster Response: COVID-19 (4 June 2020), and Considerations on Indigenous Peoples, Afro-descendants, and Other Ethnic Groups during the COVID-19 Pandemic (4 June 2020).

The pandemic is likely to affect women in several important ways. They represent 86% of all nurses in the Americas, and with the lockdowns in many countries and the uncertainties arising from the pandemic, there are fears that women will bear the brunt of frustrations and violence that may erupt from increased unemployment, stressed household finances, and mental health issues. PASB supported the Facebook Live series Let's Talk about Women and COVID-19, in collaboration with the Latin American and Caribbean Women's Health Network. The

series, which included simultaneous English-Spanish translation, comprised four sessions: Gender, Health, and the Pandemic; Universal Access to Health during the Pandemic; Women's Health in the Context of COVID-19; and Preventing and Responding to Violence against Women in the Context of COVID-19. The Bureau also moderated a webinar "COVID-19: Why Can Women's Leadership Make a Difference in the Response? Challenges and opportunities in the Americas and the Caribbean beyond the emergency," involving women ministers from the Region, organized within the framework of the Inter-American Taskforce on Women's Leadership.

PASB's technical cooperation in the response to COVID-19 also targeted the needs of indigenous peoples and Afro-descendants, reflecting their specific conditions of vulnerability and the need for intercultural approaches. Important collaboration was undertaken with indigenous and Afro-descendant networks, including Amazonian indigenous organizations such as Coordinator of Indigenous Organizations of the Amazon River Basin (COICA). Culturally adapted and accessible communication campaigns were implemented, and in coordination with UNFPA, PASB translated infographics on COVID-19 into different languages, including Miskito and Garifuna, and disseminated the materials among those populations in Honduras.

The Disaster Risk Reduction and Indigenous Peoples Network, the first network addressing disaster risk reduction and the integration of traditional knowledge, was established during 2019 and officially launched in Seattle, United States of America. It represents an important mechanism for intercultural COVID-19 responses, and a plan of work for the network was established. Its website is currently being developed.

The Bureau co-organized and participated in public forums with international experts and regional stakeholders to address the relationship between international human rights law and effective public health responses to health emergencies and crises. These forums addressed topics such as the rights of migrant children; the promotion of health equity, ethnic and gender equality, and human rights in response to COVID-19; human rights perspective on

the prevention of alcohol consumption; legal responses to COVID-19; public health and fundamental rights; and exercise of the right to health during the COVID-19 pandemic.

PASB also conducted analyses on how the COVID-19 pandemic has shaped the framework of public health measures and human rights standards, and highlighted the importance of providing special protection for groups at higher risk and those in conditions of particular vulnerability.

Health of migrants

In December 2019, PASB supported the adoption of reference legislation by the Central American Parliament (PARLACEN) to advocate for improvements on the health and well-being of migrants through legislative mechanisms in Central America. During the reporting period, the Bureau contributed to the integration of health and migration in key national initiatives and continued advocacy for the inclusion of the topic in national and subregional migration-related policies, and in relevant integration mechanisms and consultative processes.

PASB strengthened interagency collaboration and engagement with partners such as the UN Trust Fund for Human Security, IOM, World Bank, and Johns Hopkins University, to develop joint activities and funding proposals on priority areas related to health and migration. A Memorandum of Understanding between the Bureau and

IOM was developed for collaboration to improve access to health services and ensure continuity of care across all stages of migration. This aims to support Member States' efforts to strengthen health surveillance and information management; engage in joint monitoring and evaluation of risks, vulnerabilities, and promising practices and initiatives; and enhance the capacities of health professionals.

Cooperation among countries for health development

PASB continued to promote South-South and triangular cooperation under the framework of the CCHD initiative, which has allowed for strategic, country-led initiatives and exchange of best practices and lessons learned. Additionally, in collaboration with the UN Office for South-South Cooperation (UNOSSC), the Bureau contributed to the development of the UN System-wide South-South Cooperation Strategy.

In the context of the COVID-19 pandemic, PASB promoted the exchange of best practices and lessons learned through national responses by convening ministerial meetings with the health authorities of the Americas, and by participating in meetings of the major subregional integration mechanisms of the Region, such as CARICOM, MERCOSUR, and COMISCA. In collaboration with UNOSSC, UNICEF, and UNFPA, the Bureau convened virtual sessions to exchange best practices and lessons learned in maintaining essential health services during the COVID-19 pandemic and looking to the post-pandemic period.

Part 3

PASB's institutional strengthening and enabling functions

The COVID-19 emergency made it necessary for the Bureau to implement special measures to maintain business continuity, ensure the safety and well-being of personnel, and comply with local public health mandates at PAHO Headquarters and in its country offices. At the same time, the financial difficulties resulting from delayed payments of assessed contributions by some Member States presented separate, but equally significant, challenges. While addressing these extraordinary conditions, PASB continued efforts to improve its internal administration and management, maintain a strong and effective workforce, and ensure transparency and accountability in all its operations.

Human resources management

The Advisory Committee on the Implementation of the People Strategy (ACIPS), established in July 2019, recommended that priority be given to keeping key positions filled, including by onboarding replacement staff prior to the separation of key retiring staff. The ACIPS also called for the development of specialized rosters to enable the recruitment of top talent; making the search for talent an ongoing responsibility of managers; and engaging in regular and sustained exchange of staff with key partners such as the United States National Institutes of Health and U.S. CDC, as well as with in-country public health entities and universities.

PASB's financial difficulties during the second half of 2019 prompted a hiring freeze under which only critical positions were filled. A critical review of staffing and contractual modalities highlighted the Bureau's reliance on temporary workers—as of December 2019, more than half of the PASB workforce were “contingent” personnel secured through agencies, secondments from host countries, and consultancy contracts.

The Bureau's financial uncertainty, together with the onset of the COVID-19 pandemic, increased anxiety levels among some PASB personnel. In response, PASB hired a temporary in-house counselor to work with the employees to build their coping skills, and also provided information through webinars, virtual town hall interventions, and intranet postings. Topics included effective teleworking; minimizing exposure to COVID-19; and addressing feelings of fear and anxiety. The Bureau also provided medical follow-up and close-contact tracing for personnel who contracted COVID-19, and developed new standard operating procedures on medical evacuation of personnel.

In the area of leadership development, 27 managers participated in a Leadership and Management Certificate Program from the UN System Staff College; a new e-Management Program was launched with the participation of 30 supervisors and middle managers from country offices, centers, and Headquarters; and 54 managers received training on creating an engaging workplace.

As a cost-saving measure, PASB instituted a new rule in the Bureau's Staff Health Insurance (SHI) program that requires all eligible retirees who are residents of the United States of America to enroll in Medicare (Parts A and B). This is expected to significantly reduce costs for this group of former staff, beginning in the second half of 2020.

Planning and budgeting

The approval by the 57th Directing Council in September 2019 of the PAHO Strategic Plan 2020–2025 marked a significant step forward in the implementation of SHAA2030. The SP 20-25 (and its successor strategic plan

for 2026–2031) will serve as the primary implementation and monitoring mechanisms for SHAA2030.

The 57th Directing Council also endorsed the new PAHO Budget Policy (Document CD57/5), which responded to Member States' concerns and the recommendations of the 2018 external evaluation of the previous PAHO Budget Policy, and approved the PAHO Program Budget 2020–2021 (PB 2020-21) (Official Document 358). The new Budget Policy provides a transparent, evidence-based, and empirical foundation for assigning budget ceilings across PAHO Member States, while allowing sufficient flexibility to ensure that PASB remains responsive and proactive in allocating resources to address evolving political, health, and technical challenges. PB 2020-21 sets out measurable corporate results and targets agreed upon by Member States, with a total budget of \$620 million approved for base programs. This represented a zero nominal budget increase from 2018 to 2019 and reflected a realistic balance between programmatic needs, the resource mobilization environment, historical financial levels, implementation levels, and efficiency efforts. An innovation in PB 2020-21 was the inclusion of "Country Pages," one-page analyses of the health situation, priorities, and PAHO/WHO key interventions for each Member State.

Financial operations

PASB's financial managers engaged in continuous assessment and analysis of the Bureau's financial condition, including monthly monitoring and calculation of internal borrowing and, together with budget managers, the preparation and update of financial projections. Options for responding to the worsening financial situation were presented to the Steering Committee on Emergency Financial Measures. Several efficiency improvements were made, including the development of a new Perpetual Budget Structure for Procurement Funds. This structure allows those Funds to prepare annual budgets that align with the Statements of Account sent to Member States and uses perpetual worktags that are independent of biennium plan structure constraints. This avoids closure and reopening of documents at the end of the biennium and optimizes resources, reduces workload, and provides

for uninterrupted operation. This perpetual structure was adopted by PASB's Terminal and Statutory Entitlements Funds, and others, to take advantage of these efficiencies.

Partnerships and resource mobilization

PASB managed to enhance its performance in mobilizing voluntary contributions during the reporting period. In the process, the Organization broadened and diversified its financial partner base, and improved its visibility and overall positioning in the international health and development community.

A total of \$205 million in voluntary contributions was mobilized during the reporting period, and the Organization was able to attract 24 new financial partners. Over \$47.2 million was mobilized through agreements with the EU, reaffirming this body as one of PAHO's most significant partners.

For the COVID-19 response, PASB partnered with the World Bank, IDB, Central American Bank for Economic Integration (BCIE), and CAF Development Bank of Latin America to fast-track loans, grants, and technical cooperation projects for Member States. Most of these funds were allocated directly to countries.

The Bureau also signed memorandums of understanding with the UN Multi-Partner Trust Fund office to become a Participating UN Organization in the UN COVID-19 Response and Recovery Fund, and in the operational aspects of the Spotlight Initiative Fund in the Caribbean. By late June 2020, over \$2.3 million had been mobilized for PASB's COVID-19 response through these Funds.

Given the urgency of the COVID-19 response, the Bureau developed new simplified and expedited processes for reviewing proposed engagements with non-State actors under the Framework of Engagement with Non-State Actors (FENSA). This ensured rapid (in most cases, within 48 hours), but still thorough, due diligence reviews and risk assessments of proposed engagements to preserve the Organization's integrity, independence, and reputation.

In addition, a new donation page for the PAHO COVID-19 Response Fund was created on www.paho.org¹⁰³ and launched on 30 June 2020. For the first time in PAHO's history, individuals will be able to donate directly to support the Organization's emergency assistance and technical cooperation. A new partnerships portal was also created on the PAHO website to enhance the visibility of the Bureau's work with partners and provide key information for existing and potential new partners.

Ethics, transparency, and accountability

Within the framework of the PAHO Integrity and Conflict Management System (ICMS),¹⁰⁴ PASB continued its efforts to ensure ethical conduct in all its operations, to prevent and resolve workplace conflicts and concerns, and to foster a climate of inclusion, accountability, and transparency throughout the Organization.

During the reporting period, the Ethics Office conducted awareness-raising activities about its work, reaching almost 400 personnel in country offices and Headquarters. It responded to 218 consultations from personnel, an increase of 21% over the previous year and a record for any 12-month period. A new Ombudsman came onboard in January 2020 and, as of 30 June 2020, had handled 12 cases concerning issues of fairness in organizational processes. Further, a new candidate disclosure form was implemented that requires prospective personnel to disclose their outside interests and activities prior to joining the Organization. This makes it possible to identify potential conflicts of interest and take corrective action before any appointment takes place.

The Investigations Office, which is functionally independent and reports to the PAHO Executive Committee, received 58 reports of alleged wrongdoing in PASB workplaces during

PASB continued its efforts to ensure ethical conduct in all its operations, to prevent and resolve workplace conflicts and concerns, and to foster a climate of inclusion, accountability, and transparency throughout the Organization.

the reporting period and issued five investigation reports. The investigation reports serve as the basis for possible corrective measures by PASB.

In March 2020, the evaluation function previously assigned to the Office of Internal Evaluation and Oversight (IES) was transferred to the Office of Planning and Budget (PBU) so as to be more closely tied to the Organization's planning cycle. IES will continue to provide oversight through internal audits and monitoring of internal controls.

In the context of heightened civil society activism in PASB's host city, Washington, D.C., and in other PAHO Member States, new guidance was issued for the participation of PASB personnel in peaceful demonstrations and rallies, and their use of social media. The guidance included restrictions aimed at upholding their status and obligations as international civil servants.

Support for governance functions

Throughout the extraordinary circumstances presented by the COVID-19 pandemic, PAHO Member States maintained their responsibilities for governance of the Organization. Although the meeting of the Subcommittee on Program

¹⁰³ PAHO COVID-19 Response Fund. Available from: <https://www.paho.org/en>.

¹⁰⁴ ICMS members include the Ethics Office, Office of the Ombudsman, Office of the Legal Counsel, Human Resources Management, Information Security Officer, Internal Oversight and Evaluation Services, Investigations Office, Board of Appeal, and PAHO/WHO Staff Association.

Budget and Administration (SPBA) planned for March 2020 had to be canceled, thereafter the Bureau sought alternative means to convene PAHO's Governing Bodies. Using video conferencing platforms, a Special Session of the Executive Committee and the 166th Session of the Executive Committee were convened virtually in May 2020 and June 2020, respectively. The 58th Directing Council in September 2020 will also be held virtually.

As mandated by the 55th Directing Council, the Bureau prepared its second report on the implementation of resolutions and documents approved by the Governing Bodies of PAHO. The document, Monitoring of the Resolutions and Mandates of the Pan American Health Organization (Document CD57/INF/3), reviewed the status of resolutions that were active or "conditional active" during the period 1999–2015 and those adopted by the Governing Bodies between 2016 and 2018. Of the 163 resolutions examined, 92 were deemed "active," 13 were recommended for designation as "conditional active," and 58 were recommended for designation as "sunset," because their mandates had been fulfilled or they had been superseded by new resolutions. The report was presented to the 57th Directing Council.

PASB participated in the UN Fiduciary Management Oversight Group (FMOG) and successfully advocated for an alternative method of reporting for participating UN organizations which, because of their governance structures and internal reporting frameworks, cannot participate in the UN Secretary-General's Reporting Mechanism for allegations of sexual exploitation and/or sexual abuse in UN pooled funds settings.

Communication for health

The COVID-19 pandemic presented major communication opportunities and challenges for the Bureau. Given PAHO's status as one of the most trusted sources of health information in the Region, PASB's communications sought to contribute to targeted improvements in individual health and health systems while countering misinformation and disinformation.

The most noteworthy development in this regard was the significant uptake of PAHO information and communications. From January to June 2020, www.paho.org received more than 42 million page views, a more than threefold increase over the same period in 2019. Website traffic peaked at 350,000 visitors per day in late March, soon after WHO declared COVID-19 a global pandemic, then tapered off to between 150,000 and 200,000 per day through the end of June 2020. Overall, PAHO's web users increased by 367% compared with the same period a year earlier.

News media interest in PAHO's information and analysis also increased substantially—PAHO's weekly press briefings and daily spokesperson interviews generated nearly 1,000 original news stories published or broadcast in more than 40 countries and territories, from January through June 2020. These included articles and citations by major media outlets including The Washington Post, The New York Times, Cable News Network (CNN), British Broadcasting Corporation (BBC), Agence France-Presse (AFP), Agencia EFE (EFE), Associated Press (AP), The Economist, Univision, Telemundo, and Globo.

The Organization also made full use of its social media platforms to disseminate COVID-19 messages and prevention and risk-reduction advice intended for both health professionals and the general public. This stepped-up social media activity attracted more than 550,000 new followers to PAHO's Facebook page, nearly 230,000 new followers to PAHO's Spanish-language Twitter account, and nearly 130,000 new followers to PAHO's Instagram account, between January and June 2020. In addition, an estimated 1.25 million people joined Facebook Live streams of PAHO's weekly virtual press briefings on COVID-19.

The Bureau also collaborated with several celebrities and media organizations on communication initiatives for the COVID-19 response and other health issues. These included Diego Torres (Color Esperanza 2020); Mario "Don Francisco" Kreutzberger (#SafeHands Challenge); Sesame Street/Sésamo (#ManosSeguras); and the World Economic Forum (WEF) and Univision (#JuntosEnCasa).

Information technology services

Prior to the onset of the COVID-19 pandemic, a process of digital transformation was well underway at PASB. The process took on new urgency during the pandemic, particularly with the Bureau's shift to nearly universal staff teleworking and the impediments to international travel. Priority was given to providing secure, cost-effective cloud-based services, implementing remote-access tools, modernizing user devices, expanding paperless initiatives, and enhancing connectivity in Headquarters, country offices, and specialized centers.

PASB personnel adapted to the new remote environment by increasing their use of modern workplace tools such as softphones, virtual meeting platforms, collaboration sites, and electronic signature, among others. The expanded availability and use of these tools enhanced collaboration between PASB and its stakeholders, and facilitated continued, effective technical cooperation.

The implementation of strong cybersecurity controls aligned with best practices and international standards prevented any breaches in the confidentiality, integrity, or availability of the Bureau's information and communication systems. PASB introduced a mandatory cybersecurity awareness program to build staff knowledge about these risks and their potential impact on the Organization. The Bureau also joined other UN agencies in the Common Secure initiative, a collective approach to counter the increase in cybersecurity incidents globally. The UN Digital Transformation Network, the UN Information Security Special Interest Group, and the UN International Computing Center are collaborators in the initiative.

The cloud-based PMIS, which the Bureau adopted in 2016, continued to be updated and optimized in support of technical cooperation activities. Significant improvements were related to simplifying travel and financial processes, streamlining the activities of the Revolving Fund and Strategic Fund, and deploying a corporate Correspondence Management System.

Publication and language services

During the reporting period, the Bureau issued 390 publications—including guidelines, scientific and technical publications, and advocacy materials—in multiple languages. Of these, 270 were related to the COVID-19 pandemic, and 120 were related to other areas of technical cooperation, the latter including Core Indicators 2019: Health Trends in the Americas. In addition to its own publications, PASB translated 54 WHO publications (38 into Spanish, 15 into Portuguese, and 1 into French) for the benefit of PAHO Member States and the scientific and medical communities at large. The Bureau completed the Spanish version of all reference and training materials for the implementation of the ICD-11, which will be used widely in Spanish-speaking countries in the Region.

PASB designed and implemented a new Publishing Tracking System, PubTrack, to increase efficiency in its publishing processes. This monitoring tool covers all stages of publishing, from planning to content development, production, and final publication. PubTrack will be linked to other PASB systems to streamline workflows, and use of the tool will be expanded to PAHO/WHO country offices in the second half of 2020. In a move to lower publishing costs, PASB signed a single-supplier agreement for electronic and print distribution based on a print-on-demand model. This action is expected to generate savings on both printing and warehousing, while increasing outreach through multiple channels.

PASB joined with other WHO offices in implementing eLUNa, a new system developed by the UN to streamline editing and translation processes by leveraging past translations and neural machine translation technologies. Combined with other internally developed systems and databases, eLUNa is expected to improve productivity and consistency in editorial and translation processes over the coming years.

As part of ongoing efforts to make its publications easily accessible and more widely known, PASB implemented an

Open Access policy under a Creative Commons license that allows noncommercial reuse of all PAHO information products. The Bureau began disseminating a monthly publications newsletter and implemented a social media strategy that increased outreach to, and engagement with, users. The PAHO publications web page, one of the Organization's most visited pages, saw an average increase of 64% in visits (Spanish) and 70% (English) during the reporting period.

PASB developed an online course on scientific writing and publishing. The course was launched in November 2019 and 9,000 participants had enrolled by the end of June 2020.

PASB also increased the information technology infrastructure of its digital library, IRIS, through an investment from the Master Capital Investment Fund. IRIS now makes available approximately 60,000 full-text documents to thousands of daily visitors from the Americas and beyond. Between July 2019 and June 2020, IRIS received more than 12 million visits.

Procurement

During the COVID-19 pandemic, PASB implemented innovations in its procurement operations to help Member States access health supplies in the face of severe disruptions in global supply chains. The Bureau was engaged in nearly constant negotiations with suppliers to

find alternative routes to deliver essential products and to reduce shipping costs.

PASB also joined forces with WHO, UNICEF, and other partners through the UN COVID-19 Supply Chain System and the Access to COVID-19 Tools (ACT) Accelerator. These collaborations helped ensure cost-effective procurement and fair allocation of scarce supplies for PAHO Member States.

The Bureau's procurement activity during the reporting period reached the \$1 billion per annum level, making PAHO one of the top 10 UN agencies carrying out procurement activities to assist Member States in achieving their national and regional development goals.

General services

During the reporting period, PASB invested in improved security and infrastructure at PAHO Headquarters—where a first phase of lobby security improvements was implemented—and in country offices, including Argentina, Barbados (Office of Eastern Caribbean Countries and Subregional Program Coordination, Caribbean), Costa Rica, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Peru, Uruguay, and Venezuela (Bolivarian Republic of). Following the onset of the COVID-19 pandemic, the PAHO Headquarters operated at reduced levels of attendance and operating costs, with strict control of occupancy.

Part 4

Challenges and lessons learned

Challenges

Both the Bureau's technical cooperation and PAHO Member States' progress toward their health and development objectives faced significant challenges during the period under review.

Nonpayment of a significant proportion of Member States' assessed contributions and a freeze of some voluntary contributions severely tested PAHO's own resilience and its capacity to function efficiently and effectively. Looming cutbacks in the PASB's technical cooperation programs and human resources were significantly aggravated by the COVID-19 pandemic and the associated disruptions of national economies, social activities and interactions, and routine healthcare services. The resulting fiscal and monetary crisis within the Region increases the risk of impoverishment and reversal of health gains; limits opportunities and resources to effectively address the health challenges; and is likely to persist well into the medium term. This situation is one of the greatest challenges that the Region has faced, and puts at further risk Member States' achievement of the SDGs.

Widespread closures and travel restrictions, enacted to control the spread of COVID-19, resulted in delays in the implementation of PASB's workplans, disrupted global supply chains, and resulted in interruptions in access to health care and treatment for many, including PLWNCDs and PLWHIV. However, these containment measures compelled PASB and Member States to implement creative adaptations for the continuation of technical cooperation, including the use of virtual platforms, generation and strengthening of strategic alliances with international and national institutions, and enhanced mobilization of resources.

Withdrawal of flexible funding, initiated as a prudent managerial option to conserve cash, together with limited human resources, led to delays or postponement of some technical cooperation activities. They also resulted in the strict enforcement of cost-saving measures and greater efforts to generate efficiencies, including through enhanced interprogrammatic coordination and action. In addition, as a temporary measure, the Special Session of the Executive Committee in May 2020 authorized borrowing from the PAHO Master Capital Investment Fund.

Reduced focus on routine health promotion and disease prevention and control programs by both PASB and Member States, due to the emergence of COVID-19, resulted in delays and interruptions in technical cooperation to address priority issues. Slowdowns in the prevention and control of NCDs, extension of immunization coverage, and reduction of maternal mortality, for example, will likely result in increased morbidity and mortality in the future, especially if remedial and compensatory efforts are not accelerated as part of the "new normal."

Underfunded and fragmented approaches to health promotion and life course programs such as adolescent health and healthy aging resulted in the implementation of risk-based interventions, rather than holistic strategies to secure meaningful engagement with, and promote the health of, youth and older persons.

Limitations in IS4H, including insufficient data and data disaggregation in many key areas related to PAHO's CCTs, resulted in difficulties in analyzing health inequalities or issues pertaining to persons in conditions of vulnerability.

The lack of disaggregated data proved to be a particular challenge in the context of the COVID-19 pandemic.

Absence of an agreed shared, inclusive, and interdisciplinary framework for working on equity in health, and relatively limited capacity to do so, resulted in a fragmented approach to this issue across PASB and in its technical cooperation. This means that actions which facilitate health equity, their concrete impacts, and gaps, are difficult to identify, track, and share. This limits the Bureau's support to Member States in advancing sustainable and transformative strategies toward health equity.

COVID-19 pandemic-related stress on government resources for health and on potential investments by development partners resulted in an increasingly competitive resource mobilization environment and the specter of escalating resource shortfalls.

Lessons learned

Many lessons were learned during the reporting period, several of which were related to the COVID-19 pandemic and its impact.

Strong ties and lines of communication with technical counterparts and development partners must be maintained, given the uncertainties surrounding future funding for technical cooperation and the duration of COVID-19-related disruptions.

Technical cooperation strategies must be maintained, extended, and enhanced to assure effective functioning of priority public health programs and no diminution in essential services for the prevention and control of priority health conditions. There must be a focus on persons and groups at highest risk and in conditions of vulnerability, notwithstanding the accepted and unquestionable imperative of responding to emergency situations.

Communications is a vital tool for PASB and requires adequate investment to facilitate advocacy at the political and population levels, and the development of strategies

and materials appropriate for various audiences. With COVID-19 in particular, it was critical for PAHO not only to share accurate and timely information, but also to develop culturally appropriate communication products for different audiences across the Region of the Americas, and to counter widespread misinformation and disinformation.

Much of the Bureau's technical cooperation with Member States can continue through virtual modalities and other creative solutions during both public health and financial crises. PASB entities with mainly digitized products and online functioning were able to transition well to the new ways of working during the pandemic, and enhanced use of electronic communication platforms has become a new, cost-efficient, and sustainable vehicle for technical cooperation, capacity-building, and introduction of norms. However, the appropriate use of these platforms requires strategic thinking, discipline, relevant technology for both providers and users, and capacity-building.

Interprogrammatic work, intersectoral approaches, and networking are critical factors in technical cooperation to achieve equitable outcomes. In the Bureau, there is need for incorporation of health systems approaches, intersectoral work on social and environmental determinants, monitoring, and mainstreamed equity approaches that address structural determinants across all programs. At country level, the intersectoral approaches and networking should include the public sector, the private sector, civil society—particularly those persons and groups most affected by the interventions—and development partners. Enhanced dialogue and coordination are essential for success.

Life course and health promotion approaches are critical for developing and maintaining functional ability and promoting healthy aging. Increased investments are needed for public health interventions that include attention not only to physical health, but also to mental health and psychosocial support.

Information systems for health and data management are critical to health planning and programming. Data generated from the health sector have implications far

beyond health, as is the case with vital statistics and data from other sectors such as education, agriculture, and social services. The COVID-19 pandemic underscored the importance of having quality and timely data, and prioritizing information systems and data management is essential to facilitate strategic crosscutting actions that support all technical work with Member States. A multipartner approach, coupled with intensified resource

mobilization, can support PASB's work in this area for greater impact.

PASB has to be increasingly strategic and collaborative in aligning multiple programmatic objectives, with diversification of financing sources, in order to leverage resources, maintain ongoing priority programs, and attain defined, agreed goals.



Part 5

Conclusions and looking ahead

Conclusions

The Region of the Americas transitioned from a period of steady and sustained development, where health and social development policies supported significant improvements in the health and well-being of the Region's population, into what has become a protracted public health, social, and economic emergency, due to the COVID-19 pandemic. Although recovery is predicted to commence in 2021, the recession may constitute the worst economic crisis of the past 80 years. There is a growing body of evidence that excess mortality and new infections are increasing in the Region as a consequence of the impact of COVID-19 on priority health programs, including service disruptions and delays in seeking treatment.

Despite the financial and other difficulties faced during the period under review, the PASB's technical cooperation program continued to address the priority needs of Member States, produce results, and record successes. The Bureau continued to perform its core technical, managerial, and administrative functions, and initiated implementation of the agreed program of work for 2020–2021.

However, the rapidly emerging and changing situation of the COVID-19 pandemic at the start of 2020, with its associated demands and restrictions, required PASB to demonstrate agility and innovation to ensure that it swiftly met the evolving needs of PAHO's Member States.

Though the focus of the first six months of 2020 was, understandably, on preparing for and responding to the COVID-19 pandemic, there were advances in the existing priority programs of health systems strengthening;

elimination of communicable diseases; life course and family health, and health promotion; prevention and control of noncommunicable diseases, and of mental health and neurological conditions; and information systems for health. There was increased awareness of the crosscutting themes of equity, gender, ethnicity, and human rights and the need for multisectoral, whole-of-government, whole-of-society approaches to address the social and other determinants of health.

The pandemic demonstrated the critical importance and interdependence of all the Organization's priority programs and crosscutting themes for an effective and comprehensive response. The difficulties experienced in many countries showed the critical need for:

- a) Resilient health systems and integrated health service delivery networks, including an enhanced primary health care approach and efficient first level of care, to allow continuation of essential health services and manage the additional disease burden of the pandemic;
- b) Well-maintained emergency preparedness and response mechanisms, ready for action when needed;
- c) Health promotive and preventive interventions that maintain health at all stages of life to ensure collective and individual resistance to emerging adverse conditions;
- d) Accelerated progress toward the elimination of communicable diseases and the capacity to offset the additive and deleterious effects of new health threats;

- e) Innovative interventions to prevent and control noncommunicable diseases, and mental health and neurological conditions, including addressing their social and other determinants of health; and
- f) Digital transformation to information systems that provide and disseminate up-to-date, disaggregated data to facilitate informed, efficient decision-making and timely, effective action.

Most importantly, COVID-19 shone a harsh spotlight on the impact of inequities on health outcomes, and the overarching importance of ensuring that all actions—by Member States and the Bureau—are focused on measuring and reducing inequities, to ensure that post-COVID-19, PAHO contributes to building back better for the new normal. Much of the creativity and several of the innovations point the way to strategies for more sustainable, equitable actions in advancing health in the Region of the Americas.

Looking ahead

The regional landscape is characterized by the unprecedented challenge of protecting the health and well-being of all people within the context of the COVID-19 pandemic, a generalized fiscal and economic crisis, and health and social protection systems that are struggling to meet demand. Evidence indicates that massive and sustained interventions by countries will be required in the immediate and foreseeable future, to suppress COVID-19, tackle increasing poverty levels, and reduce the health and social inequalities that are worsening dramatically throughout the Region.

Despite recent financial challenges and COVID-19-related restrictions and constraints, PASB's work must continue uninterrupted, to undertake evidence-based, effective technical cooperation with PAHO Member States. In view of the dire financial situation faced by the Organization in late May 2020, the Director convened a Special Session of the Executive Committee to review the situation and deliberate on the way forward. Among the decisions contained in the

Massive and sustained interventions by countries will be required in the immediate and foreseeable future to suppress COVID-19, tackle increasing poverty, and reduce the health and social inequalities that are worsening dramatically throughout the Region.

resolution Current Financial Situation and Adjustments to the Pan American Health Organization Strategic Priorities (Resolution CESS1.R2) was the establishment of a Member State Working Group (MSWG) to make recommendations regarding strategic priorities for the Organization. However, a large payment of assessed contributions owed was made during July 2020, and the immediate financial threat to the Organization abated. The MSWG was therefore able to focus on the COVID-19 situation in the Region and PASB's continued response in support of Member States. The MSWG will present its recommendations at the 58th Directing Council in September 2020.

Many of the strategies that Member States and the Bureau adopted during the reporting period to enable continued, responsive, quality technical cooperation during the COVID-19 crisis can serve to inform operations after the crisis has passed. In the context of the major global, regional, subregional, and national frameworks and mandates for equitable progress in health, PASB envisages the following areas for action, with the underpinning imperative to prioritize groups in conditions of vulnerability and strengthen interventions that explicitly reduce inequities.

Stopping the spread of COVID-19 and diminishing its impact

In the absence of vaccines against SARS-CoV-2, and even after vaccines are available, the Region will continue to face the challenges of COVID-19. This means that local, subnational, and national efforts must remain focused on stopping its spread and impact on health, society, and the economy. The Americas is currently the epicenter of the pandemic, and PAHO faces the double challenge of supporting and providing guidance for scaling-up and intensifying the capacity to control COVID-19 throughout the Region, while supporting the continued provision of essential health services in countries.

PASB will continue to work closely with countries in updating national preparedness and response plans to COVID-19 based on the evolution of the pandemic, epidemiological analysis and intelligence, and evolving evidence for the control and management of the disease. The Bureau will renew efforts to intensify and increase capacity in epidemiological surveillance at the national and local levels to more rapidly detect and isolate cases, and to slow the spread of the virus. National contact tracing programs will require massive scale-up, while testing capacity, through national laboratory networks and healthcare settings, will need further expansion. PASB will guide the adaptation of testing strategies to technological innovation in the development of diagnostics, while ensuring the application of evidence-based approaches in the selection and use of diagnostics and pharmaceutical interventions.

Promoting and advancing to universal health based on primary health care

Fundamental change is required in the approach to strengthening health systems in the Region of the Americas. Health systems based on the principle of the progressive realization of rights, built on the vision of universal health, with primary health care as the core strategy, will support people and societies to survive and thrive, even in the face of multifaceted threats and

risks—biological, natural, or economic. PASB is committed to supporting health systems transformation, health sector reform, improved leadership and governance, and adequate health financing as part of the COVID-19 legacy.

PASB will prioritize technical cooperation to establish mechanisms that support universal health for all, regardless of income, gender, ethnicity, or migratory status; improve national and subnational performance of the essential public health functions; and contribute to the expansion of the health care network, with particular focus on the first level of care. The Bureau will work with countries and partners to assist in re-setting policy, strengthening governance, and promoting whole-of-government, whole-of-society approaches, emphasizing coordination across sectors, multistakeholder involvement, and community engagement.

PASB will continue to support human resources for health, engaging countries in the development of adaptive regulations to support task-shifting, health workforce registries, information systems to support health workforce planning, and the application of new modalities of education and training in health, including virtual platforms.

Fiscal contraction in the Region is expected to continue and will likely be more severe than the economic contraction in the foreseeable future. Governments will face significant pressures in health financing. The Bureau will engage with national budgetary authorities and provide guidance on fiscal policy adjustments for the short and medium term, supporting Member States not only to respond to the pandemic, but also to protect health gains.

Advancing the prevention, control, and elimination of communicable diseases

Along with efforts to prevent, control, and eliminate other communicable diseases, the elimination of COVID-19 from the Americas must constitute a central goal in health and development in the medium term. PAHO's Elimination

Initiative provides a platform to achieve this goal, and PASB's collaborative and convening powers will enable the mobilization of a wide range of stakeholders for this purpose, even as work continues toward elimination of other communicable diseases.

The control of COVID-19 will rely not only on the availability of sound technical and normative guidance, but also on access to safe, quality, efficacious vaccines, medicines, and other commodities. New COVID-19 vaccines will be introduced into immunization programs across the Region, and national and subnational laboratories will need to integrate testing for SARS-COV-2, while point-of-care tests are expanded. In addition, health systems must integrate COVID-19 management across the different levels of care.

PASB will continue to work closely with global initiatives for equity in access to COVID-19 vaccines; intensify preparation of national immunization programs for the introduction of a new vaccine; and advocate for equity in vaccine allocations. The Bureau will also support national regulatory authorities in the evaluation and postmarketing surveillance of new vaccines, and in utilizing the PAHO Revolving Fund to procure them. A sustained effort by Member States and the Bureau will be required to progressively expand access to COVID-19 vaccines in the Americas, as the most effective strategy to control, mitigate, and eventually eliminate the disease from the Region.

Enhancing preparedness and response to threats to human security

Health systems that are resilient, responsive, and adaptive, and that address the needs of the whole population in an inclusive manner, are important to protect and promote health, and are essential to ensure human security. COVID-19 has highlighted the importance of establishing highly adaptive and responsive health service networks that have the capacity to reconfigure, surge, and immediately respond in the event of a public health emergency. PASB will intensify its technical cooperation to improve medical surge strategies and conduct gap analyses to facilitate improved responses in processes for planning, needs estimates, and management of hospital services, particularly critical care.

The Bureau will also accelerate work to strengthen IHR core capacities, based on the findings of relevant evaluations, simulations, and after-action reviews, working with partners active in this sphere, and using a human security approach.

Focusing on strengthening life course interventions

The Bureau will collaborate with Member States to monitor the impact of COVID-19 on the health and well-being of women, men, adolescents, and children, throughout the life course. It will be critical to maintain and strengthen vaccination services, taking into account the need for "catch-up" vaccination activities resulting from pandemic-related delays. PASB will provide tailored guidance and support to reduce the possibility of outbreaks of vaccine-preventable diseases during the COVID-19 pandemic.

Recognizing that access to health services for antenatal care, delivery, and postnatal care has been negatively impacted by COVID-19, it will be essential to ensure that the health of pregnant women and their babies is safeguarded. PASB will continue to support countries' advances in telemedicine, education, and information dissemination to highlight the importance of antenatal care and sexual and reproductive health, including for adolescents.

In the context of the proportionally greater impact COVID-19 has on older persons, the Bureau's technical cooperation to promote healthy aging will encourage consideration of individuals' capacities, rather than simply the presence or absence of disease. In collaboration with government, civil society, and the private sector, PASB will work to facilitate the provision of sensible and adequate care for older adults, and of information and support for caregivers and family members.

Taking innovative, comprehensive approaches to NCD prevention and control, and mental health and neurological conditions

The correlation among NCDs, mental health, and COVID-19 is indicative of the complexity of the current health context

in the Region, and highlights the need for countries to adopt comprehensive, integrated strategies that consider multisectoral actions to address the social and other determinants of health. In the latter category, commercial determinants of health are of particular importance in improving food and nutrition security to achieve the healthy diets that are critical to NCD prevention and control.

The Bureau will continue to prioritize prevention strategies for NCD reduction, including health promotion, legislation, and regulations to create enabling environments for risk factor reduction. PASB will also promote the participation of persons living with NCDs in strengthening health systems that integrate NCD prevention into other priority programs; enhance NCD detection, care, and treatment at the first level of care; recognize and appropriately manage comorbidities; promote self-care; and provide access to quality care and treatment.

In strengthening programs for the prevention and management of mental health and neurological conditions, PASB's technical cooperation will continue to promote mental health and psychosocial support for the public, healthcare providers, and caregivers, through primary care and community organizations.

Moving to digital transformation and dynamic information systems for health and effective use of information

The COVID-19 pandemic demonstrated the importance, usefulness, and value of advances in information technology, despite the misinformation and disinformation that were part of the infodemic accompanying the unfolding pandemic. PASB already has a mandate from PAHO's Governing Bodies to develop integrated strategies to improve the generation, use, and application of information for public health, as well as for improved community, family, and people-centered care.

PASB will intensify its support to Member States in the strengthening of IS4H to enable better and open access to timely, disaggregated, interoperable data and information, as well as to digital tools and knowledge. The Bureau's technical cooperation will improve national response

capacity to any public health event; enable greater use of telehealth options; expand equitable access to health services; provide up-to-date health situation assessments; facilitate the monitoring and evaluation of health-related interventions; and promote and support the use of data and evidence to guide actions against COVID-19 and other threats to health.

Tackling social and other determinants of health, protecting vulnerable populations, and addressing their needs

The health sector must continue to advocate for positioning health at the center of sustainable development, and for multisectoral approaches in current and future efforts to address the social and other determinants of health. The Bureau will identify links between health outcomes and factors such as the climate crisis, extreme weather events, environmental catastrophes, and food and nutrition insecurity, and promote innovation and collaboration across sectors and with partners to achieve social and physical environments that enable health.

As the pandemic surged throughout the Region of the Americas, the poor and other populations living in conditions of vulnerability—marginalized, subject to exclusion, and at greatest risk of illness and death from the virus—have been disproportionately impacted by its effects. Vulnerable persons who require differentiated and targeted support to address their health needs include women, children, older persons, migrants, persons with disabilities, and marginalized communities, such as indigenous people; Afro-descendants; and the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community.

The Bureau will work with all sectors, including civil society, to give voice to persons in conditions of vulnerability, assisting them to articulate their needs and providing opportunities for them to contribute meaningfully to the development, implementation, monitoring, and evaluation of interventions to maintain their health, and improve their lives. PASB will also work with countries and partners to strengthen national social protection mechanisms and

programs, and support the development of more inclusive health and social systems, and just societies.

Strengthening communications for health and health literacy

Effective communication strategies that engage policymakers, the public, healthcare workers, and groups in conditions of vulnerability have been shown to be critical to ensure the sustained implementation of public health measures. PASB will continue to support countries in updating information, evidence, and guidance, and in communicating information to a variety of audiences, using a variety of platforms.

The translation of materials and messages into different languages and formats will be essential for effective communication. Through its website, social media presence, and technical and scientific publications, and in collaboration with partners—including civil society and youth organizations—the Bureau will work to improve health literacy and disseminate information, evidence, and guidance aimed at increasing knowledge and changing attitudes, beliefs, and behaviors among the recipients of the communications.

Adapting to new realities and modalities for technical cooperation

The concurrent public health and financial crises have upended PAHO's traditional modalities for technical cooperation and challenged the adaptive capacity of the Organization's administrative structures. However, the Bureau quickly and successfully responded, with effective virtual technical cooperation and innovative practices, complemented by similar strategies in PAHO Member States. PASB's administrative and enabling functions were efficiently maintained through the COVID-19 crisis, with full-scale use of virtual platforms, collaborative spaces, and the optimized PMIS.

PASB will continue to seek strategies that foster greater efficiencies and effectiveness in its technical cooperation,

The COVID-19 pandemic has shown that Member States and PASB, in collaboration with partners, can efficiently adapt, innovate, and improve interventions that benefit the peoples of the Americas.

including increased use of virtual technologies. This will require continued investments in information technology infrastructure; reorganization and streamlining of business processes and procedures; and training of the Bureau's personnel in managing platforms for quality, integrated technical cooperation with Member States. The Bureau will support the development and expansion of knowledge networks to improve efficiency and impact.

In appreciative recognition of its valued partners for equitable action in health, the Bureau will continue to take steps to increase outreach, collaboration, and coordination with countries and territories, WHO, other UN system agencies, development banks, academic institutions, the health-promoting private sector, and civil society groups, among other entities. PASB will work to maintain its leadership role in public health in the Region of the Americas and prioritize resource mobilization and partnership development in support of actions against COVID-19 and the priorities defined within the PAHO Strategic Plan 2020–2025.

Evidence continues to mount on the importance of several regional public goods that PASB oversees in support of public health objectives. The PAHO Revolving Fund and the PAHO Strategic Fund play critical roles in ensuring access to life-saving vaccines, medicines, and other health technologies. The PAHO Virtual Campus for Public Health

provides a virtual platform to equip health workers with state-of-the-art knowledge in public health and health care delivery. The PAHO Core Indicators program includes data from 1995 to 2019 for countries and territories of the Americas, and data for over 270 indicators are published annually online, as part of PAHO's Health Information Platform for the Americas. The Bureau will continue to strengthen these regional public goods and support countries in their effective utilization to achieve national, subregional, and regional public health objectives.

The current financial situation of the Organization and the COVID-19 public health crisis require substantive transformation in the Bureau's organizational and administrative structures. Innovation and work to modernize and streamline institutional processes will be critical, while ensuring that suitable and appropriate administrative control mechanisms remain in place.

PASB will continue to prioritize and improve the enabling functions that optimize its operations and allow quality, timely, and efficient technical cooperation for the achievement of national, subregional, regional, and global health and development goals.

The COVID-19 pandemic has shown the societal and economic impact of an emerging, widespread threat to health. However, it has also shown that PAHO Member States and PASB, in collaboration with partners, can efficiently adapt, innovate, and improve interventions that benefit the peoples of the Americas. The Bureau will continue to present evidence and experiences to refute arguments that there must be a choice between health and the economy; to demonstrate their inextricable interlinkages; and to ensure that health stays firmly at the center of equitable and sustainable national development.

List of acronyms and abbreviations

AECID	Spanish Agency for International Development Cooperation
AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
CARICOM	Caribbean Community
CARIFORUM	Caribbean Forum
CARPHA	Caribbean Public Health Agency
CCHD	cooperation among countries for health development
CCTs	crosscutting themes
CERF	Central Emergency Response Fund (United Nations)
CICAD	Inter-American Drug Abuse Control Commission (Organization of American States)
COMISCA	Council of Ministers of Health of Central America and the Dominican Republic
COVID-19	coronavirus disease of 2019
ECLAC	Economic Commission for Latin America and the Caribbean
EMT	Emergency Medical Team
EPHF	essential public health functions
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FoPL	front-of-package labeling
Gavi	Gavi, the Vaccine Alliance
GDP	gross domestic product
GHAI	Global Health Advocacy Incubator
HIV	human immunodeficiency virus
HRH	human resources for health
ICD-11	11th Revision of the International Classification of Diseases
IDB	Inter-American Development Bank
IHR	International Health Regulations (2005)
IHSDNs	integrated health service delivery networks
IHSLAC	Integrated Health Systems in Latin America and the Caribbean
ILI	influenza-like illness
IOM	International Organization for Migration
IPC	infection prevention and control
IP-TFA	industrially produced trans-fatty acids
IRIS	Institutional Repository for Information Sharing (Pan American Health Organization)
IS4H	information systems for health
LAC	Latin America and the Caribbean
LILACS	Latin American and Caribbean Health Sciences Literature
MERCOSUR	Southern Common Market
mhGAP	Mental Health Gap Action Program

MHPSS	mental health and psychosocial support
NCDs	noncommunicable diseases
NGO	nongovernmental organization
NIC	National Influenza Center
OAS	Organization of American States
OECD	Organization for Economic Cooperation and Development
OECS	Organization of Eastern Caribbean States
OFDA	Office of U.S. Foreign Disaster Assistance (USAID)
OOP	out-of-pocket
PAHO	Pan American Health Organization
PAJPH	Pan American Journal of Public Health
PASB	Pan American Sanitary Bureau
PFA	psychological first aid
PHC	primary health care
PLWHIV	persons living with human immunodeficiency virus
PLWNCDs	persons living with noncommunicable diseases
PMIS	PASB Management Information System
PPE	personal protective equipment
RFV	Revolving Fund for Access to Vaccines
SARI	severe acute respiratory illness
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SDGs	Sustainable Development Goals
SF	Regional Revolving Fund for Strategic Public Health Supplies
SHAA2030	Sustainable Health Agenda for the Americas 2018–2030
SIP	perinatal information system
STI	sexually transmitted infection
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
U.S. CDC	United States Centers for Disease Control and Prevention
UWI	University of the West Indies
VCPH	Virtual Campus for Public Health
WASH	water, sanitation, and hygiene
WHO	World Health Organization

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New Venture Fund	Twitter
Nutrition Cluster of the Regional Group on Risks, Emergencies, and Disasters for Latin America and the Caribbean	United Arab Emirates
Office of Planning and Budget (Uruguay)	United Nations Central Emergency Response Fund
Office of United States Foreign Disaster Assistance	United Nations Children's Fund
OPEC Fund for International Development	United Nations Development Program
Orbis International	United Nations Digital Transformation Network
Organization for Economic Cooperation and Development	United Nations Environment Program
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Organization of Eastern Caribbean States	United Nations Foundation
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World Economic Forum
WHO Contingency Fund for Emergencies
WHO Pandemic Influenza Preparedness Framework
WHO Special Program for Research and Training in Tropical
Diseases
World Organization for Animal Health
World Resources Institute Ross Center for Sustainable
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Yamuni Tabush Foundation

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