

2022-2023

Program Budget of the Pan American Health Organization

PROTECT, RECOVER, AND
BUILD STRONGER



PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
Americas

2022-2023

Program Budget of the Pan American Health Organization

Protect, Recover, and Build Stronger

Washington, D.C., 2022

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PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2022-2023

Introductory Note to the Directing Council

1. The proposed Program Budget of the Pan American Health Organization 2022-2023 (PB22-23) is the second to be developed and implemented under the Strategic Plan of the Pan American Health Organization 2020-2025. The PB22-23 sets out the corporate results and targets for the Pan American Health Organization (PAHO) for the next two years. It presents the budget that the Pan American Sanitary Bureau (PASB or the Bureau) will require in order to deliver on these biennial results and support Member States in improving health outcomes while contributing to the achievement of health targets set out in existing regional and global frameworks.
2. This proposed Program Budget follows the same programmatic structure as the PAHO Program Budget 2020-2021. The results framework of the proposed PB22-23 responds to the main strategic mandates for the period: the Thirteenth General Programme of Work of the World Health Organization (WHO), the WHO Programme Budget 2022-2023, the Sustainable Health Agenda for the Americas 2018-2030, and the PAHO Strategic Plan 2020-2025. The implementation of the proposed PB22-23 will also contribute to progress toward the Sustainable Development Goals. Furthermore, this is the first Program Budget to be developed during the COVID-19 period, and the consequences and lessons learned from the protracted emergency shape many aspects of this document.
3. As in previous planning cycles, the proposed PB22-23 provides an opportunity to review priorities and define biennial results to ensure that PAHO's technical cooperation continues to respond to evolving national and regional public health challenges. The COVID-19 pandemic and its socioeconomic impact pose a unique challenge that has triggered a thorough review of the Organization's priorities and approaches to ensure that its technical cooperation remains in line with the current context and needs of countries.
4. This document contains several updates, including feedback received during the 168th Session of the Executive Committee.

Action by the Directing Council

5. The Directing Council is invited to analyze the proposed Program Budget of the Pan American Health Organization 2022-2023 and provide PASB with comments regarding the content and format of the document. The Council may also wish to comment on the appropriateness of the overall level of the budget.



EXECUTIVE SUMMARY

The two main corporate planning instruments of the Pan American Health Organization (PAHO) are the six-year Strategic Plan and the two-year Program Budget. Taken together, these two documents set out the priorities and objectives that guide the work of PAHO. They also constitute the main means of accountability for results and for use of the Organization's resources.

The development of the PAHO Program Budget 2022-2023 (PB22-23) comes during the greatest public health crisis in living memory. The countries of the Americas are combating COVID-19 while simultaneously addressing many ongoing and emerging health challenges. The pandemic remains a highly fluid situation with immense economic and social impact and a disproportionate effect on population groups living in conditions of vulnerability. The vaccine rollout remains one of the highest priorities and greatest challenges in most of our countries and territories. The report of the Independent Panel for Pandemic Preparedness & Response (IPPPR)¹ and the Report of the Review Committee on the Functioning of the International Health Regulations

¹ Independent Panel for Pandemic Preparedness & Response, COVID-19: Make It the Last Pandemic (May 2021). Available from: <https://theindependentpanel.org/mainreport/>.

(2005) during the COVID-19 Response² were key resources.

Although the world and the Region are still in the midst of the pandemic, PAHO will work with countries and partners to protect public health gains and re-focus on global and regional mandates. With this Program Budget, the Pan American Sanitary Bureau (PASB or the Bureau) and Member States reaffirm their existing commitments to:

- a) The Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and the PAHO Strategic Plan 2020-2025 (SP20-25), at regional level;
- b) The 2030 Agenda for Sustainable Development, the Thirteenth General Programme of Work (GPW13) of the World Health Organization (WHO), and the WHO Programme Budget 2022-23 (WHO PB 22-23), at global level.

It is estimated that this pandemic caused a 9.1% reduction in gross domestic product (GDP) for Latin America and the Caribbean during 2020, setting the Region back 10 years.³ An update on the health situation in the Americas also shows that the pandemic has had a major impact on life expectancy, which is estimated to decrease for the first time in decades. Moreover, an initial review of selected SP20-25 impact indicators reveals that while there are some areas where the Region was progressing well before the pandemic (e.g., neonatal and child health, elimination of communicable diseases), others will need sustained and accelerated efforts to achieve the regional targets established in the SP20-25

(e.g., HIV, tuberculosis, malaria, suicide, maternal mortality, and mortality due to noncommunicable diseases). The disruption of essential health services is placing at risk hard-earned public health achievements in the Region.

In this context, the proposed PB22-23 was developed through a consultative planning process that considered the priorities individually and collectively defined by Member States for the SP20-25 and incorporated adjustments in view of the ongoing COVID-19 pandemic. A strategic review of priorities considered the current situation in the Region and the need to make adjustments to ensure that technical cooperation remains responsive and aligned with the needs of Member States. As of 15 July 2021, 87% of countries and territories in the Region of the Americas had completed the strategic review. Most Member States continue to prioritize technical cooperation in noncommunicable diseases and mental health; preparedness, prevention, and response to health emergencies; risk factors for both noncommunicable and communicable diseases; response capacity for communicable diseases, and access to health services, while in the context of COVID-19 and the situation of the Region, stewardship and governance and health promotion and intersectoral action have increased in priority.

During PB22-23 implementation, PASB will apply lessons learned from 2020-2021 to ensure continuous improvement. The Region and

2 World Health Organization, Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (2021). Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add1-en.pdf.

3 Economic Commission for Latin America and the Caribbean (ECLAC), Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections, COVID-19 Special Report, No. 5, Santiago, 15 July 2020. Available from: <https://repositorio.cepal.org/handle/11362/45784>.

the Organization have faced unprecedented challenges during the current biennium, and learning from these experiences can guide future interventions.

In line with the SP20-25, the current health context, and the need for clear direction for action, the proposed PB22-23 is guided by three strategic approaches and six areas of focus, which together constitute the strategic direction for the new biennium and are underpinned by the principles of equity and solidarity. The three strategic approaches are:

- a) Protect public health gains while ensuring effective response to COVID-19;
- b) Recover from the impact of the pandemic, accelerating actions to get back on track toward the 2030 goals;
- c) Build stronger, harnessing innovation for universal health and sustainable health development with people at the center.

The six areas of focus outline key topics and actions that require special attention during 2022-2023. Across all strategic approaches and areas of focus, PAHO will continue to strive toward the SHAA2030 vision and the theme of the SP20-25, Equity at the Heart of Health. It is important to note that the strategic approaches and areas of focus do not replace the existing results structure set out in the PAHO SP20-2025 and Program Budget 2020-2021 (PB20-21), but rather serve to group common topics that emanated from the situation analysis, the strategic review of Member State priorities, and other considerations for the next biennium.

The proposed Program Budget 2022-2023 is guided by three strategic approaches and six areas of focus, which together constitute the strategic direction for the new biennium and are underpinned by the principles of equity and solidarity. The three strategic approaches are: protect, recover and build stronger.

Taking the above into account, the overall proposed budget for the 2022-2023 biennium is US\$ 688 million in total.⁴ Of this amount, \$640 million is for base programs and \$48 million is for special programs (including emergencies). This proposal represents a 5.8% increase in the overall budget and a 3.2% increase for base programs with respect to 2020-2021. The proposed increase in both segments balances new and existing programmatic needs, realistic financing prospects, WHO budget space for the Region of the Americas, and internal efficiency efforts. The modest budget increase allows for an additional emphasis on those outcomes that have been prioritized in the bottom-up planning process and the strategic review of priorities.

⁴ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

The proposed PB22-23 includes the budget allocation from WHO for the Regional Office for the Americas (AMRO), currently \$252.6 million for base programs and \$17.3 million for special programs. The AMRO budget allocation reflects an increase of \$36.8 million (or 17%) for base programs with respect to 2020-2021. If approved, the WHO component would represent 39% of PAHO base programs for 2022-2023.

PAHO continues to implement and refine its processes for risk assessment and mitigation, integral to Program Budget implementation during 2022-2023.

This Program Budget forms a results-based “contract” between PASB and Member States, with each undertaking to perform the respective actions necessary to achieve the health outcomes and outputs contained in the document. Through the PB22-23, PAHO will continue to demonstrate accountability for results, with a focus on country-level impact. The approval, implementation, and reporting of this Program Budget are the main means of accountability for programmatic work and the financial resources entrusted to PASB for this purpose. The budgetary aspect of the PB forms one of the two main pillars of financial accountability (along with the annual Financial Report of the Director and the Report of the External Auditor). With a few notable exceptions,⁵ the total sum of the Bureau’s work for the next two years is represented in this Program Budget.

5 Exceptions include the collective purchasing funds (the Revolving Fund for Access to Vaccines, the Regional Revolving Fund for Strategic Public Health Supplies, and the Reimbursable Procurement on Behalf of Member States Fund) and national voluntary contributions, which are managed outside the Program Budget. Financial accountability for these is done through the annual Financial Report of the Director.

The PB22-23 results chain follows the structure of the 28 outcomes in the Strategic Plan 2020-2025. There are a total of 102 outputs, measured through 146 output indicators. Most outputs and output indicators remain consistent with the previous biennium, with some adjustments. This will ensure continuity of measurement and implementation of proven and effective interventions. At the same time, in recognition of the changing context, the PB22-23 strategic approaches and areas of focus will be implemented interprogrammatically throughout all outcomes and outputs and across all functional levels of the Organization. In that regard, key interventions were also updated.

In line with PAHO’s commitment to country focus and increased transparency, and building on the experience with the PB20-21, country pages provide a synopsis of the priorities, key indicators, programmatic interventions, and budget of each country.

The proposed PAHO Program Budget is in line with priority health needs in the Americas, and with expectations expressed by Member States for technical cooperation from PASB. It continues the Organization’s focus on country-level results and on seeking tangible improvements in health through integrated technical cooperation and implementation of evidence-based strategies. The PB22-23 constitutes an ambitious yet realistic proposal that will allow PAHO to continue catalyzing the regional response to COVID-19 while renewing its commitments to medium- and long-term health mandates.

Programmatic Context and Strategic Direction

During the preparation of this Program Budget, PASB has taken stock of the actual situation in the Region and the most effective approaches to meet the current and emerging challenges. This section reviews the current situation, addresses priorities expressed by Member States, examines lessons learned thus far in 2020-2021, and proposes the strategic direction for 2022-2023.

Health in the Americas: Where Do We Stand?

The COVID-19 pandemic continues to impact our Region, with consequences that affect immediate and long-term health outcomes

for the Region's population. The pandemic is occurring in the context of various underlying political, economic, social, and health issues and is exposing and amplifying challenges in health inequalities, access to health services, and continuity of care for acute and chronic conditions. The projected 9.1% average reduction in gross domestic product (GDP) for Latin America and the Caribbean during 2020 as a result of the pandemic is estimated to have set the Region back 10 years.¹ Meanwhile, there has been a reported increase in extreme poverty in 17 countries from less than 11% of the population in 2019 to 15.5% in 2020.²

1 Economic Commission for Latin America and the Caribbean (ECLAC) 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 (July 2020). Available from: <https://iris.paho.org/handle/10665.2/52535>.

2 Economic Commission for Latin America and the Caribbean (ECLAC), Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections, COVID-19 Special Report, No. 5, Santiago, 15 July 2020. Available from: <https://repositorio.cepal.org/handle/11362/45784>.



The pandemic is occurring in the context of various underlying political, economic, social, and health issues and is exposing and amplifying challenges in health inequalities, access to health services, and continuity of care for acute and chronic conditions.

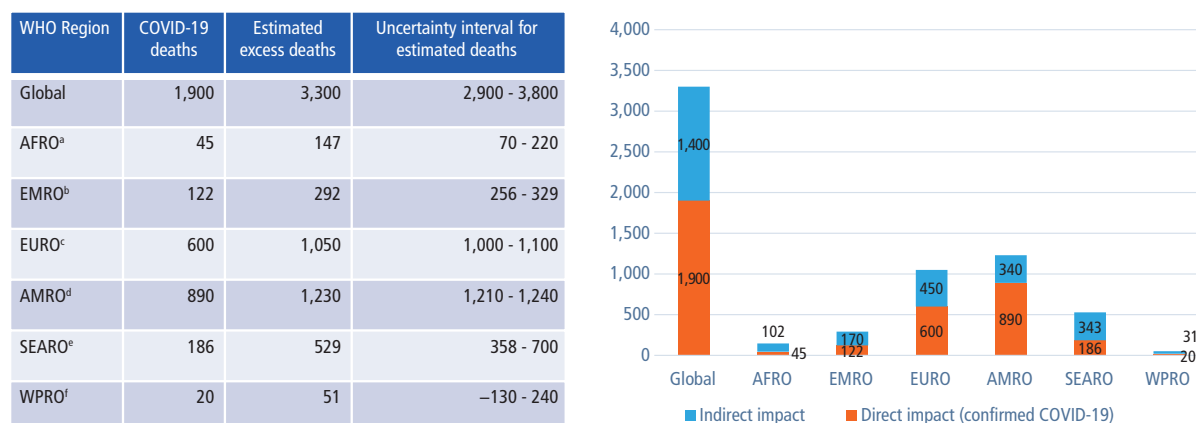
This economic crisis places a high burden on households to ensure basic services related not only to health but to all social determinants of health, such as housing, food security, education, and employment. Additionally, the COVID-19 crisis has exacerbated the already unacceptable levels of inequality and inequity within the Region.

The COVID-19 Pandemic Threatens the Region's Health Gains

Life expectancy in the Region has steadily increased over the past few decades. It reached 77.2 years in 2019, with health-adjusted life expectancy (HALE) at 66.2 years.³ The pandemic threatens the gains in life expectancy

³ WHO, Global Health Observatory Data Repository, Life Expectancy and Health Life Expectancy: Data by WHO Region (last updated 7 December 2020). Available from: <https://apps.who.int/gho/data/view.main.SDG2016LEXREGv?lang=en>.

FIGURE 1 2020 Excess Deaths by WHO Region (Thousands)



Source: Presentation to meeting of WHO and United Nations Department of Economic and Social Affairs (UN DESA) Technical Advisory Group on COVID-19 Mortality Assessment, 12 March 2021. Preliminary WHO mortality data.
 Note: a: Regional Office for Africa (AFRO); b: Regional Office for the Eastern Mediterranean (EMRO); c: Regional Office for Europe (EURO); d: Regional Office for the Americas (AMRO); e: Regional Office for South-East Asia (SEARO); f: Regional Office for the Western Pacific (WPRO).

and HALE, as it is estimated that for the first time in decades a decrease in life expectancy will be observed. As of 21 May 2021, over 65 million cumulative COVID-19 cases and almost 1.6 million cumulative deaths have been reported among the 54 countries and territories in the Region.⁴

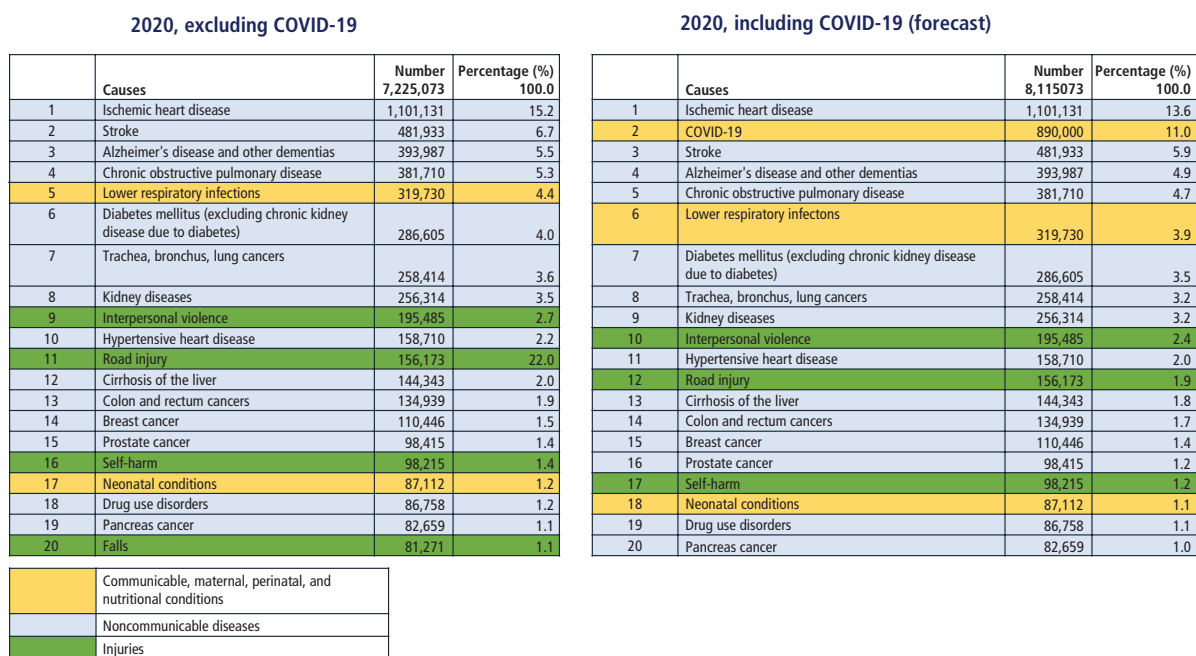
A review of the mortality data from 2020 shows that the Region of the Americas had the highest number of estimated excess deaths (1,230,000) among the six WHO regions in that year (Figure 1). The left panel of the figure provides an estimation of the overall excess deaths, which consist of excess deaths due to COVID-19 and other causes. The right panel shows the number of excess deaths that are directly due to confirmed COVID-19 cases (orange portion of each bar) and excess deaths in which COVID-19 had an indirect impact (blue portion of each bar). While the leading causes of death

in the Region continue to be noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes mellites, chronic respiratory disease, and cancer, it is predicted that COVID-19 will be the second leading cause of death in the Region for the year 2020. Figure 2 shows that the pandemic has altered the relative distribution of the top 20 leading causes of death.

We now know that having one or more NCDs increases a person’s risk of having a severe case of COVID-19. As morbidity and mortality due to NCDs continue to increase in the Region, the pandemic has created additional strain on health systems. Figure 3 shows that about a quarter of the Region’s population (24%) have one or more underlying NCD conditions. Women (27%) are more likely to have NCDs than men (22%). By subregion, the Non-Latin Caribbean has a higher percentage of the population with underlying conditions than Latin America (29%

4 Geo-Hub COVID-19 Information System for the Region of the Americas, accessed 21 May 2021. Available from: <https://paho-covid19-response-who.hub.arcgis.com>.

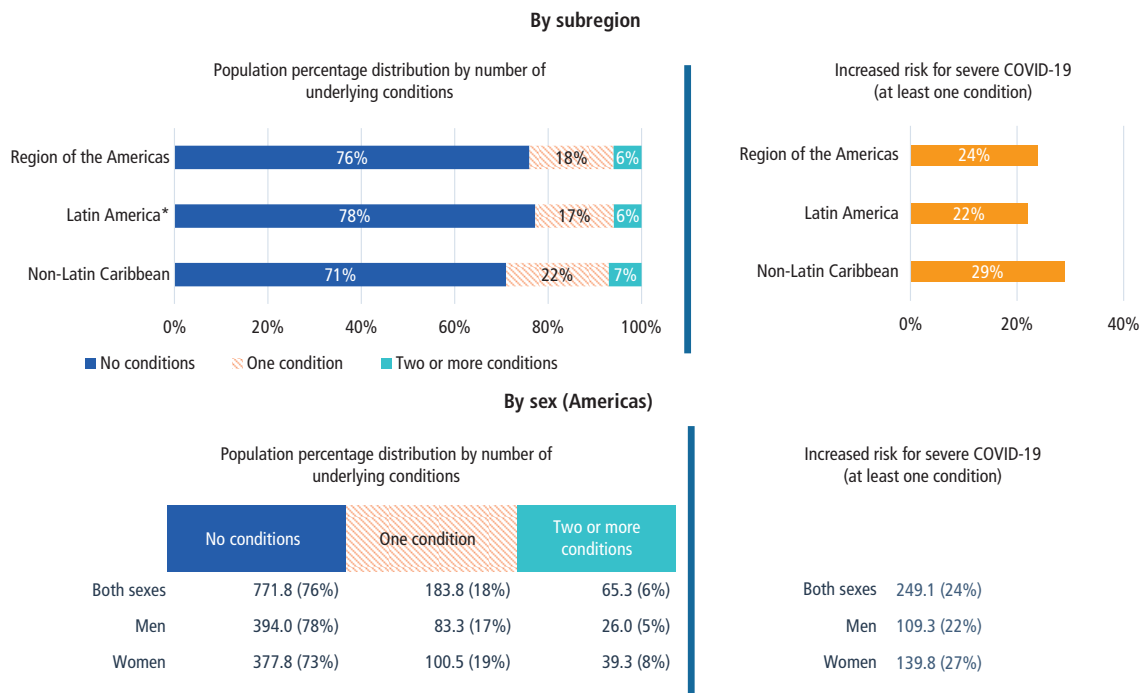
FIGURE 2 Leading Causes of Death, Region of the Americas, 2020



Source: WHO Mortality Database.

Note: Forecasting based on 2019, including the number of estimated deaths due to COVID-19 and assuming uniform causes of non-COVID-19 causes throughout the year (direct effect of COVID-19 as underlying cause of death).

FIGURE 3 NCDs and Increased Risk of Severe COVID-19, Region of the Americas, by Subregion and Sex, 2020

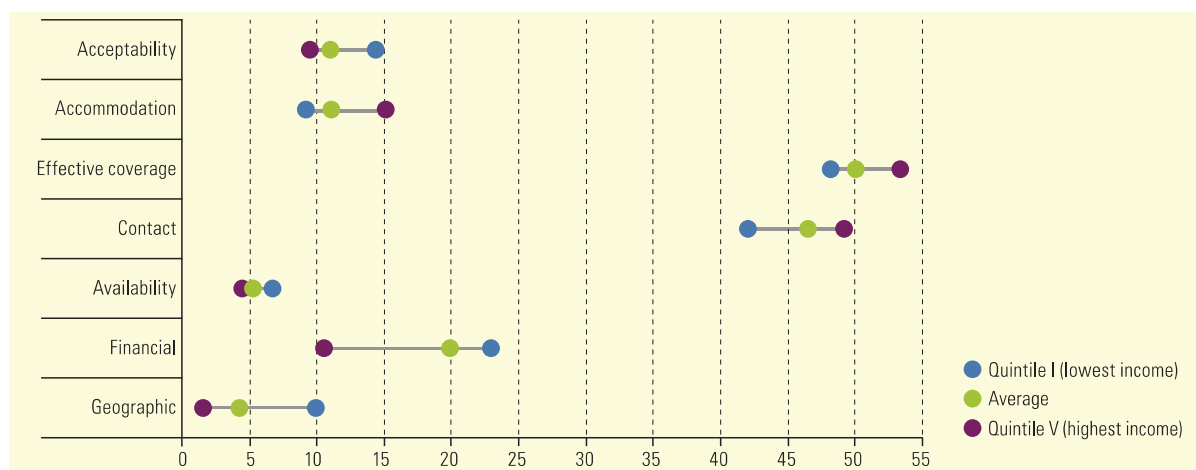


Source: COVID-19 Comorbidities Tool developed by PAHO (NMH-PHE) and London School of Hygiene and Tropical Medicine.

Note: Estimates generated using mean prevalence, 14 conditions, 16 November 2020.

* Due to rounding of the figures, the total adds up to more than 100%.

FIGURE 4 Region of the Americas (17 Countries): Inequalities and Barriers to Health Services, by Income Quintile, 2020 (percentages)



Source: ECLAC-PAHO, Health and the Economy: A Convergence Needed to Address COVID-19 and Retake the Path of Sustainable Development in Latin America and the Caribbean, 2020. Available from: <https://iris.paho.org/handle/10665.2/52535>.

Note: The countries included are Bolivia (Plurinational State of), Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, the United States of America, and Uruguay.

compared with 22%). A quarter of the working-age population (15-64 years) in Latin America and the Caribbean has an underlying health condition.⁵ This age group is critical to national GDP and to ensuring a stable economy for the future. A life course approach to address NCDs will be critical moving forward, with actions that promote health and well-being from pregnancy to adulthood.

The Region’s Health in the Context of Persisting Inequities

As bad as inequities were before the pandemic, and as forcefully as the pandemic has exposed and exacerbated them in health systems, the post-pandemic world could experience even greater inequities unless we strategically address the existing barriers to health and health

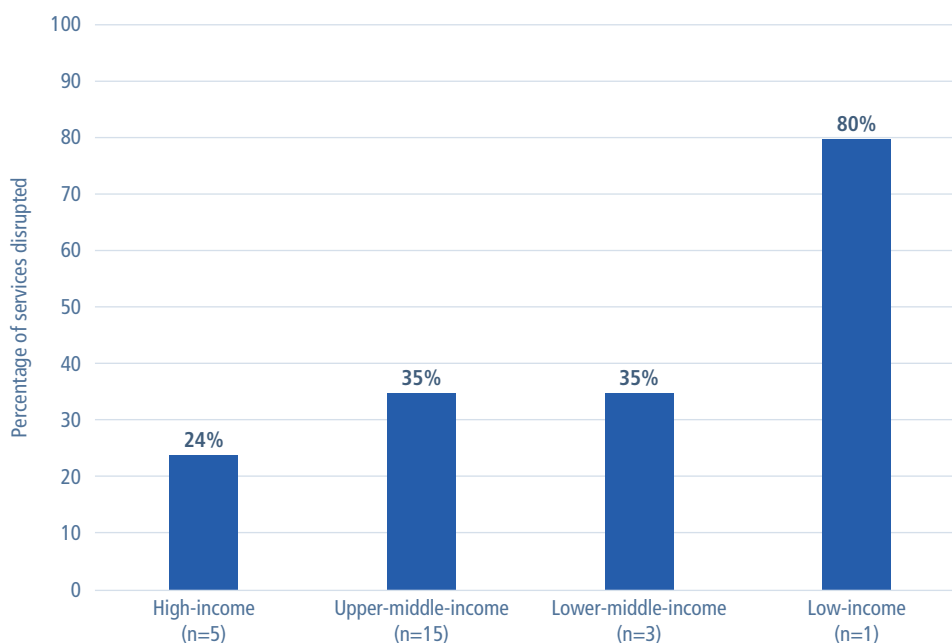
services and the underlying causes of poor health. Figure 4 shows how socioeconomic inequalities (between the lowest, average, and highest income quintiles) correlate with barriers to access, including geographic location, finances, availability of services, cultural acceptability, and others. It is notable that almost half of people have barriers related to effective coverage and contact with health services, regardless of income. Overall, 30% of the Region’s population (equivalent to approximately 279 million people) do not have access to appropriate health services at the time they are needed.⁶

Existing health inequities and underlying social inequalities must be considered when addressing the consequences of COVID-19. These include

5 COVID-19 Comorbidities Tool developed by PAHO (NMH-PHE) and London School of Hygiene and Tropical Medicine. Estimates generated using mean prevalence, 14 conditions, 16 November 2020.

6 Economic Commission for Latin America and the Caribbean (ECLAC) 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 (July 2020). Available from: <https://iris.paho.org/handle/10665.2/52535>.

FIGURE 5 Health Service Disruptions, by Income Group, in 24 Countries of the Region of the Americas, 2020



Source: WHO EHS Survey, First Round, July-December 2020.

the social determinants of health, such as living and employment conditions, as well as social protection coverage. Policies and programs must promote universal access to health and access to social protection, labor rights, food security, safe drinking water, and connectivity, among others.

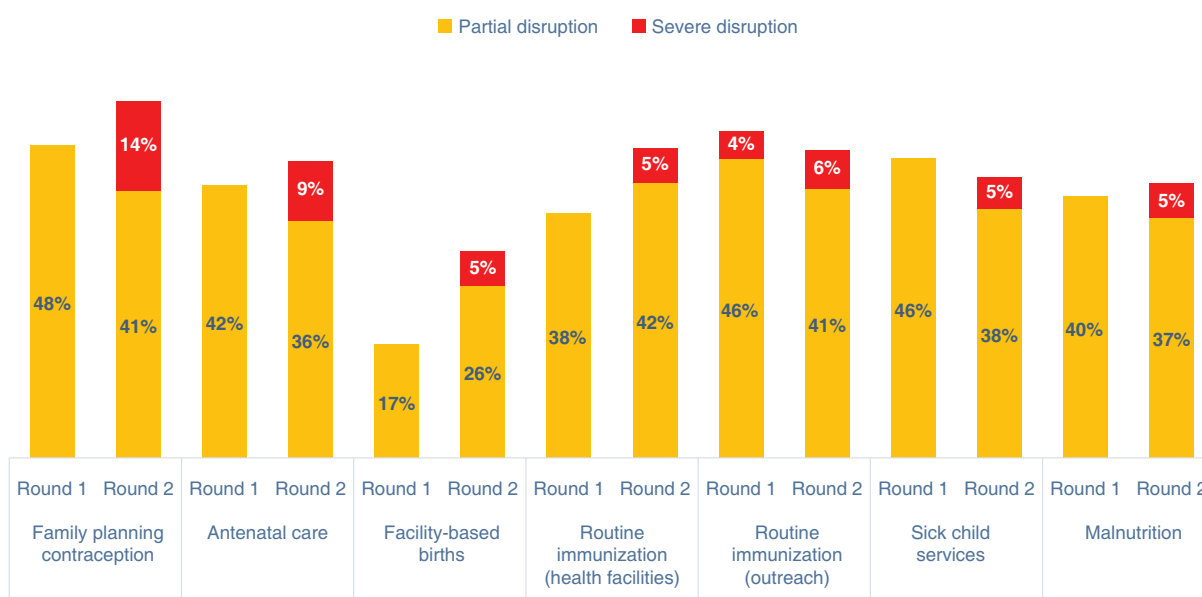
Health Services Disruptions

In the first round of the WHO National Pulse Survey on Continuity of Essential Health Services during the Covid-19 Pandemic (EHS Survey), between July and December 2020, 24 countries in the Region reported service disruptions and limited continuity of services for priority programs. These included mental health, older persons health care, maternal and child health, NCDs, immunizations, and tuberculosis, HIV, and other communicable diseases. Access for vulnerable populations (Indigenous, Afro-descendants, and those living in remote rural

communities) was further compromised by the limited availability of these programs at the first level of care. Figure 5 shows that for the low-income country that was surveyed, 80% of health services were disrupted.

Approximately half of the countries in the Region responding to the second round of the WHO EHS survey, conducted between January and March 2021, reported disruptions to reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) services and to nutrition services. Severe disruptions were reported to the programs for family planning, antenatal care, facility-based births, immunization, childcare, and nutrition (Figure 6). For example, 28 countries in Latin America and the Caribbean reported a 10% to 29% decrease in the number of third doses of diphtheria, pertussis, and tetanus-containing vaccine (DPT3) and a 16% to 23% decrease in the number of first doses of

FIGURE 6 Percentage of Countries Reporting Disruptions to RMNCAH and Nutrition Services: Comparison between Rounds 1 and 2, WHO EHS Survey, 2020 and 2021, Region of the Americas



Source: WHO EHS Surveys, 2020 and 2021. Preliminary data pending validation and final analysis.

the measles, mumps, and rubella vaccine (MMR1) administered in 2020 compared with the number of doses administered in 2019.⁷

Countries reported disruptions to more than one-third of health services. Overall, primary care and rehabilitative, palliative, and long-term care have been the most severely affected: 48% of countries reported disruptions in essential primary health care and 41% in rehabilitative, palliative, and long-term care. This has likely implications for the most vulnerable populations, such as older persons and people living with chronic conditions and disabilities.⁸ There were also significant disruptions to services related to diagnosis and treatment of cancer and other

NCDs. The majority of countries reported service disruptions to urgent dental care and treatment for mental health disorders (Figure 7).

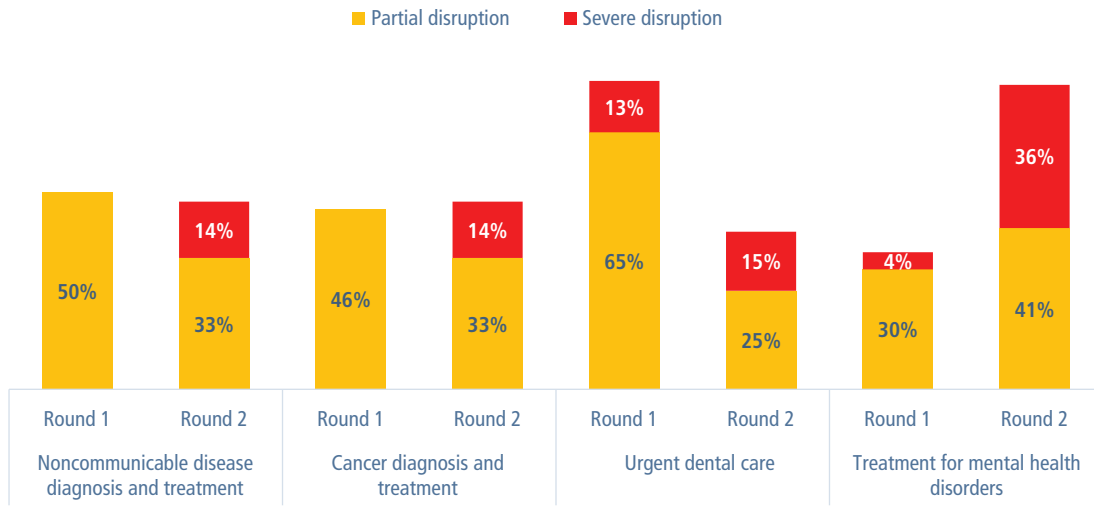
As shown in Figure 8, half of the countries in the Region reported partial or severe disruptions to HIV prevention (59%) and HIV testing services (50%). Sixty-five percent of countries reported disruptions in tuberculosis (TB) diagnosis and treatment. Similarly, half of countries reported disruptions in their programs for malaria prevention, diagnosis, and treatment.

These disruptions to health services compromise gains the Region has made in immunization programs, communicable disease and NCD

7 PAHO (FPL/EIH), from data provided by 28 Member States (70% population coverage).

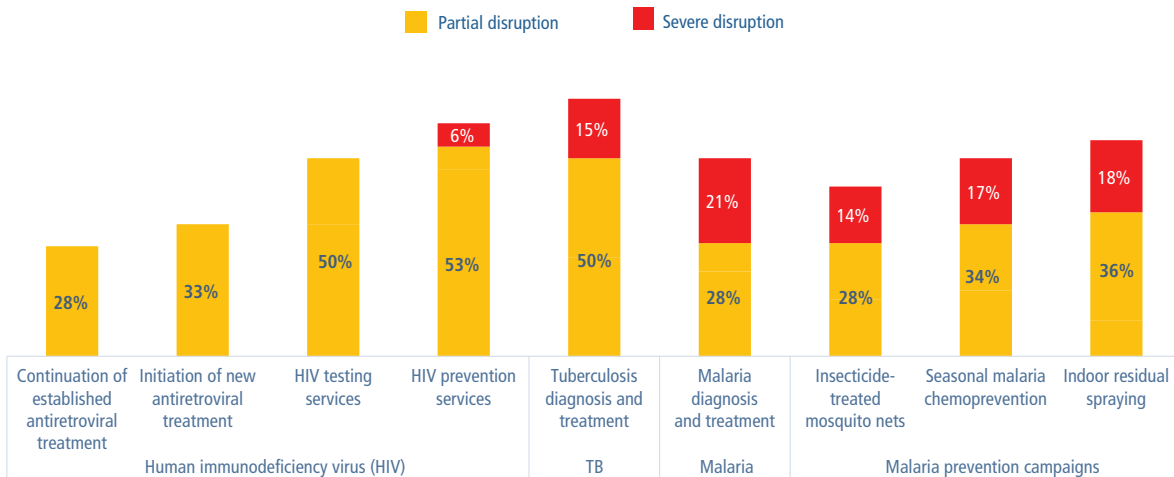
8 Pulse Survey on Continuity of Essential Health Services during the COVID-19 Pandemic: Key informant findings from 135 countries and territories. Global results as of 16 April 2021.

FIGURE 7 Percentage of Countries Reporting Disruptions to NCD and Mental Health Services: Comparison between Rounds 1 and 2, WHO EHS Survey, 2020 and 2021, Region of the Americas



Source: WHO EHS Surveys, 2020 and 2021. Preliminary data pending validation and final analysis.

FIGURE 8 Percentage of Countries Reporting Disruptions to HIV, TB, and Malaria Services: WHO EHS Survey, 2020, Region of the Americas



Source: WHO EHS Survey, 2020. Preliminary data pending validation and final analysis.

control through surveillance, case detection, diagnosis, and treatment. They threaten to lead to increases in the HIV and TB incidence rates, the maternal mortality ratio, and other key health indicators.

Interim Update on the Strategic Plan 2020-2025 Impact Indicators

An interim internal review of the SP20-25 impact indicators was conducted by PASB in February

2021, using the most recent available data.⁹ It is important to note that the data for the impact indicators available at this time do not reflect the impact of COVID-19. It is not yet clear how the pandemic will affect these indicators, although based on the service-level disruptions described above, the outlook is not promising. Nevertheless, the information presented here provides some insight as to where the Region stood in 2019 and what may be expected going forward, as these indicators are monitored and evaluated on a regular basis. For instance, the neonatal mortality rate stood at 7.9 deaths per 1,000 live births, and the under-5 mortality rate was 14.0 deaths per 1,000 live births.¹⁰

A review of the impact indicators reveals that even before the COVID-19 pandemic, the trends suggested that the Region would struggle to achieve the regional targets established in the SP20-25, unless a very different and strategic approach is implemented. Of particular concern were the impact indicators for the maternal mortality ratio, suicide mortality rate, HIV incidence rate, TB incidence rate, and malaria incidence rate. For example, although a decreasing trend was observed for the maternal mortality ratio (estimated at 59.4 deaths per 100,000 live births in 2019), the annual decrease of 1.4% fell short of the 4.0% annual decrease that would be required to meet the 2025 target (35 deaths per 100,000 live births).

An increasing trend in the suicide mortality rate (8.8 deaths per 100,000 population in 2018), with an annual percentage change of +0.8%, continues to move further away from the regional target of 7 per 100,000 population in 2025, which would require an annual decrease of 1.0%. Key to this challenge is strengthening mental health policies and services and suicide prevention interventions. Mental disorders and suicide are major causes of disability and mortality in the Region, responsible for a third of total years lived with disability (YLDs) and a fifth of total disability-adjusted life years (DALYs).¹¹ The Organization must work with Member States to identify obstacles as well as accelerators for reversing the increasing suicide mortality rate.

The unconditional probability of dying between ages 30 and 70 years from NCDs, at 15.3% in 2018, is another indicator on which performance is disconcerting. The annual decrease was 1.5%, short of the 2.6% decrease that would be required to meet the target of 11.9% in 2025. Morbidity and mortality due to NCDs and risk factors—mainly tobacco use, harmful alcohol use, unhealthy diet, and physical inactivity—continue to play a major role in the epidemiological disease transition in the Americas, as observed above. Reducing the NCD burden requires prioritizing prevention and strengthening services based on primary care to improve diagnosis, treatment, and care for people living with NCDs.

9 Data sources for the interim review of the Strategic Plan 2020-2025 in February 2021 included WHO estimates, Institute for Health Metrics and Evaluation Global Burden of Disease (IHME GDB), United Nations inter-agency groups, various survey data, and country epidemiological data reported to PAHO. Regional estimates are standardized to facilitate comparability of country data, and the weighted averages by population have been computed for the Region.

10 United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2020, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2020. Available from: <https://www.unicef.org/media/79371/file/UN-IGME-child-mortality-report-2020.pdf>.

11 Pan American Health Organization, Health Status of the Population: Mental Health in the Americas. Available from: <https://www.paho.org/saluden-las-americas-2017/ro-mental.html>.

When reviewing data trends for communicable diseases such as HIV and TB, it is observed that although there is a trend of decreasing incidence, the annual percentage change is not enough to reduce the rates to the desired targets for 2025. The most recent HIV incidence rate is 0.17 new HIV infections per 1,000 population in 2020. An annual percentage reduction of 17.3% is required to reach the target of 0.04 new HIV infections per 1,000 population by 2025. Similar trends are observed with the TB incidence rate, for which the most recent estimate is 27.7 new TB infections per 100,000 population in 2020. The annual rate of reduction, currently at 0.3%, would need to accelerate greatly, at least to 6.9%, to meet the ambitious target of 14 new TB infections per 100,000 population by 2025.

The pandemic has made clear that health systems need to be innovative and adaptive, especially in the most difficult of times, when they risk being overwhelmed. Countries must strengthen and scale up what works well, and identify and appropriately address what is not working. This means going beyond what has been done in the past and pushing past the status quo. Above all, it requires adopting new paradigms of health care that include social determinants of health and that work to reduce health inequities. Adequate health financing is integral for the alleviation of poverty.

The push to develop the COVID-19 vaccines, in the shortest span of time in history, represents an incredible success in biotechnology research and development. At the same time, rollout of vaccinations has posed a significant challenge.

Fifty countries and territories in the Region have initiated COVID-19 vaccinations, with a total of over 442 million doses administered (168 million with the complete schedule)¹² as of 21 May 2021. Yet this represents only a portion of what is required to achieve adequate vaccination coverage in the Region. Moreover, the vaccines administered have often been distributed inequitably.

Technical cooperation must be transformed to strategically address emerging health challenges, change the status quo, and build an environment that eliminates health inequities. This is the only way to recover lost ground and resume progress toward reducing the greatest forces of morbidity and mortality within the Region. To support the monitoring of these efforts, the Bureau has developed modelling scenarios tailored to specific country situations, including health equity metrics. PASB will continue to build capacity within Member States to improve effective data use as it relates to health analysis, predictive modelling, and data analytics. Further updates on SP20-25 indicators will be provided in the 2020-2021 End-of-Biennium Assessment.

Strategic Review of Priorities

In 2019, Region-wide consultations were conducted with national health authorities in 47 countries and territories to identify the priority technical outcomes of the SP20-25 using the PAHO-adapted Hanlon method. The consolidated regional results were then grouped into three priority tiers—high, medium, and low—to identify areas where the Organization’s

12 This number represents the number of people who received the last recommended dose of any vaccine or completed their schedule. This includes the second dose in a two-dose schedule and the single dose in a single-dose schedule. Pan American Health Organization, COVID-19 Vaccination in the Americas, accessed 23 April 2021. Available from: https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp.

efforts are needed most and where PAHO's technical cooperation adds the most value.

In accordance with the PAHO Programmatic Priorities Stratification Framework (Document CD55/7), the consolidated regional prioritization results are key to implementing the SP20-25 and its Program Budgets, informing the allocation of resources and resource mobilization efforts. Individual country results are the main inputs to planning and implementation of the biennial work plans of each country and territory. The country pages in Annex A highlight the top tier priorities as indicated by the national authorities and key interventions by the Bureau to address them. In accordance with the approved PAHO-adapted Hanlon method, the priority tiers do not indicate the importance of a specific result, but rather the level of technical cooperation that countries and territories can expect from PASB. The Bureau works toward the achievement of all outcomes and outputs that are part of mandates approved by Member States. Nonetheless, the outcomes that fall in the top two tiers (high and medium) are recognized as the greatest challenges across the Region, those for which PASB technical cooperation is most needed during the biennium.

Since the publication of the SP20-25 in 2019, the regional health context and Member State priorities have evolved in light of the ongoing impact of the COVID-19 pandemic in the Region. The Organization has adapted its work to respond to the multiple demands of technical cooperation while striving to protect regional public health gains and reach goals set in the SP20-25. The PB22-23 presents an opportunity to reevaluate strategic priorities in light of the current socioeconomic, political, and health

Since the publication of the Strategic Plan 2020-2025 in 2019, the regional health context and Member State priorities have evolved in light of the ongoing impact of the COVID-19 pandemic in the Region.

situation in the Region and to make adjustments required to help ensure that PAHO technical cooperation is responsive and aligned to the needs of Member States. With this in mind, the PAHO/WHO Representative (PWR) Offices conducted a strategic review of the priorities in the SP2025 and identified areas where a new focus was required for 2022-2023. The aggregated results of this review are shown in Table 1.

The review considered the priorities identified by national authorities, the emerging challenges of the COVID-19 pandemic and its impact on health and health systems, the need to protect health gains, and the value-added of PAHO technical cooperation. PWR Offices are currently conducting a validation process with the national authorities to verify the strategic shifts in priorities. As of 15 July 2021, 87% of the countries and territories had confirmed their agreement with the changes proposed by the country offices. As the Organization moves forward in the development of the biennial work plans, PASB will continue to support the countries and territories that have not yet

TABLE 1

Aggregate Results from the Review of Strategic Priorities (as of 15 July 2021)

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

Note: The arrows indicate the shift of an outcome from one priority tier to another. Outcomes 26, 27, and 28 were excluded due to the corporate nature of their scope.

validated the prioritization results for the next biennium.

The results of the internal review of strategic priorities show that countries and territories collectively continue to prioritize technical cooperation largely in areas that are oriented to a) noncommunicable diseases and mental health; b) preparedness, prevention, and response to health emergencies; c) risk factors for both noncommunicable and communicable diseases; d) response capacity for communicable diseases; and e) access to health services. The COVID-19 pandemic and the situation of the Region have highlighted the importance of strengthening stewardship and governance (Outcome 9) and health promotion and intersectoral action (Outcome 19). As a result, these two outcomes have moved up from low to medium priority.

Lessons Learned from 2020-2021

The Region and the Organization have faced unprecedented challenges during the current biennium, due primarily to the COVID-19 pandemic and to the financial situation of the Organization in 2020. Lessons learned during the biennium are important for guiding future interventions. The Region is struggling to mitigate and recover from the impact of COVID-19, seeking to protect existing public health gains while recuperating losses. The objective is to get back on track toward global and regional targets.

The COVID-19 pandemic has amplified the challenges presented by the insufficient capacity of the Region's health systems to address unmet health needs and overcome access barriers,

fragmentation, and segmentation. This threatens the attainment of universal health, particularly among populations in conditions of vulnerability. To find sustainable solutions, technical cooperation must focus on increasing awareness of access barriers and associated determinants of health and on formulating and implementing policies to identify and address them. Key priorities for investment include strengthening health systems toward the achievement of universal health based on a primary health care approach, recuperating lost health gains, addressing exacerbated inequities, and embedding pandemic preparedness and response.

The pandemic has highlighted the need for an integrated and multidisciplinary approach to the Organization's technical cooperation. PASB must support Member States in accelerating multisectoral and intersectoral actions and a whole-of-society approach to protect and promote health and well-being. A health promotion and Health in All Policies approach, with community participation and civil society engagement, is crucial in times of crisis and contributes significantly to building resilience to outbreaks. Strengthening and empowering national and subnational governments, including through networks and community participation, is critical to progress on combating COVID-19 and rebuilding with equity with special attention to local realities and needs.

Strengthening human resources for health is essential to ensure the expansion of services and the resilience of health systems. Investment in health care workers needs to be prioritized for a comprehensive response to current and future pandemics.

Furthermore, the Region could face significant additional losses in financial protection of households that will become harder to surmount as we move toward 2030. Out-of-pocket expenses are very likely to increase, at least in the most vulnerable groups. This threatens to negatively impact family budgets, leading to increasing financial catastrophe and impoverishment, thus widening the equity gap.

The pace of innovation in health services management accelerated during 2020-2021. This included reorganization toward integrated health services networks with emphasis on strengthening the first level of care, resulting in positive advances that need to continue. It also included greater use of telemedicine services. Although not yet widely available, telemedicine is playing a key role in meeting service coverage needs in the context of the pandemic. Such services appear to be a promising alternative to conventional health services, including for hard-to-reach population groups.

The disruption of health services due to the COVID-19 pandemic has tremendously impacted the mental health of people and societies. Investment in mental health is a critical component of building back better.

The vast experience that the Organization has amassed in the quality assessment of medicines and vaccines was quickly adapted to other health technologies such as devices (in vitro diagnostics, personal protective equipment). This enabled the

timely assessment of critical health technologies for COVID-19 response in the Region.

The report of the Independent Panel for Pandemic Preparedness and Response (IPPPR)¹³ and the Report of the Review Committee on the Functioning of the International Health Regulations (2005)¹⁴ during the COVID-19 response are key resources that were published just as this document was being finalized. However, the COVID-19 pandemic has put to test virtually all provisions of the International Health Regulations (IHR), 2005. Country, regional, and global experiences are offering unprecedented opportunities to identify, take stock of, and introduce legal, institutional, and operational changes based on preparedness and response-related aspects that have emerged as cornerstones of effective national actions. Emergency and disaster risk management programs need to be institutionalized, and risk reduction and preparedness capacities need to be strengthened. This includes maintaining essential public health functions to provide quality public health services that can handle epidemics while still advancing toward universal health.

The response to COVID-19 has also provided an opportunity to build and strengthen regional surveillance systems, including laboratory networks, that will outlast the pandemic itself. Laboratory-based surveillance, including sequencing capacities, is key to the ability to detect and report early emergence of pathogens and to assess abrupt changes in disease transmission or severity.

13 Independent Panel for Pandemic Preparedness & Response, COVID-19: Make It the Last Pandemic (May 2021). Available from: <https://theindependentpanel.org/mainreport/>.

14 World Health Organization, Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (2021). Available from: <https://www.who.int/publications/m/item/a74-9-who-s-work-in-health-emergencies>.

The Region was once again reminded of the tangible lesson that data and information must be accurate, have a reasonable degree of disaggregation, and be timely, accessible, and utilized. Information systems for health, as well as those outside the traditional health sector that have an impact on health, require immediate improvement and a plan for sustainability, growth, and maintenance over time. This requires governance and leadership in these areas. Digital transformation and data science initiatives in the health sector must address these challenges, in coordination with all facets of technical cooperation, using information to forecast scenarios and make better-informed decisions.

The disruption of essential health services has had broad economic and social implications. Maintaining essential and more integrated and multisectoral interventions, strengthening data surveillance, and developing more effective tools are key to mitigating this negative impact.

There has also been a substantial reduction in attention to and activities around alcohol, tobacco, healthy eating, and physical activity, as well as road safety, unintentional injuries, disabilities, and long-term violence prevention and response. This partly reflects the continuing difficulty in gaining political commitment to put in place effective policies and programs in these areas. Increased

focus will be required to ensure that progress continues. Furthermore, decisive health promotion action is needed to create the conditions that enable people to live healthy lives. This means creating healthy settings, providing accurate and timely health information, and ensuring that the community is an active player in setting priorities and designing and implementing health promotion policies.

The adoption of innovative and collaborative tools and virtual platforms has supported the continued delivery of technical cooperation while helping to mitigate some of the challenges during the pandemic. Such technologies should be promoted and enhanced in the future. Virtual platforms provide an opportunity to engage with those who are more remote, improving linkages and dialogue at all levels.

Strategic Approaches and Areas of Focus

In view of the situation described above, including the overwhelming political, social, and economic consequences of the COVID-19 pandemic, PASB is adapting its ways of working to meet the needs of its Member States. The pandemic has highlighted the vital role of multilateralism and multisectoral action as well as the need to build capacity at national, subregional, and regional levels. PWR Offices

SHAA2030 Vision Statement

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

have reviewed the Organization's priorities, and lessons learned have been applied in order to chart a new way forward—a way that respects existing mandates and yet adapts to the new reality of the COVID and post-COVID world.

In order to bring together and synthesize these disparate factors, this Program Budget focuses on three strategic approaches: protect, recover, and build stronger. These approaches are directly aligned with the vision statement in the SHAA2030, thus allowing the Organization's shorter-term response to align with the long-term vision in the Region.

As the Organization prepares for the new biennium, the third under the SHAA2030 and the second under the SP20-25, PAHO must remain committed to these mandates while also ensuring that the Organization is at the vanguard in responding to new and emerging public health challenges. In order to reflect the priorities of Member States and the need for adaptation in the face of the pandemic, the PB22-23 incorporates an overall strategic direction with three approaches and six areas of focus, as shown in Figure 9. By taking concrete actions aligned with the strategic approaches and areas of focus, PAHO will be striving not only to recover from the current crisis, but also to implement the SHAA2030 vision and the SP20-25 theme.

The strategic approaches and areas of focus are interconnected and are underpinned by the principles of equity and solidarity. They are

In order to bring together and synthesize these disparate factors, this Program Budget focuses on three strategic approaches: protect, recover, and build stronger. These approaches are directly aligned with the vision statement in the Sustainable Health Agenda for the Americas 2018-2030, thus allowing the Organization's shorter-term response to align with the long-term vision in the Region.

linked to the outcomes in the SP20-25 and do not replace the existing PAHO results chain, but rather serve to articulate the areas that require emphasis in the 2022-2023 biennium. The approaches and areas of focus synthesize the following:

- a) The health situation analysis and strategic review of priorities described above;
- b) Strategic review of PB20-21 implementation with PASB senior management;
- c) The areas of strategic focus in the proposed WHO PB 22-23;¹⁵

15 The four areas of strategic focus in the WHO PB 22-23 are: a) rethink health emergency preparedness and readiness and bolster response capacities to health emergencies; b) build resilience through primary health care-oriented health system strengthening and the health security nexus; c) advance WHO's leadership in science and data, and d) get back on track and accelerate progress toward the Triple Billion targets and those of the Sustainable Development Goals.

FIGURE 9 Strategic Approaches and Areas of Focus, PAHO Program Budget 2022-2023



d) Current proposed and recently approved mandates from PAHO and WHO Governing Bodies during 2021.

The key interventions required to implement the areas of focus are covered in the “Outcomes and Outputs” section of this document.

The areas of focus are elaborated as follows:

a) **Build resilient health systems and services with a primary health care¹⁶ and equity approach:** Actions in this area seek to seize the opportunity of COVID-19 response to advance in the transformation of health systems

¹⁶ Primary health care (PHC) addresses the majority of a person’s health needs throughout their lifetime. This includes physical, mental, and social well-being, and it is people-centered rather than disease-centered. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation, and palliative care. World Health Organization, Primary Health Care. Available from: <https://www.who.int/health-topics/primary-health-care>.

toward universal health and a more resilient health sector that is oriented to achieving the Sustainable Development Goals. Particular attention is given to increasing equitable access to quality and integrated health services.¹⁷ Linked to Outcomes 1 (Access to comprehensive and quality health services), 2 (Health throughout the life course), 3 (Quality care for older people), 4 (Response capacity for communicable diseases), 5 (Access to services for NCDs and mental health conditions), 6 (Response capacity for violence and injuries), 9 (Strengthened stewardship and governance), 10 (Increased public financing for health), 11 (Strengthened financial protection), and 19 (Health promotion and intersectoral action).

- b) **Stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to vaccines, medicines, and health technologies:** Until the pandemic is brought under control, PAHO will maintain its intensive response, while mitigating the impact on essential health services and supporting countries as they turn to recovery. PAHO will continue to support COVID-19 vaccine rollout, advocating for equity and solidarity in vaccine availability. Countries should take full advantage of this unique opportunity to position immunization as a priority health program¹⁸ and to expand equitable access to other essential medicines and health technologies, including through the PAHO Regional Revolving Fund for Strategic Public Health Supplies and increased production capacity in the Region.¹⁹ Linked

to Outcomes 1 (Access to comprehensive and quality health services), 2 (Health throughout the life course), 3 (Quality care for older people), 4 (Response capacity for communicable diseases), 5 (Access to services for NCDs and mental health conditions), 6 (Response capacity for violence and injuries), 12 (Risk factors for communicable diseases), 13 (Risk factors for NCDs), 14 (Malnutrition), 15 (Intersectoral response to violence and injuries), 16 (Intersectoral action on mental health), 17 (Elimination of communicable diseases); and 25 (Health emergencies detection and response).

- c) **Bolster preparedness and surveillance to prevent and respond to future pandemics and other health emergencies:** PASB will work with countries to increase their readiness, make necessary investments, and improve their preparedness and capacity for response to future pandemics and other health emergencies. Linked to Outcomes 23 (Health emergencies preparedness and risk reduction), 24 (Epidemic and pandemic prevention and control), and 25 (Health emergencies detection and response).
- d) **Advance digital transformation and information systems for health, ensuring use of timely, reliable, and disaggregated data for decision-making:** The COVID-19 pandemic has emphasized the importance of improved access to and sharing of data and information based on evidence in order to support evidence-based policy and decision-making. PAHO and WHO leadership in

17 Pan American Health Organization, Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery, Ensuring the Sustainability and Protection of Public Health Gains (Document CD59/11).

18 Pan American Health Organization, Reinventing Immunization as a Public Good for Universal Health (Document CD59/10).

19 Pan American Health Organization, Increasing Production Capacity for Essential Medicines and Health Technologies (Document CD59/8).

science and data will be essential for advancing this strategic area of focus. In this regard, implementation of PAHO's proposed strategies on digital transformation of the health sector,²⁰ on the application of data science in public health,²¹ and on information systems for health will be instrumental. Linked to Outcomes 20 (Integrated information systems for health), 21 (Data, information, knowledge, and evidence), and 22 (Research, ethics, and innovation for health).

- e) **Implement intersectoral actions to address risk factors, determinants, and the needs of vulnerable groups:** This includes accelerating the whole-of-government approach and increasing engagement between health and other sectors to address the main health risk factors and determinants that affect people's health and well-being. In working to address complex challenges, PASB must work with countries to adopt comprehensive approaches, such as Health in All Policies and One Health.²² PASB will continue to advocate with Member States to sharpen the focus on equity in health and promote cost-effective interventions to address the health needs of groups in conditions of vulnerability. Linked to

Outcomes 12 (Risk factors for communicable diseases), 13 (Risk factors for NCDs), 14 (Malnutrition), 15 (Intersectoral response to violence and injuries), 16 (Intersectoral action on mental health), 18 (Social and environmental determinants), 19 (Health promotion and intersectoral action), and 26 (Cross-cutting themes: equity, ethnicity, gender, and human rights).

- f) **Increase organizational effectiveness and modernization of PAHO's work.**

The pandemic and the financial situation of the Organization have spurred new and innovative ways of working to deliver technical cooperation. Virtual work has expanded massively, and travel expenses and administrative costs have been reduced. PAHO's communication capacity and media presence have been enhanced significantly during the COVID period, improving the Organization's ability to advocate for and promote health priorities across the Region. Moving forward, PAHO will look to build on these successes while continuing to enhance transparency and accountability to Member States. Linked to Outcomes 27 (Leadership and governance) and 28 (Management and administration).

20 Pan American Health Organization, Roadmap for Digital Transformation of the Health Sector in the Region of the Americas (Document CD59/6).
21 Pan American Health Organization, Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies (Document CD59/7).
22 Pan American Health Organization, One Health: A Comprehensive Approach to Addressing Zoonotic Diseases, Antimicrobial Resistance, Food Safety, and Other Health Threats at the Human-Animal-Environment Interface (Document CD59/9).

Proposed Budget

Overall Budget Proposal

Consistent with the Programmatic Context and Strategic Direction, and considering a balanced approach of needs, financing capacities, the approved WHO Programme Budget 2022-2023, and internal efficiency efforts, the Bureau is presenting a Program Budget of the Pan American Health Organization for the 2022-2023 biennium that amounts to \$688 million in total. Of this amount, \$640 million is for base programs and \$48 million is for special programs (including emergencies). This proposal represents a 5.8% increase in the overall budget and a 3.2% increase for base programs with respect to 2020-2021.

This proposal represents a 5.8% increase in the overall budget and a 3.2% increase for base programs with respect to 2020-2021.

The proposed PB22-23 includes the budget allocation from WHO for AMRO, the Regional Office for the Americas, currently \$252.6 million for base programs and \$17.3 million for special programs.²³ The AMRO budget allocation reflects an increase of \$36.8 million (17%) for base programs with respect to 2020-2021.

²³ The amount reflects the WHO Programme Budget 2022-2023 that was presented and approved during the 74th World Health Assembly in May 2021.



With this increase, the WHO component would represent 39% of PAHO base programs for 2022-2023.

The proposed PAHO PB22-23 reflects the strategic approaches and areas of focus of both the PAHO and WHO PB 22-23. The proposed regional budget increase is also in line with priority health needs in the Americas, with technical cooperation demands and expectations from Member States, with the Organization's commitment to achieving results at country level, and with improved financing (larger amount and greater flexibility).

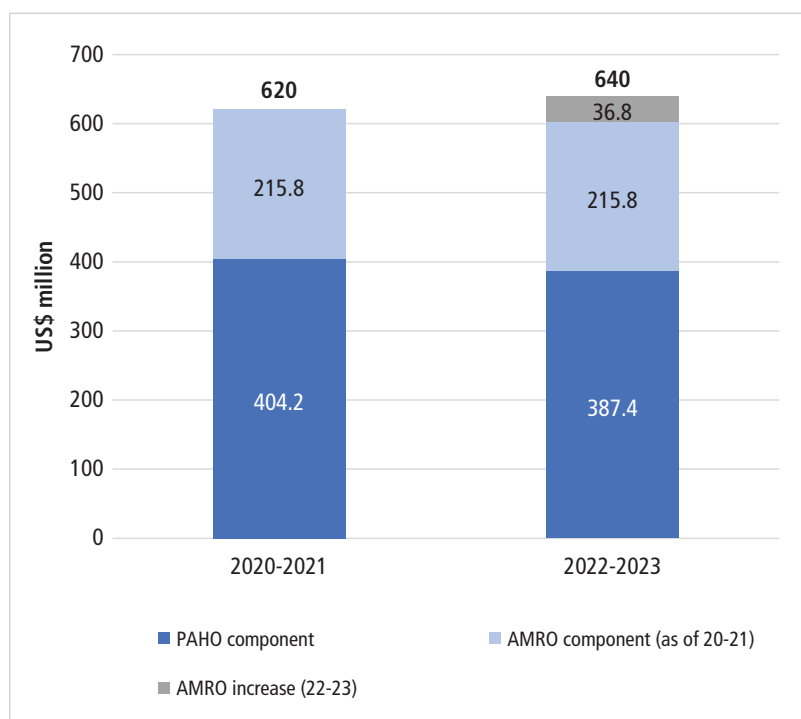
Given the increase in the AMRO budget allocation of \$36.8 million for base programs and given that the proposed base budget

increase for PAHO is \$20 million, the PAHO-only component of the budget would decrease, as shown in Figure 10.

The proposed PB 22-23 has incorporated a series of cost efficiencies. Many initiatives to achieve these efficiencies have already been implemented in the current year. At the same time, the Organization is currently engaged in a full assessment of opportunities to ensure that PAHO is fit for purpose and positioned to maximize its limited resources in support of Member States.

During the 2020-2021 biennium, PASB has leveraged the capabilities of the PASB Management Information System (PMIS) and Microsoft Office 365 cloud technology to

FIGURE 10 Proposed PAHO Budget for Base Programs by Budget Component, 2022-2023 Compared to 2020-2021 (US\$ Million)



implement a wide range of administrative streamlining initiatives. These innovations have significantly reduced the administrative personnel worktime required to carry out routine administrative tasks that support internal controls and enabling functions for technical cooperation. These innovations include, but are not limited to:

- a) Elimination of paper documents for internal transactions through electronic signatures;
- b) Digitization of internal communications through SharePoint to eliminate repetitive printing and scanning of correspondence;
- c) Establishing paperless document management and archiving, eliminating costs associated with printing, filing, and manual document retrieval;
- d) Establishment of an online portal for Member States and vaccine vendors to streamline routine communications on vaccine delivery logistics;
- e) Automation of data entry for administrative transactions within PMIS such as credit card transactions, purchase orders, and supplier invoices;
- f) Elimination of some administrative posts from PWR Offices with a low volume of administrative work and transfer of their functions to the Shared Services Center in the Brazil PWR Office;
- g) Outsourcing of IT support functions and elimination of dedicated IT positions.

The areas of opportunity that have been identified and will continue to be assessed relate to strategic functional optimization, including streamlining, consolidations, and reorganization for greater effectiveness through operational efficiencies and administrative improvements.

This will help to ensure PAHO's sustainability, strengthening performance at all levels of the Organization. PASB will continue to develop an organizational design that effectively aligns with its strategic priorities so that the Bureau functions optimally with respect to both management and operations. This includes continued strengthening of the Bureau's human talent through favorable work environments, career development, and a reinforced country focus.

Budget by Outcome

The PAHO Strategic Plan 2020-2025 outcomes are the highest level of programmatic results presented in the proposed PB22-23. The outcomes are the first level for allocation of the budget.

Distribution of the proposed budget by outcome was defined by a bottom-up and top-down planning process that considered the priorities individually and collectively defined by Member States for the SP20-25 and incorporated adjustments made in light of the ongoing COVID-19 pandemic. PASB also applied lessons learned during the PB20-21 budget implementation phase, with special attention to actions related to preparedness, prevention, control, and response to the COVID-19 pandemic.

The high-level process for development of the Program Budget 2022-2023 is summarized as follows:

- a) The Bureau proposed an overall budget amount that balances programmatic needs with past and expected financing and implementation levels. Later, it distributed the overall budget

between the regional, subregional, and country levels.

- b) The PAHO Budget Policy, approved in 2019, provided primary guidance on distribution of the country-level budget.²⁴ PWR Offices defined and costed the work to take place in the upcoming biennium and distributed their budgets across the approved health outcomes. This distribution was guided by the priorities that Member States had defined during consultations for the SP20-25 and by the respective Country Cooperation Strategy, where applicable. It also took into consideration any priorities emerging from strategic consultations with Member States as part of the PB22-23 development process.
- c) The regional and subregional levels also proposed the distribution of their overall budget allocations across outcomes, based on programmatic prioritization, technical needs, resource mobilization prospects, and regional and global commitments. These proposals incorporate lessons learned during implementation of the PB20-21 in the COVID-19 context.
- d) The results for the three levels were consolidated to produce the first full budget. The Bureau then assessed and adjusted the figures to ensure that corporate priorities are adequately represented and that the budget is realistic and complete.

Table 2 presents the revised prioritization results and the proposed PB22-23 by outcome, showing how they compare to the current prioritization results and approved PB20-21.

²⁴ Pan American Health Organization, PAHO Budget Policy (Document CD57/5, 2019). Available from: <https://iris.paho.org/handle/10665.2/51610?show=full>.

TABLE 2

Proposed Program Budget 2022-2023 by Outcome, Compared to 2020-2021 (US\$ Million)

OUTCOME	OUTCOME SHORT TITLE	PRIORITIZATION RESULTS 20-21	REVISED PRIORITIZATION RESULTS 22-23	APPROVED BUDGET 20-21	PROPOSED BUDGET 22-23	CHANGE
OUTCOME 1	Access to comprehensive and quality health services	High	High	25,500,000	25,500,000	0%
OUTCOME 2	Health throughout the life course	Medium	Medium	42,000,000	35,000,000	-17%
OUTCOME 3	Quality care for older people	Low	Low	4,000,000	4,000,000	0%
OUTCOME 4	Response capacity for communicable diseases	Medium	High	68,000,000	70,000,000	3%
OUTCOME 5	Access to services for NCDs and mental health conditions	High	High	19,500,000	20,300,000	4%
OUTCOME 6	Response capacity for violence and injuries	Low	Low	3,000,000	3,000,000	0%
OUTCOME 7	Health workforce	Medium	Medium	14,000,000	12,500,000	-11%
OUTCOME 8	Access to health technologies	Medium	Medium	35,400,000	36,400,000	3%
OUTCOME 9	Strengthened stewardship and governance	Low	Medium	10,000,000	10,100,000	1%
OUTCOME 10	Increased public financing for health	Medium	Medium	4,000,000	4,400,000	10%
OUTCOME 11	Strengthened financial protection	Medium	Low	4,100,000	4,100,000	0%
OUTCOME 12	Risk factors for communicable diseases	High	High	26,000,000	26,000,000	0%
OUTCOME 13	Risk factors for NCDs	High	High	27,000,000	27,000,000	0%
OUTCOME 14	Malnutrition	High	Medium	6,000,000	6,000,000	0%
OUTCOME 15	Intersectoral response to violence and injuries	Low	Low	3,000,000	3,000,000	0%
OUTCOME 16	Intersectoral action on mental health	Medium	Medium	4,500,000	5,000,000	11%
OUTCOME 17	Elimination of communicable diseases	Medium	Low	21,000,000	26,000,000	24%

TABLE 2 Continued

OUTCOME	OUTCOME SHORT TITLE	PRIORITIZATION RESULTS 20-21	REVISED PRIORITIZATION RESULTS 22-23	APPROVED BUDGET 20-21	PROPOSED BUDGET 22-23	CHANGE
OUTCOME 18	Social and environmental determinants	Low	Low	13,000,000	17,000,000	31%
OUTCOME 19	Health promotion and intersectoral action	Low	Medium	7,000,000	6,000,000	-14%
OUTCOME 20	Integrated information systems for health	Medium	Medium	16,000,000	16,400,000	2%
OUTCOME 21	Data, information, knowledge, and evidence	Low	Low	19,000,000	16,500,000	-13%
OUTCOME 22	Research, ethics, and innovation for health	Low	Low	3,000,000	3,800,000	27%
OUTCOME 23	Health emergencies preparedness and risk reduction	High	High	21,500,000	27,000,000	26%
OUTCOME 24	Epidemic and pandemic prevention and control	High	High	16,500,000	26,000,000	58%
OUTCOME 25	Health emergencies detection and response	High	High	25,000,000	25,000,000	0%
OUTCOME 26	CCTs: equity, ethnicity, gender, and human rights	N/A	N/A	7,000,000	7,000,000	0%
OUTCOME 27	Leadership and governance	N/A	N/A	78,500,000	78,500,000	0%
OUTCOME 28	Management and administration	N/A	N/A	96,500,000	98,500,000	2%
Subtotal Base programs				620,000,000	640,000,000	3%
	Foot-and-mouth disease elimination program	N/A	N/A	9,000,000	11,000,000	22%
	Smart hospitals	N/A	N/A	8,000,000	5,000,000	-38%
	Outbreak and crisis response	N/A	N/A	13,000,000	31,000,000	138%
	Polio eradication maintenance	N/A	N/A	0	1,000,000	N/A
Subtotal Special programs				30,000,000	48,000,000	
TOTAL Program Budget				650,000,000	688,000,000	

As amounts by outcome are not predefined, the bottom-up proposals can result in a high degree of variability with respect to changes from 2020-2021. Proposed changes in budget for outcomes were guided by the following principles: High-priority outcomes should at least maintain their budget space; any increase in medium- or low-priority outcomes needed to be justified by resource mobilization efforts; and any reduction in any outcome should be compensated with interprogrammatic actions in other outcomes.

It is important to note that outcomes are interrelated, and therefore, during implementation, activities and resources under broader-scope outcomes can also cover those with more specific scope. For instance, interventions related to communicable diseases are distributed among three main outcomes, including: Outcomes 4 (Response capacity for communicable diseases), 12 (Risk factors for communicable diseases), and 17 (Elimination of communicable diseases). Of those three outcomes, Outcomes 4 and 12 are considered high priority by Member States, and Outcome 17 was ranked as low. Taking into consideration resource mobilization projections, and as a result of the bottom-up costing approach, Outcomes 4 and 17 were increased and Outcome 12 has been maintained at the same level. Overall, efforts to combat communicable diseases are receiving a larger portion of the budget.

The proposed budget for those outcomes that have remained in or been moved into the high-level tier has been maintained or increased accordingly. As expected, Outcomes 23 (Health emergencies preparedness), 24 (Epidemic

and pandemic prevention and control), and 25 (Health emergencies detection and response) remained high priorities for Member States. These three outcomes relate most closely to the PAHO areas of focus: a) stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to vaccines, medicines, and health technologies; and b) bolster preparedness and surveillance to prevent and respond to future pandemics and other health emergencies. As a cluster, these three outcomes were the ones that received the highest absolute level of budget increase: \$15 million, or 75% of the overall budget increase for 2022-2023. Considering lessons learned from COVID-19, the PB22-23 moves toward greater emphasis on preparing countries to become operationally ready to assess and manage identified risks and implement proven prevention strategies for priority pandemic/epidemic-prone diseases. At the same time, it seeks to maintain country capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts.

Outcomes 1 (Access to comprehensive and quality health services), 4 (Response capacity for communicable diseases), 5 (Access to services for NCDs and mental health conditions), 12 (Risk factors for communicable diseases), and 13 (Risk factors for NCDs) continue to be high priorities as well, as they are key to strong and resilient health systems that are able to respond to public health emergencies such as COVID-19. They are aligned with three PAHO areas of focus: a) build resilient health systems and services with a primary health care and equity approach; b) stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to

vaccines, medicines, and health technologies; and c) implement intersectoral actions to address risk factors, determinants, and the needs of vulnerable groups. Accordingly, the budget proposal for these outcomes has been maintained or slightly increased with respect to 2020-2021.

Outcome 20 (Integrated information systems for health)²⁵ has seen a surge of demand during this pandemic period, reflecting the need to build capacity to improve monitoring and dissemination of high-quality information for better decision-making. This outcome will certainly receive higher prominence in the global public health agenda in line with the ongoing discussion within WHO of the Global Strategy on Digital Health, which was approved by the 74th World Health Assembly, as well as the Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas, which will be presented concurrently at this Directing Council. The main challenge with respect to Outcome 20 is its financing, as it is traditionally financed with flexible funds. However, this outcome is closely related to Outcomes 21 and 22, and this may serve to complement its funding, since data and innovation are integral to strengthening information systems for health. Together, these three outcomes will address PAHO's area of focus to advance digital transformation and information systems for health, ensuring use of timely, reliable, and disaggregated data for decision-making.

Increases in Outcomes 8 (Access to health technologies) and 16 (Intersectoral action on mental health) are also consistent with

lessons learned from the pandemic and reflect areas where increased demand for technical cooperation is expected. Actions related to medicines and health technologies are largely hosted under Outcome 8. Mental health (Outcome 16) as a topic of public health concern has been constantly highlighted during discussions with Member States. These outcomes are in line with the PAHO area of focus to stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to medicines, vaccines, and health technologies.

Four outcomes show a budget reduction from the previous biennium: Outcomes 2 (Health throughout the life course), 7 (Health workforce), 19 (Health promotion and intersectoral action), and 21 (Data, information, knowledge, and evidence). In the case of Outcome 2, the areas of work and mandates it covers have traditionally been highly prioritized but have suffered from large funding gaps. At the time of preparing this document, financing for this outcome has not reached 45% of the total budget approved for it in the 2020-2021 biennium, so maintaining that same budget level in the next biennium is considered unrealistic.

In the case of Outcomes 7, 19, and 21, although their budget is reduced from the previous biennium, they benefit from interprogrammatic actions in other better-funded outcomes that compensate for the reductions. Health workforce aspects (Outcome 7) are also covered under the health systems and services outcomes. In the case of Outcome 19, health promotion

25 As a result of the strategic review of priorities by Member States, Outcome 20 fell from the high priority tier to the first place on the medium-priority tier from the Executive Committee to the Directing Council version of this Program Budget.

and intersectoral action are approaches applied across other outcomes. Data, information, and evidence (Outcome 21) are also essential aspects covered under all technical outcomes.

Lastly, increases in Outcomes 17 (Elimination of communicable diseases), 18 (Social and environmental determinants), and 22 (Research, ethics, and innovation for health) have been assessed in light of resource mobilization prospects that have exceeded approved budget levels even for 2020-2021.

Budget by SHAA2030 Goal

Similar to the PB20-21, the proposed PB22-23 reflects the contribution of the Program Budget to the 11 goals of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030). This linkage is only approximate, as both the SP20-25 outcomes and the SHAA2030 goals are intrinsically interprogrammatic, meaning that there is not a one-to-one association between these goals and the distribution of the budget. For this reason, the Bureau has estimated the proportion of each outcome's contribution to each SHAA2030 goal, based on the scope of work and corresponding costing proposed under each outcome (Table 3).

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

PAHO continues to strategically strengthen its country-level work. To distribute the country-level budget allocation in a transparent and equitable manner, Member States adopted the PAHO Budget Policy at the 57th Directing Council in September 2019.

Similar to the Program Budget 2020-2021, the proposed Program Budget 2022-2023 reflects the contribution of the Program Budget to the 11 goals of the Sustainable Health Agenda for the Americas 2018-2030.

This document presents the proposed PB22-23 for PAHO countries and territories, as shown in Table 4, in accordance with the direction of change proposed by the PAHO Budget Policy.²⁶

In a few cases, the range of change for budget allocations with respect to current budget space resulting from the Budget Policy was adjusted, for specific reasons:

- a) For Nicaragua and Trinidad and Tobago, the policy suggested reductions of the budget in 2022-2023. Instead, this PB22-23 proposes to maintain their budget at the same level as in 2020-2021. Doing so effectively reduces their relative weight with respect to all other countries. This complies with the direction suggested by the Budget Policy, which was based on the premise that the overall PAHO base budget would remain constant over the period of the Strategic Plan.

²⁶ Application of the Budget Policy through the bienniums is available in Annex D of the PAHO Budget Policy (Document CD57/5).

TABLE 3

Proposed PAHO Program Budget 2022-2023: Estimated Base Budget Contribution to the Goals of the Sustainable Health Agenda for the Americas 2018-2030 (US\$ Million)

SHAA2030 GOAL	TITLE OF SHAA2030 GOAL	ESTIMATED BUDGET
GOAL 1	Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention	64.5
GOAL 2	Strengthen stewardship and governance of the national health authority, while promoting social participation	16.1
GOAL 3	Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health	12.5
GOAL 4	Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families	8.5
GOAL 5	Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context	53.9
GOAL 6	Strengthen information systems for health to support the development of evidence-based policies and decision-making	29.6
GOAL 7	Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research, innovation, and the use of technology	7.1
GOAL 8	Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks and emergencies and disasters that affect the health of the population	78.0
GOAL 9	Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders	64.3
GOAL 10	Reduce the burden of communicable diseases and eliminate neglected diseases	104.5
GOAL 11	Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health	24.0
Not SHAA	Leadership and enabling functions	177.0
PAHO Base Programs 2022-2023		640.0

Note: Estimated amounts are based on the contribution of deliverables by outcome to each SHAA2030 goal.

TABLE 4

Proposed PAHO Program Budget 2022-2023: Indicative Budget by Country/Territory and Functional Level (US\$ Thousand)

COUNTRY/TERRITORY	CODE	APPROVED BUDGET 20-21	PROPOSED BUDGET 22-23	DIFFERENCE	% change
MEMBER STATE		(A)	(B)	(C)=(B)-(A)	(D)=(C)/(A)
Antigua and Barbuda	ATG	700	760	60	9%
Argentina	ARG	6,500	6,990	490	8%
Bahamas	BHS	2,890	2,890	-	0%
Barbados	BRB	700	760	60	9%
Belize	BLZ	5,000	5,380	380	8%
Bolivia (Plurinational State of)	BOL	11,320	11,460	140	1%
Brazil	BRA	18,600	18,600	-	0%
Canada	CAN	500	500	-	0%
Chile	CHL	4,700	5,060	360	8%
Colombia	COL	11,500	12,370	870	8%
Costa Rica	CRI	3,600	3,870	270	8%
Cuba	CUB	6,900	6,900	-	0%
Dominica	DMA	660	710	50	8%
Dominican Republic	DOM	6,700	7,080	380	6%
Ecuador	ECU	7,700	8,060	360	5%
El Salvador	SLV	5,600	6,020	420	8%
Grenada	GRD	600	650	50	8%
Guatemala	GTM	13,000	13,650	650	5%
Guyana	GUY	6,800	7,020	220	3%
Haiti	HTI	32,500	32,500	-	0%
Honduras	HND	14,000	15,050	1,050	8%
Jamaica	JAM	5,500	5,500	-	0%
Mexico	MEX	9,500	10,050	550	6%
Nicaragua	NIC	12,500	12,500	-	0%
Panama	PAN	5,700	6,130	430	8%
Paraguay	PRY	9,400	9,400	-	0%

TABLE 4 *Continued*

COUNTRY/TERRITORY	CODE	APPROVED BUDGET 20-21	PROPOSED BUDGET 22-23	DIFFERENCE	% change
MEMBER STATE		(A)	(B)	(C)=(B)-(A)	(D)=(C)/(A)
Peru	PER	11,600	11,600	-	0%
Saint Kitts and Nevis	KNA	590	640	50	8%
Saint Lucia	LCA	660	710	50	8%
Saint Vincent and the Grenadines	VCT	700	760	60	9%
Suriname	SUR	5,280	5,680	400	8%
Trinidad and Tobago	TTO	4,500	4,500	-	0%
United States of America	USA	500	500	-	0%
Uruguay	URY	4,200	4,520	320	8%
Venezuela (Bolivarian Republic of)	VEN	8,500	9,110	610	7%
EASTERN CARIBBEAN					
Office of the Eastern Caribbean Countries	ECC	7,000	7,350	350	5%
ASSOCIATE MEMBERS					
Aruba	ABW	350	350	-	0%
Curaçao	CUW	250	250	-	0%
Puerto Rico	PRI	500	500	-	0%
Sint Maarten	SXM	350	350	-	0%
PARTICIPATING STATES					
French Departments in the Americas		350	350	-	0%
Netherlands Territories		200	200	-	0%
United Kingdom Territories		1,500	1,500	-	0%
Total - Country level		250,100	258,730	8,630	3%
Total - Subregional level		20,400	20,600	200	1%
Total - Regional level		349,500	360,670	11,170	3%
Total - Base programs		620,000	640,000	20,000	3%
Special programs		30,000	48,000	18,000	60%
PROGRAM BUDGET					
GRAND TOTAL		650,000	688,000	38,000	6%

- b) Guatemala, classified as one of the highest-need countries according to the Sustainable Health Index Expanded Plus (SHIe+), would have kept its budget at constant levels according to the policy. In recognition of the increased resource mobilization opportunities available to Guatemala in the next biennium, the Budget Policy's clause on manual adjustment was applied in the amount of 5%.²⁷
- c) For those countries or territories that, according to the policy, were slated for an increase of zero to 5%, their budgets were calculated accordingly, using the increase recommended by the policy. For those countries that were to increase by 5% to 10%, according to the policy, a factor was calculated to reduce the impact of the increase on their budgets.

The distribution of the budget space cannot always be paired with similar distribution of resources, as not all countries have the same capacities and opportunities for resource mobilization, and PASB has limited flexible funds to compensate. The Bureau continues to be vigilant in maintaining a balance between realistic budgets and resourcing.

Consistent with the Budget Policy, country, subregional, and regional levels maintain their shares of budget allocation (40%, 3%, and 56%, respectively). This is achieved while the overall Program Budget increases in the amount of \$20 million for base programs. In terms of percentage increases with respect to PB20-21, given that the subregional level

is largely dependent on flexible funding, its increase is modest, at 1%. Both regional and country levels show increases of 3% from the current budget allocation.

Budget Alignment with WHO Outcomes

PB22-23 aligns with the WHO GPW13 and the proposed WHO Programme Budget 2022-2023. Programmatic alignment facilitates technical collaboration, monitoring, and reporting between the global and regional levels. From the budgetary perspective, alignment eases transfer, implementation, and reporting on funds, and streamlines reporting processes.

The proposed PB22-23 outputs have been structured so that no PAHO output responds to more than one output in the WHO GPW13 results framework. This makes it possible to aggregate the AMRO budget from the bottom up and have a budget that is easily translatable into the WHO programmatic results chain.

The Program Budget 2022-2023 aligns with the WHO Thirteenth General Programme of Work, and the proposed WHO Programme Budget 2022-2023.

²⁷ PAHO Budget Policy, paragraph 29.



The increases proposed by the global-level budget are therefore distributed throughout PAHO's budget. The four key areas in the WHO Programme Budget 2022-2023 are reflected in the PB22-23 as follows:

a) **Rethink health emergency preparedness and readiness and bolster response capacities to health emergencies:**

Represented by overall increases in PAHO Outcomes 23, 24, and 25.

b) **Build resilience through primary health care-oriented health systems strengthening and the health security nexus:** WHO Outcome 1.1 (Improved

access to quality essential health services) is linked to multiple outputs within the PAHO outcomes, especially Outcomes 1-7, 9, 12-15, and 17.

c) **Advance WHO's leadership in science and data:** While this focus area relates most closely to PAHO Outcomes 20-22, important elements of the implementation of the digital health strategy will take place in other, related technical outcomes.

d) **Get back on track and accelerate progress towards the Triple Billion targets and those of the Sustainable Development Goals:** This focus area will be addressed mostly through PAHO Outcomes 12-19.

Financing the Program Budget

Base Programs

The base programs of the PB22-23 will be financed through:

- a) Assessed Contributions from Member States, Participating States, and Associate Members;
- b) Budgeted miscellaneous revenue;
- c) Other PAHO financing sources, including voluntary contributions and special funds;
- d) Funding allocated by the World Health Organization to the Region of the Americas (consisting of both WHO flexible funding and voluntary contributions).

Article 4.4 of the PAHO Financial Regulations establishes that assessed contributions and

budgeted miscellaneous revenue shall be made available for implementation on the first day of the budgetary period to which they relate, based on the assumption that Member States will pay their quota contributions on a timely basis. Other sources of PAHO financing, such as voluntary contributions, are made available when the respective agreement is fully executed (signed). Funding from WHO is made available upon receipt of awarded funds or written communication from the WHO Director-General.

Table 5 shows the expected financing of the PB22-23 compared with that of the PB20-21, as well as the contribution of each financing source as a share of the whole.



Regarding the sources of financing:

- a) **Assessed contributions:** In 2020-2021, assessed contributions from Member States, Participating States, and Associate Members were approved in the amount of \$194.4 million. As shown in Figure 11, PAHO assessed contributions have not grown since 2012-2013. As technical cooperation demands from Member States continue to grow and diversify, having zero nominal growth in net Member State contributions has effectively implied a reduction in the Organization's flexible resources, as staff and activity costs have increased while assessed contributions have remained the same. This situation has severely
- affected predictable funding and has increased dependence on voluntary contributions, thus limiting the Bureau's ability to address funding gaps, particularly in priority areas.
- b) **Budgeted miscellaneous revenue:** This amount corresponds to the estimated income earned in the preceding biennium from interest on the Organization's investments. Based on the most up-to-date projections, miscellaneous revenue is expected to be \$14 million.
- c) **PAHO voluntary contributions and other sources:** This component includes voluntary contributions that are mobilized directly by PAHO, as well as revenue from program support costs and other sources of income that finance the Program Budget.²⁸ About \$59 million is

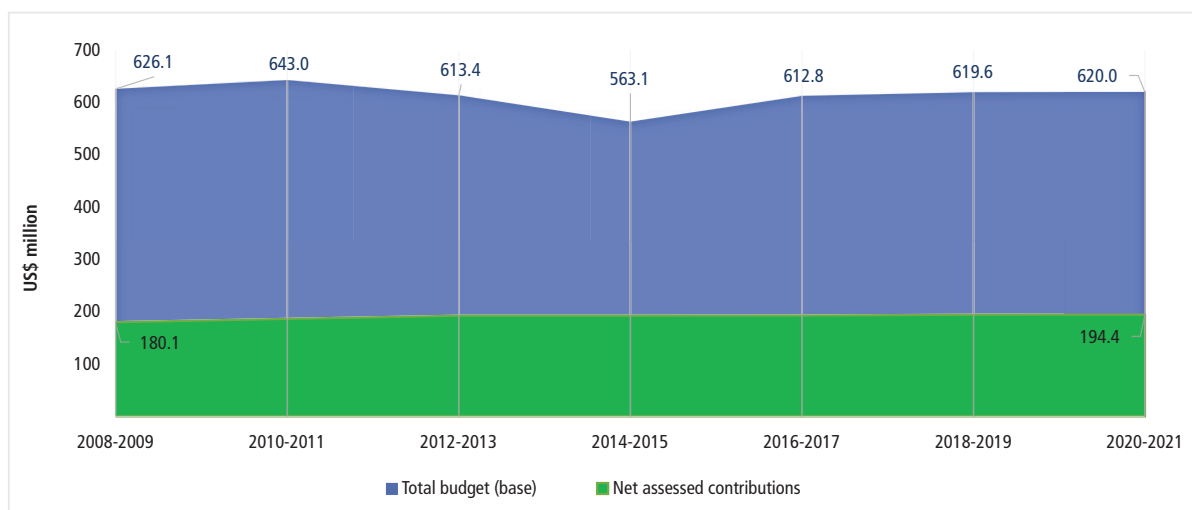
²⁸ The main component of PAHO "other sources" is the income generated from charges to voluntary contributions, known as program support costs, as well as income from the Master Capital Investment Fund and several smaller funds such as BIREME sales and services, CLAP sundry sales and services, PROMESS vaccines and medications sales, sales of PAHO publications, the Special Fund for Health Promotion, sales of machine translation software, and Virtual Campus services.

TABLE 5

Proposed PAHO Program Budget 2022-2023 by Financing Source, Compared with PAHO Program Budget 2020-2021, Base Programs Only (US\$)

SOURCE OF FINANCING	PB20-21	PB22-23	INCREASE (DECREASE)	22-23 SHARE
PAHO net assessed contributions	194,400,000	194,400,000	-	30.4%
PAHO budgeted miscellaneous revenue	17,000,000	14,000,000	(3,000,000)	2.2%
PAHO voluntary contributions and other sources	192,800,000	179,000,000	(13,800,000)	28.0%
WHO allocation to the Americas	215,800,000	252,600,000	36,800,000	39.5%
TOTAL	620,000,000	640,000,000	20,000,000	100%

FIGURE 11 PAHO Program Budget: Approved Levels of Base Programs and Assessed Contributions over Several Bienniums

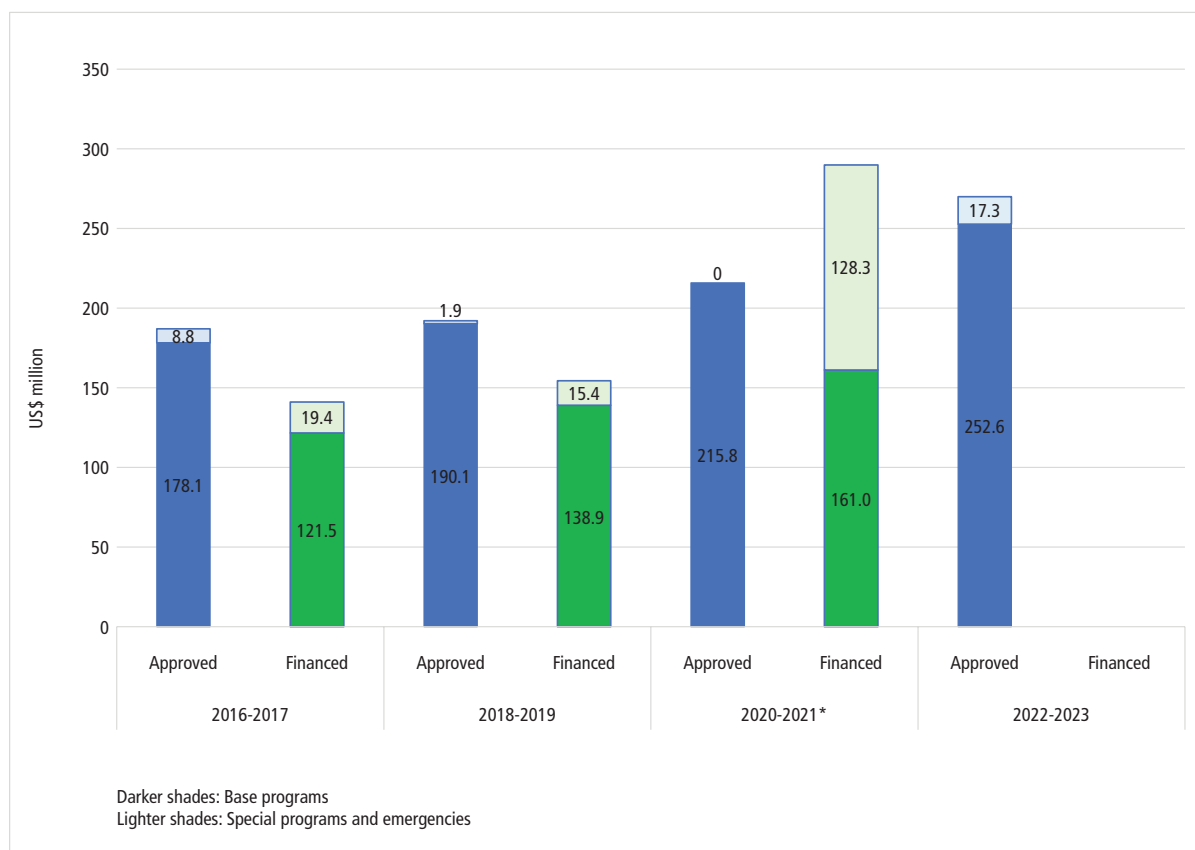


expected to be financed from other sources (down from \$81 million in 2020-2021); the remaining amount would come from resource mobilization efforts. The overall figure has been adjusted downward to reflect the lesser amount expected from other sources and to

accommodate the larger WHO AMRO budget component.

- d) **WHO allocation to the Americas:** During the 148th Session of the WHO Executive Board, the Programme Budget allocation to the Region of the Americas for base programs in

FIGURE 12 AMRO Program Budget: Approved and Financed (US\$ Million)



*Financed for 2020-2021 as of 30 June 2021.

2022-2023 was proposed at \$276.5 million.²⁹ Following comments from Member States during that meeting, the overall WHO budget for 2022-2023 has been reduced, and the amount for AMRO has been revised down to \$252.6 million, still a 17% increase with respect to 2020-2021 (\$215.8 million). This allocation would correspond to 39% of the PAHO budget for base programs and can only be financed by WHO flexible funds and voluntary contributions mobilized through WHO. It should be noted that, at the time of writing this document, WHO

had distributed over \$287 million to AMRO in 2020-2021; nevertheless, over \$105 million of that amount consists of funds that finance special programs (Figure 12). Base programs still face a 2020-2021 funding gap in the amount of \$56 million.

Special Programs

This budget segment amounts to \$48 million and consists of four special programs: outbreak and crisis response (OCR), polio eradication maintenance, the Smart Hospitals initiative,

29 World Health Organization, Proposed Programme Budget 2022-2023 (Document EB148/25, 8 January 2021). Available from: https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_25-en.pdf.

and the Hemispheric Program for the Eradication of Foot-and-Mouth Disease. These are fully funded by voluntary contributions and are time-limited. The OCR component in particular is event-dependent, and therefore the budget allocation to these special programs is considered a placeholder only.

For outbreak and crisis response, totaling \$31 million, an increase of \$18 million is proposed. This covers the entirety of the OCR budget increase proposed by WHO for AMRO (\$17.3 million). During 2020-2021, most of the funds mobilized or redirected to respond directly to the COVID-19 pandemic are being budgeted and reported in this segment, including over \$105 million from WHO. The COVID-19 protracted emergency is expected to continue into the 2022-2023 biennium, with the bulk of funding received to be programmed under the OCR segment.

Polio eradication maintenance has traditionally been financed by WHO. Nevertheless, as polio has been eradicated in the Region of the Americas, and following changes in WHO's polio planning, most of the financing for this program is expected to come to PAHO to finance base programs. Accordingly, the amount included in this segment (\$1 million) is a placeholder only.

Smart Hospitals and foot-and-mouth disease eradication are regional initiatives with dedicated funding. Expected activities and specific voluntary contribution projections determined the envelope for these programs at \$5 million and \$11 million, respectively.

Perspectives on Resource Mobilization: Challenges and Opportunities

In order to fully fund the base programs of the 2022-2023 Program Budget, PAHO will need to mobilize voluntary contributions totaling \$270.6 million. This includes voluntary contributions from WHO to fund the AMRO budget.³⁰

In the face of the public health financing challenges, planning and analyzing options for mobilizing resources for health is more imperative than ever. Relying on conventional mechanisms of financing to meet the health-related targets in the 2030 Sustainable Development Goals (SDGs) will not suffice. While controlling communicable diseases may take center stage (despite the overwhelming burden of disease due to NCDs), finding ways to sustain other important advances made toward achievement of the SDGs, particularly in areas that were already underfunded, will become even more challenging.

In a time of economic uncertainty and a global pandemic, it is critical that the Organization be able to financially sustain its support to Member States.

³⁰ This assumes that WHO's flexible fund allocation to AMRO remains constant at \$108.3 million, as is expected for 2020-2021.

While the COVID-19 pandemic is a challenge for non-emergency resource mobilization, and its impact on program needs and development aid is still evolving, COVID-19 has heightened the importance of, and attention to, global health. With the pandemic taking center stage, donors appear to be prioritizing health over other development issues. At the same time, the surge in funding from existing and new donors is highlighting the increased competition for resources among organizations working in the health sector. PAHO will continue to improve its efforts to strategically position itself as the partner of choice for health in the Americas.

In a time of economic uncertainty and a global pandemic, it is critical that the Organization be able to financially sustain its support to Member States.

National Voluntary Contributions

National voluntary contributions (NVCs) are provided by national governments to finance specific in-country initiatives that are aligned with PAHO's existing mandates. Typically, NVCs are provided as part of national technical cooperation agreements. Since most of these contributions are planned, implemented, and reported at national level,

they fall outside the governance of the PAHO Program Budget, although they are strictly managed following PAHO financial rules and regulations and are subject to accounting in financial reports. The programmatic results of national technical cooperation agreements are reported as part of the strategic achievements of the Organization.

Although it faces current economic challenges related to the COVID-19 crisis, the Region of the Americas is composed largely of countries with upper-middle-income economies. Consequently, there is potential for national contributions in the Region. At the same time, there is growing interest in and capacity to support national needs in health. Therefore, PASB will continue strengthening its relationship with national, subnational, and municipal authorities to increase the mobilization of NVCs to finance national health programs with local funding, in full alignment with the health objectives set out in this Program Budget.

The level of NVCs has varied in recent years, making it difficult to predict the exact level of this funding modality for 2022-2023. These resources will continue being reported in the relevant financial reports and end-of-biennium assessment.

Risks and Mitigation Actions for 2022-2023

The risk management function is part of the internal control model adopted by PASB.³¹ The Bureau will continue improvements to support the first line of defense, represented by managers and other personnel, and proactively enhance the second line of defense, which consists mainly of risk management and compliance. Both are complemented by the third line, which includes PASB oversight functions (auditing) as well as evaluation, investigation, and independent reviews.

The Enterprise Risk Management program in PASB has continued to mature and to

demonstrate its usefulness, as demonstrated during the PAHO governance reform undertaken during 2020.³² PASB's risk management policy provides for the identification and mitigation of risks that might negatively impact implementation of PAHO technical cooperation programs. Managers have a crucial role to play in ensuring that risk analysis is integrated into the managerial decision-making process.

Risks at the cost center level are captured in the corporate risk register.³³ With the incorporation of risks into the new review process for voluntary contribution project proposals, PASB

31 This is based on the new model of governance and risk management issued by the Institute of Internal Auditors (IIA) in July 2020, which makes major updates to the Three Lines of Defense model. Available from: <https://global.theiia.org/about/about-internal-auditing/Public%20Documents/Three-Lines-Model-Updated.pdf>.

32 Pan American Health Organization, PAHO Governance Reform (Resolution CE166.R9, 2020). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=52032-ce166-6-e-paho-governance-reform&category_slug=ce166-en&Itemid=270&lang=en.

33 PMIS Phase 1 Key Terminology: Cost centers are used to track financial transactions (PAHO internal document, 2015).



was able to leverage the progress made in the last three bienniums in institutionalizing Enterprise Risk Management. Based on experience with assessing institutional risks affecting the full range of corporate operations, as well as the experience accumulated by the Standing Committee for Enterprise Risk Management and Compliance and the Executive Management team, PASB was able to formulate a standardized catalog of risks associated with voluntary contribution-funded projects. These improvements will add value to the decision-making process for approval of these projects, as well as to the quality of project management and the results of completed projects.

Based on the experience during 2020-2021, and with the understanding that risks also provide opportunities to the Organization to address potential threats, the Executive Management team reviewed and prioritized several risks, defining tolerance levels.³⁴ The concept of tolerance has been incorporated as part of the analysis of corporate risks with a view to reinforcing the link between internal controls and risks, considering risks as potential opportunities, focusing on new and emerging risks, applying risk data to support change initiatives, and strengthening the organizational risk culture. Corporate risks are monitored on a regular basis by the Standing Committee for Enterprise Risk Management and Compliance

³⁴ United Nations System, Chief Executives Board for Coordination, Guidelines on Risk Appetite Statements (final), 38th Session of the High-Level Committee on Management (Document CEB/2019/HLCM/26, 15-16 October 2019). Available from: https://unsceb.org/sites/default/files/imported_files/2019.HLCM_26%20-%20Guidelines%20on%20Risk%20Appetite%20Statements%20-%20Final_1.pdf.

TABLE 6

Main Risks for the 2022-2023 Biennium

RISK AREA	SCOPE
Dependence upon and need to ensure Member States' funding of their financial commitments	<ul style="list-style-type: none"> • Failure of some Member States to comply with financial commitments (assessed contributions) • Insufficient resources or decline in investment to implement and achieve the PAHO Strategic Plan, including funds through voluntary contribution mechanisms • Governance collapse or crisis that may delay compliance with financial obligations or derail programmatic development
Ability to support Member States' needs through mobilization of resources, leveraging of partners and donors, and speed of response	<ul style="list-style-type: none"> • Failure to respond rapidly to Member States' needs in emergencies (outbreaks and natural disasters) • Lack of diversification of partners and donors • Failure to develop and implement resource mobilization plans
Ability to attract and retain talent with skills and competencies to meet new work modes	<ul style="list-style-type: none"> • Time or resource constraints that make it difficult to continuously maintain and update required skills and competencies of existing staff • Inability to attract and retain staff with competencies and skills required to support programmatic commitments
Competing national priorities that reduce attention to health priorities	<ul style="list-style-type: none"> • Increasing scale of the COVID-19 emergency and new humanitarian crises that may affect health outcomes • Information systems with limited disaggregated data and scarce data on the social determinants of health
System/technology infrastructure readiness to support digital transformation	<ul style="list-style-type: none"> • Insufficient resources for applications development for workplace modernization and business continuity
Duty of care for personnel and operational business continuity during pandemic	<ul style="list-style-type: none"> • Failure to follow workplace safety protocols to ensure health and well-being of personnel • Lack of updated business continuity plans in PAHO duty stations
PASB reputation	<ul style="list-style-type: none"> • Potential for fraud / conflict of interest / misbehavior

and by the Executive Management team, and findings are presented during the corporate performance and monitoring assessment process every six months.

Table 6 summarizes the risks for the 2022-2023 biennium.

Among the most significant mitigation actions are the following:

- a) Maintain open communication channels and keep internal and external stakeholders continuously informed about the progress and challenges.

- b) Consult Member States regularly and promote dialogue to find regional solutions, respecting the specific needs and priorities of countries.
- c) Monitor collection of assessed contributions³⁵ and continue to explore mechanisms to increase the timely collection of assessed contributions.
- d) Identify other resources and funding mechanisms available to the Organization.
- e) Advocate at the national level for financing for health.
- f) Continue generating efficiencies in budgetary implementation.
- g) Monitor to ensure that donor agreements are implemented fully and on time, and build internal capacity in project management and donor engagement.
- h) Manage local currency bank balances to minimize exchange rate impact.
- i) Increase the role of PWRs and regional department directors in support of high-level political dialogue to ensure commitment of Member States and partners, giving priority to health programs with a focus on health equity.
- j) Create and promote opportunities for joint collaboration among Member States, United Nations agencies, and other nongovernmental organizations.
- k) Advocate for continuously strengthening and funding at national level the first line of response for emergencies.
- l) Monitor the implementation at national level of the IHR.
- m) Ensure that PASB standard operating procedures are in place to organize support teams in cases of outbreaks, disasters, or other declared emergencies.
- n) Monitor, learn, and adapt business continuity management for all PAHO duty stations to support the duty of care and COVID-19 response and maintain the Organization's technical cooperation presence.
- o) Continue advocating for investment and upgrading of integrated information systems for health with capacity to generate and analyze disaggregated health data.
- p) Maintain and update the information security program and train PAHO personnel to build awareness of and compliance with information security procedures.
- q) Monitor compliance with PAHO's internal control model at different levels, such as programmatic, financial, procurement, and human resources regulation, in order to detect and prevent dysfunctional activities, including fraud.
- r) Practice conflict management resolution and ensure strict enforcement of policies related to engagement with non-state actors, procurement, and whistleblower protection.

35 For example, some measures were included in Pan American Health Organization, Collection of Assessed Contributions (Resolution CD57. R1, 2019). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=50574-cd57-r1-e-collection-assessed-contributions&category_slug=cd57-en&Itemid=270&lang=es.

Accountability for Results and Financial Resources

Monitoring and assessment are essential for the proper management of the Program Budget and to guide necessary revisions to policies and programs. PAHO will continue to monitor, assess, and report on PB22-23 implementation in line with the results framework defined in the PAHO Strategic Plan 2020-2025, which can be found in Annex B of this document. The Organization will continue to build on its rich experience and lessons learned from over two decades implementing a Results-based Management approach. This includes the joint assessment of results with Member States and efforts to ensure transparency and accountability for results throughout the implementation of the PB and operational plans.

Monitoring and assessment are essential for the proper management of the Program Budget and to guide necessary revisions to policies and programs. PAHO will continue to monitor, assess, and report on Program Budget 2022-2023 implementation in line with the results framework defined in the PAHO Strategic Plan 2020-2025.

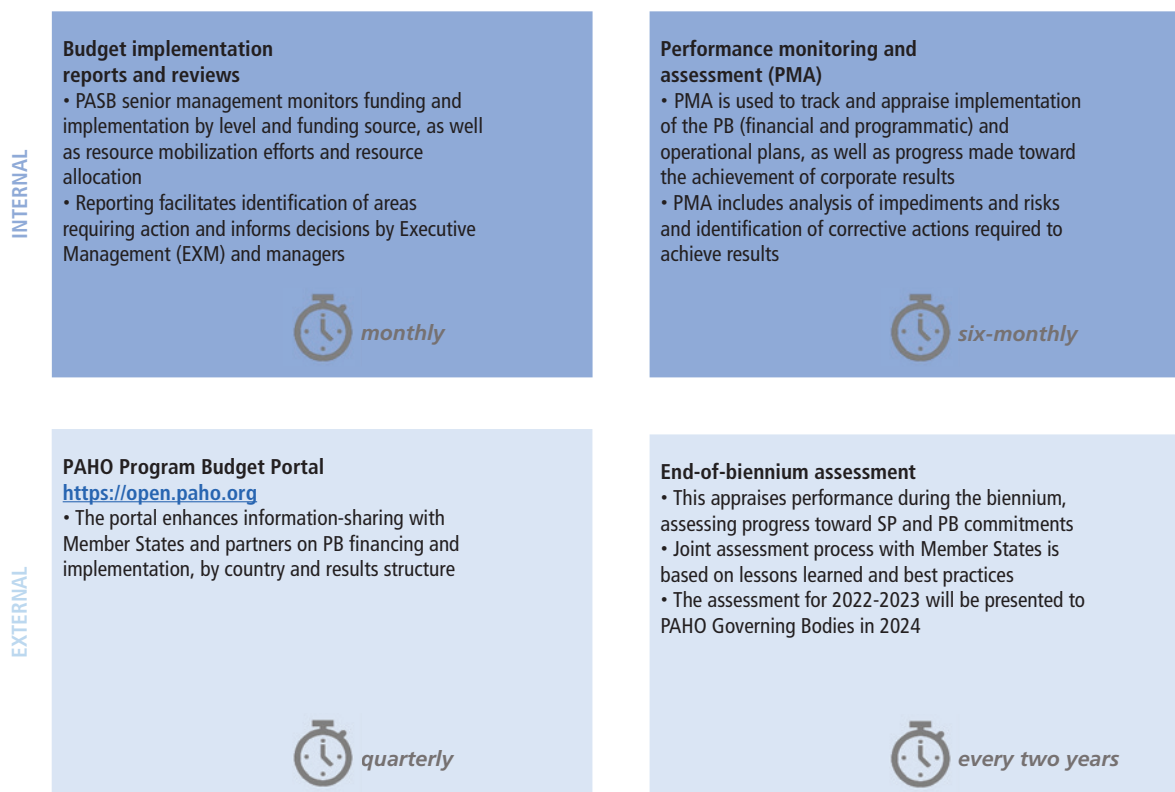


The PB22-23 has 28 outcomes, following the structure of the SP20-25. The key interventions identified under each outcome highlight the areas that will require additional emphasis during 2022-2023. These include new and emerging areas of work as well as those that are being reoriented and scaled up, recognizing that it is not feasible to continue with “business as usual.” The achievement of these outcomes, which have a duration of six years, will be supported by a total of 102 outputs, which have a duration of two years and are specific to this Program Budget. The outputs are implemented through joint collaboration between Member States and PASB, with support from partners. The operational plans developed across the three

functional levels of PASB will reflect the specific deliverables under each output for which PASB is accountable.

Output performance will be measured through 146 output indicators, with corresponding 2021 baseline and 2023 target figures. The indicators will be monitored and assessed using a set of technical descriptions known as the compendium of output indicators. It is important to note that the baseline and target figures are built on projections by the Bureau. Per lessons learned from previous bienniums, the baselines and targets will need to be validated after the end-of-biennium assessment of the PB20-21. The validation process serves to build

FIGURE 13 Overview of Program Budget 2022-2023 Monitoring and Assessment Mechanisms



commitment between Member States and PASB to report on the indicators at the end of the biennium and allows for a more accurate assessment of the PB22-23 results.

The monitoring and assessment of PB22-23 implementation will be conducted through the mechanisms outlined in Figure 13 and in alignment with the Organization’s Results-based Management approach. In addition to supporting the monitoring and assessment of the Program Budget, these four mechanisms will support the monitoring of progress toward the commitments

in the PAHO SP20-25. The end-of-biennium assessment report to PAHO Governing Bodies is the primary means of accountability to Member States for the implementation of the Program Budget and provides an interim assessment of the PAHO SP20-25, including progress toward achieving the impact and outcome indicators. The PAHO Program Budget Portal is a public accountability mechanism and provides quarterly updates on budget implementation.³⁶ Within PASB, monthly monitoring of budget implementation and six-monthly performance monitoring and assessment reviews facilitate analysis and decision-making for effective

³⁶ The financial information in the Program Budget Portal is intended for reference only. The information is not audited, and as its periodicity is shorter than routine audit schedules, it can be subject to changes.

Program Budget implementation throughout the biennium.

At country level, PAHO will continue to improve accountability for results through the four mechanisms mentioned above, as well as through regular updating, monitoring, and assessment of the PAHO/WHO Country Cooperation Strategies. PAHO will continue to implement the joint assessment of countries' progress on the outcome and output results, using the validated indicator baselines and targets, while learning from past experiences and using best practices to improve on this important mechanism of joint accountability. The end-of-biennium assessment report will also highlight success stories at country level. In addition, the country pages in Annex A of this Program Budget offer an opportunity to showcase the main areas of work to be performed at country level by PASB during the biennium.³⁷

In addition to demonstrating accountability for results in the PB22-23, monitoring and assessment processes in PAHO will serve as the basis for reporting to WHO on the implementation of the AMRO portion of the WHO Programme Budget. This will include the midterm report that will be presented to the World Health Assembly (WHA) in 2023 and the final WHO Results Report that will be presented

to the WHA in 2024. In particular, PAHO will contribute to global reporting by providing regional data through the GPW13 Impact Framework and Output Scorecard, by contributing to case studies that showcase the Organization's impact at country level, and by submitting regular monthly financial reports.

Consistent with the commitment of PAHO to enhanced accountability and transparency, during 2020-2021 the evaluation function was revised to strengthen organizational learning. PASB is committed to strengthening its culture of evaluation, guided and informed by the 2021 PAHO Evaluation Policy and other normative guidance on evaluation in PAHO that leverages best practices from across the United Nations system. Evaluation in PAHO is designed to further promote and contribute to accountability as well as to inform decision-making and organizational learning with a view to ensuring successful PB22-23 implementation. Evaluation recommendations will be implemented with continuous learning and improvement in mind, and the lessons learned will be used to inform policy making and decision-making during 2022-2023 and beyond.

For consideration of the full spectrum of PAHO's accountability mechanisms, Member States may wish to refer to Annex E of the PAHO Strategic Plan 2020-2025.

³⁷ Country pages are provided in Annex A, presenting the budget for each country along with a summary of the health situation using core indicators, key interventions to be carried out by PASB, and the top tier of country priorities.

Outcomes and Outputs

The following section presents the outputs and output indicators and corresponding baselines and targets for the 2022-2023 biennium under each of the SP20-25 outcomes, along with the key interventions for each outcome to be carried out in close collaboration with Member States and partners.



OUTCOME 1 Access to comprehensive and quality health services

OUTCOME

Increased response capacity³⁸ of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services³⁹ that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health

PROPOSED BUDGET

\$25,500,000

PRIORITY TIER

High

OUTPUTS (OPT)

		BASELINE	TARGET
1.1	Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery, including public health		
	OPT Indicator 1.1.a: Number of countries and territories implementing the Integrated Health Service Delivery Networks (IHSDNs) framework	[2021] 10	[2023] 10
	OPT Indicator 1.1.b: Number of countries and territories implementing an action plan to improve resolution capacity of the first level of care, within the Integrated Health Service Delivery Networks (IHSDNs) framework	[2021] 10	[2023] 10
1.2	Countries and territories enabled to improve quality of care in health service delivery		
	OPT Indicator 1.2.a: Number of countries and territories implementing strategies and/or plans of action to improve quality of care in health service delivery	[2021] 8	[2023] 15

KEY TECHNICAL COOPERATION INTERVENTIONS

- Implement tools for the organization and management of comprehensive health services networks focused on people, families, and communities.
- Develop strategies to improve access and the resolution capacities of the first level of care, care throughout the life course, and the essential public health functions.
- Strengthen capacities of health service delivery networks for preparedness and response to health emergencies.
- Strengthen capacities for implementation of the proposed Regional Quality Strategy for comprehensive health services with a focus on populations in conditions of vulnerability.
- Strengthen interprogrammatic coordination and articulation to address health problems in the health services network.
- Develop strategies aimed at improving the overall performance and health outcomes of the health services network.

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

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

OUTCOME 2 Health throughout the life course

OUTCOME

Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability

PROPOSED BUDGET

\$35,000,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

		BASELINE	TARGET
2.1	Countries and territories enabled to implement the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030		
	OPT Indicator 2.1.a: Number of countries and territories that are implementing a national plan in alignment with the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030	[2021] 14	[2023] 18
2.2	Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered		
	OPT Indicator 2.2.a: Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level	[2021] 3	[2023] 8
	OPT Indicator 2.2.b: Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence	[2021] 9	[2023] 14
	OPT Indicator 2.2.c: Number of countries and territories implementing regular maternal and perinatal death reviews and audits	[2021] 5	[2023] 12
	OPT Indicator 2.2.d: Number of countries and territories that conduct periodic developmental assessment as part of their services for children	[2021] 19	[2023] 23
	OPT Indicator 2.2.e: Number of countries and territories implementing strategies to increase access to responsive and quality health services for adolescents	[2021] 16	[2023] 22
2.3	Countries and territories enabled to implement strategies or models of care focusing on populations living in conditions of vulnerability		
	OPT Indicator 2.3.a: Number of countries and territories that have set equity-based targets for access and coverage in at least one population living in conditions of vulnerability	[2021] 6	[2023] 10

KEY TECHNICAL COOPERATION INTERVENTIONS

- Update national plans of action advancing the integration of interventions for women’s, children’s, and adolescents’ health based on the Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030, and the work with strategic alliances.
- Support the implementation and evaluation of the coverage of evidence-based interventions to reduce preventable morbidity and mortality and promote health and well-being, and advocate for the application of the life course approach in policies and legislation.
- Improve the quality and use of strategic information, with emphasis on universal access and coverage for women, children, and adolescents, by promoting the implementation of guidelines and standards and strengthening the competencies of human resources. Strengthen information systems to monitor and evaluate quality of care and the use of cost-effective interventions, with special emphasis on the measurement and effective reduction of inequities in underserved and more vulnerable groups. Promote operational research through local and regional networks to improve the epidemiological surveillance of sentinel events and the management of plans, strategies, and programs.
- Improve accessibility and quality of care related to essential interventions with a focus on vulnerable groups (e.g., small and sick newborns) through the development of guidelines, information for decision-making, and training materials.
- Develop and implement integrated and multisectoral actions for the health of women, mothers, newborns, children, adolescents, and adults in accordance with global and regional mandates.

OUTCOME 3 **Quality care for older people**

OUTCOME

Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands

PROPOSED BUDGET

\$4,000,000

PRIORITY TIER

Low

OUTPUTS (OPT)

3.1 **Countries and territories enabled to deliver integrated people-centered services across the continuum of care that responds to the needs of older persons**

OPT Indicator 3.1.a: Number of countries and territories that implement comprehensive assessments of older persons at the first level of care

	BASELINE	TARGET
	[2021] 4	[2023] 8

KEY TECHNICAL COOPERATION INTERVENTIONS

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

Response capacity for communicable diseases

OUTCOME

Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases

PROPOSED BUDGET

\$70,000,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

		BASELINE	TARGET
4.1	National health systems enabled to deliver and expand coverage of key quality services and interventions for HIV, sexually transmitted infections (STIs), tuberculosis (TB), and viral hepatitis (VH), through sustainable policies, up-to-date normative guidance and tools, and generation and use of strategic information		
	OPT Indicator 4.1.a: Number of countries and territories implementing national norms, standards, and tools aligned with PAHO and WHO guidelines on TB, HIV, STIs, and VH	[2021] 3	[2023] 8
4.2	Countries and territories enabled to effectively manage cases of arboviral diseases		
	OPT Indicator 4.2.a: Number of countries and territories implementing the new arboviral disease guidelines for patient care in the Region of the Americas	[2021] 7	[2023] 11
4.3	Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems		
	OPT Indicator 4.3.a: Number of NID-endemic countries and territories that implement PAHO recommendations on integrated interventions to reduce the burden of NIDs through their health systems	[2021] 7	[2023] 10
4.4	Countries and territories enabled to strengthen their political, technical, operational, and regulatory platform to reduce or eliminate malaria incidence		
	OPT Indicator 4.4.a: Number of countries and territories that have adopted PAHO/WHO-recommended malaria policies	[2021] 18/18	[2023] 18/18

		BASELINE	TARGET
4.5	Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan (under development) to reach unvaccinated and under-vaccinated populations		
	OPT Indicator 4.5.a: Number of countries and territories with DPT3 immunization coverage of at least 95% that are implementing strategies to reach unvaccinated and under-vaccinated populations	[2021] 22	[2023] 27
	OPT Indicator 4.5.b: Number of countries and territories generating evidence to support decisions on the introduction or post-introduction of new vaccines	[2021] 5	[2023] 10
4.6	Countries and territories supported in implementing the Integrated Management Strategy (IMS) for Arboviral Diseases		
	OPT Indicator 4.6.a: Number of countries and territories that have conducted IMS-arbovirus evaluations	[2021] 2	[2023] 4

KEY TECHNICAL COOPERATION INTERVENTIONS

- Provide guidance and technical cooperation to strengthen the capacity of integrated health services networks in the prevention, surveillance, early detection, treatment, control, and care of HIV, STIs, hepatitis, TB, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases, with a focus on the first level of care.
- Promote intersectoral and multilevel approaches to improve equitable access to quality health care through prevention, surveillance, early detection, treatment, control, and care for HIV, STIs, hepatitis, TB, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases.
- Advocate and support the incorporation of innovative approaches to the prevention, detection, treatment, and care of HIV, TB, STIs, and VH in line with WHO recommendations, including those introduced in response to the COVID-19 pandemic.
- Provide technical cooperation to support Member States to develop strategies and plans focusing on a sustainable response to HIV, TB, STIs, and VH using person-centered and integrated approaches.
- Improve country capacity for collection, analysis, and monitoring of data on HIV, STIs, hepatitis, TB, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases.
- Support countries to develop study protocols and implement impact and effectiveness studies for new vaccines.
- Maintain immunizations as a public health priority in the context of the COVID-19 pandemic.
- Strengthen Member States' capacities with respect to COVID-19 vaccination.

Access to services for NCDs and mental health conditions

OUTCOME

Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs)⁴⁰ and mental health conditions⁴¹

PROPOSED BUDGET

\$20,300,000

PRIORITY TIER

High

OUTPUTS (OPT)

		BASELINE	TARGET
5.1	Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages		
	OPT Indicator 5.1.a: Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease	[2021] 17	[2023] 20
5.2	Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments		
	OPT Indicator 5.2.a: Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments	[2021] 12	[2023] 15
5.3	Countries and territories enabled to provide quality, people-centered mental health services, based on primary health care strategies and comprehensive essential mental health service packages		
	OPT Indicator 5.3.a: Number of countries and territories with comprehensive mental health services integrated into primary health care in at least 50% of health care facilities	[2021] 12	[2023] 16
5.4	Countries and territories enabled to strengthen mental health information systems to monitor and report on the basic mental health indicators		
	OPT Indicator 5.4.a: Number of countries and territories that collect, analyze, and report basic mental health indicators within the national health information systems	[2021] 10	[2023] 15
5.5	Countries and territories enabled to improve access to health and health equity for people with disabilities and to strengthen rehabilitation and assistive technology services		
	OPT Indicator 5.5.a: Number of countries and territories that have defined a priority list of assistive devices and products	[2021] 3	[2023] 6

40 The four main types of NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.

41 Mental health conditions include mental, neurological, and substance use disorders.

KEY TECHNICAL COOPERATION INTERVENTIONS

- Strengthen health systems, improve integrated service delivery, scale up appropriate interventions, and improve surveillance for NCDs, mental health, disabilities, and substance use disorders. Equity, access, and quality will continue to be strong drivers to ensure that everyone benefits from screening and early detection, diagnosis, treatment, rehabilitation, and palliative care, in particular the most disadvantaged, marginalized, and hard-to-reach populations.
- Strengthen integrated approaches to implementing, scaling up, and evaluating evidence-based and cost-effective interventions for NCDs, disabilities, mental health, and substance use. These should include, among others, the package of essential noncommunicable disease interventions for primary health care and technical packages such as HEARTS and the WHO Mental Health Gap Action Programme (mhGAP), including its delivery via tele-mental health.
- Improve access to health services by people with disabilities, including access to rehabilitation/habilitation services and assistive devices. This should include people facing long-term consequences of COVID-19.
- Improve country capacity for data collection, analysis, surveillance, and monitoring of NCDs and their risk factors, disabilities and rehabilitation, and mental health conditions (including neurological disorders and substance use disorders).

OUTCOME 6 Response capacity for violence and injuries

OUTCOME

Improved response capacity for comprehensive, quality health services for violence and injuries

PROPOSED BUDGET

\$3,000,000

PRIORITY TIER

Low

OUTPUTS (OPT)

		BASELINE	TARGET
6.1	Countries and territories enabled to increase health service response capacity for road traffic injuries		
	OPT Indicator 6.1.a: Number of countries and territories that have a single emergency care access number with full national coverage	[2021] 18	[2023] 22
6.2	Countries and territories enabled to develop national standard operating procedures, protocols, and/or guidelines to strengthen the health system response to violence		
	OPT Indicator 6.2.a: Number of countries and territories that are implementing national standard operating procedures, protocols, and/or guidelines for the health system response to violence, aligned with PAHO and WHO guidelines	[2021] 16	[2023] 18

KEY TECHNICAL COOPERATION INTERVENTIONS

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

OUTCOME 7 Health workforce

OUTCOME

Adequate availability and distribution of a competent health workforce

PROPOSED BUDGET
\$12,500,000
PRIORITY TIER
Medium

OUTPUTS (OPT)

		BASELINE	TARGET
7.1	Countries and territories have formalized and initiated implementation of a national policy on human resources for health		
	OPT Indicator 7.1.a: Number of countries and territories that are implementing a national policy on human resources for health	[2021] 7	[2023] 22
7.2	Countries and territories have developed interprofessional teams at the first level of care with combined capacities for integrated care		
	OPT Indicator 7.2.a: Number of countries and territories with a norm that defines the capacities and scope of practices of interprofessional teams at the first level of care	[2021] 9	[2023] 21

KEY TECHNICAL COOPERATION INTERVENTIONS

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

OUTCOME

Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage

PROPOSED BUDGET

\$36,400,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

		BASELINE	TARGET
8.1	Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies		
	OPT Indicator 8.1.a: Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies	[2021] 10	[2023] 15
	OPT Indicator 8.1.b: Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products	[2021] 6	[2023] 12
8.2	Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products		
	OPT Indicator 8.2.a: Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool	[2021] 15	[2023] 18
8.3	Countries and territories enabled to improve affordability and access to medicines and other health technologies		
	OPT Indicator 8.3.a: Number of countries and territories with a comprehensive multisource/generic medicines strategy	[2021] 5	[2023] 11
	OPT Indicator 8.3.b: Number of countries and territories with pricing strategies for medicines and other health technologies	[2021] 7	[2023] 8
8.4	Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services		
	OPT Indicator 8.4.a: Number of countries and territories implementing a national plan to strengthen access to radiological services and/or radiation safety	[2021] 13	[2023] 25
	OPT Indicator 8.4.b: Number of countries and territories implementing a national plan to strengthen access to pharmaceutical services	[2021] 5	[2023] 8
	OPT Indicator 8.4.c: Number of countries and territories implementing national strategies/mechanisms to improve access, quality, safety, or rational use of blood in their services	[2021] 10	[2023] 15
	OPT Indicator 8.4.d: Number of countries and territories implementing a national plan or strategies to strengthen access to transplant services	[2021] 8	[2023] 12

8.5	Countries and territories enabled to improve supply chain management of quality-assured and safe health products	BASELINE	TARGET
	OPT Indicator 8.5.a: Number of countries and territories implementing plans to manage and oversee the essential medicines supply chain, including planning, forecasting, and availability	[2021] 3	[2023] 11
8.6	Countries and territories enabled to improve antibiotic use and monitoring in support of the implementation of national plans for containment of antimicrobial resistance		
	OPT Indicator 8.6.a: Number of countries and territories that have a strategy/mechanism for antibiotic sales estimation and that enforce antibiotic sales under prescription	[2021] 5	[2023] 9
8.7	Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, and management, and for rational use of medicines and other health technologies		
	OPT Indicator 8.7.a: Number of countries and territories with mechanisms for health technology assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies	[2021] 4	[2023] 7

KEY TECHNICAL COOPERATION INTERVENTIONS

- Promote and update policies, norms, and strategies that ensure timely access to and rational use of safe, affordable, quality-assured, and cost-effective health technologies, including but not limited to pharmaceuticals, vaccines and diagnostics, and medical devices.
- Provide cooperation to strengthen national and subregional regulatory systems, as well as capacities to manage and oversee medical product supply chains and to ensure quality of affordable health technologies, through national and regional strategies such as the regional procurement mechanisms.
- Work with countries to ensure access to quality and safe radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services.
- Foster regional networks and other collaborative mechanisms to strengthen capacities, information sharing, and work sharing to improve governance and oversight of national health and regulatory authorities regarding the selection, incorporation, regulation, and use of medicines and other health technologies.

OUTCOME

Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health

PROPOSED BUDGET

\$10,100,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

		BASELINE	TARGET
9.1	Countries and territories enabled to implement the essential public health functions		
	OPT Indicator 9.1.a: Number of countries and territories implementing a strategy and/or plan of action to improve the essential public health functions	[2021] 4	[2023] 10
	OPT Indicator 9.1.b: Number of countries and territories with the national health authority enabled to address ethical issues in public health	[2021] 7	[2023] 9
9.2	Countries and territories enabled to monitor and evaluate health systems transformation strategies for universal health		
	OPT Indicator 9.2.a: Number of countries and territories with mechanisms for monitoring and evaluating progress toward universal health using PAHO's framework	[2021] 7	[2023] 13
9.3	Policy options, tools, and technical guidance provided to countries to improve the regulation of the provision and financing of health services		
	OPT Indicator 9.3.a: Number of countries and territories implementing regulatory frameworks for the provision and financing of health services	[2021] 5	[2023] 10
9.4	Countries and territories enabled to develop and implement legislative frameworks for universal access to health and universal health coverage		
	OPT Indicator 9.4.a: Number of countries and territories that have established, reviewed, and/or updated health-related legislation and regulatory frameworks in support of universal access to health and universal health coverage, human rights, and other health-related matters	[2021] 4	[2023] 12
9.5	Policy options, tools, and technical guidance provided to countries and territories for increasing equitable access to comprehensive, timely, quality health services and financial protection for migrant populations		
	OPT Indicator 9.5.a: Number of countries and territories implementing interventions and actions to promote and protect the health and well-being of the migrant population within national health policies, plans, and programs	[2021] 7	[2023] 12

KEY TECHNICAL COOPERATION INTERVENTIONS

- Adapt and implement tools for the monitoring and evaluation of barriers to access and factors that influence access to health care in the Americas.
- Support countries in the development of policies and interventions that address institutional and organizational determinants of access to health care.
- Provide technical cooperation to strengthen health systems' capacity to deliver integrated and comprehensive public health actions.
- Develop and implement a tool to evaluate the essential public health functions and develop road maps for improvement.

OUTCOME 10 **Increased public financing for health**

OUTCOME

Increased and improved sustainable public financing for health, with equity and efficiency

PROPOSED BUDGET

\$4,400,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

10.1 Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health

	BASELINE	TARGET
OPT Indicator 10.1.a: Number of countries and territories implementing equitable health financing strategies and reforms to sustain progress toward universal health	[2021] 8	[2023] 12
OPT Indicator 10.1.b: Number of countries and territories implementing systems for improved resource allocation for universal health	[2021] 8	[2023] 12
OPT Indicator 10.1.c: Number of countries and territories with institutional capacity to produce health accounts using the System of Health Accounts (SHA) 2011 methodology	[2021] 12	[2023] 15

KEY TECHNICAL COOPERATION INTERVENTIONS

- Develop fiscal space to invest in health and advance toward the reference target for public expenditure on health of 6% of GDP.
- Prioritize investments in the first level of care within Integrated Health Service Delivery Networks, with a people-, family-, and community-centered approach.
- Prioritize investments in the essential public health functions to improve resilience, preparedness, and response to health emergencies.
- Establish solidarity-based pooling arrangements for efficient and equitable use of diverse sources of public financing.
- Develop systems for budgetary formulation and allocation and for purchasing and payment to suppliers that promote efficiency and equity in the allocation of strategic resources.
- Develop tools and capabilities in health economics and health financing, including financial indicators for resource tracking and policy decision-making.

OUTCOME 11 **Strengthened financial protection**

OUTCOME

Strengthened protection against health-related financial risks and hardships for all persons

PROPOSED BUDGET

\$4,100,000

PRIORITY TIER

Low

OUTPUTS (OPT)

11.1 Countries and territories enabled to implement strategies to strengthen financial protection in health

	BASELINE	TARGET
OPT Indicator 11.1.a: Number of countries and territories implementing specific strategies to eliminate direct payments at the point of service	[2021] 11	[2023] 14

KEY TECHNICAL COOPERATION INTERVENTIONS

- Develop financing strategies to eliminate direct payments that constitute a barrier to access to health services at the point of service, increasing equity.
- Develop financial protection against impoverishing or catastrophic expenditure, with new public financing for health.
- Implement or advance in reforms toward solidarity-based pooling mechanisms to replace direct payment as a financing mechanism, combat segmentation, and increase solidarity and efficiency.

OUTCOME

Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action

PROPOSED BUDGET

\$26,000,000

PRIORITY TIER

High

OUTPUTS (OPT)

	BASELINE	TARGET
<p>12.1 Countries and territories enabled to improve awareness and understanding of antimicrobial resistance (AMR) through effective communication, education, and training</p> <p>OPT Indicator 12.1.a: Number of countries and territories that have campaigns on antimicrobial resistance and rational use aimed at the general public and at professional sectors</p>	[2021] 21	[2023] 25
<p>12.2 Countries and territories enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infection through effective sanitation, hygiene, and infection prevention measures</p> <p>OPT Indicator 12.2.a: Number of countries and territories with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities</p>	[2021] 18	[2023] 20
<p>12.3 High-level political commitment sustained and effective coordination in place at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals</p> <p>OPT Indicator 12.3.a: Number of countries and territories with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance</p>	[2021] 19	[2023] 21
<p>12.4 Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance</p> <p>OPT Indicator 12.4.a: Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance</p>	[2021] 18	[2023] 22
<p>12.5 Countries and territories enabled to identify and address HIV, TB, STIs, and VH social determinants and risk factors through multisectoral action, with the participation of public and private sectors and engagement of civil society</p> <p>OPT Indicator 12.5.a: Number of countries and territories implementing the Engage-TB approach</p>	[2021] 8	[2023] 16

	BASELINE	TARGET
<p>12.6 Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions</p> <p>OPT Indicator 12.6.a: Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs</p>	[2021] 2	[2023] 5
<p>12.7 Countries and territories enabled to implement international standards and strategies for food safety to prevent and mitigate foodborne illnesses, including infections produced by resistant pathogens, with a One Health approach</p> <p>OPT Indicator 12.7.a: Number of countries and territories that have in place or under implementation intersectoral mandatory risk-based regulatory mechanisms, food monitoring and foodborne surveillance systems, or any other practice to protect public health from foodborne diseases, with a One Health approach</p>	[2021] 5	[2023] 18
<p>12.8 Countries and territories enabled to implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach</p> <p>OPT Indicator 12.8.a: Number of countries and territories that have programs to prevent or mitigate zoonotic diseases</p>	[2021] 21	[2023] 35
<p>12.9 Countries and territories enabled to implement actions for eliminating vector-borne transmission of <i>T. cruzi</i> by the main or secondary vector</p> <p>OPT Indicator 12.9.a: Number of countries and territories with integrated territorial actions for prevention, control, and/or surveillance of vector-borne transmission of <i>Trypanosoma cruzi</i></p>	[2021] 17	[2023] 21

KEY TECHNICAL COOPERATION INTERVENTIONS

- Implement and/or scale up interventions to increase civil society participation in TB prevention and control based on recent regional projects and country experiences.
- Implement strategies for control of domestic infestation by the main triatomine vector species or by the substitute vector. In addition, continue to foster capacity at country level for the prevention of blood transmission of Chagas disease and for management and clinical care of chronic patients.
- Develop and strengthen country capacities to monitor AMR in bloodstream infections; foster implementation of antimicrobial stewardship and infection prevention and control programs aimed at containing AMR; and promote behavior change based on a better knowledge of AMR under the One Health approach.
- Provide technical cooperation and support Member States to develop and implement effective strategies to increase vaccination coverage, especially for hard-to-reach populations and communities, and continue activities to control, eradicate, and eliminate vaccine-preventable diseases.
- Develop and implement interventions to strengthen national food safety systems, with a multisectoral approach, to prevent foodborne illnesses, including infections produced by resistant pathogens.
- Increase access to interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach.

OUTCOME 13 Risk factors for NCDs

OUTCOME

Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action

PROPOSED BUDGET

\$27,000,000

PRIORITY TIER

High

OUTPUTS (OPT)

13.1 Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflicts of interest

	BASELINE	TARGET
OPT Indicator 13.1.a: Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions	[2021] 8	[2023] 11
OPT Indicator 13.1.b: Number of countries and territories implementing policies to reduce physical inactivity and promote physical activity	[2021] 25	[2023] 30
OPT Indicator 13.1.c: Number of countries and territories implementing policies to reduce salt/sodium consumption in the population	[2021] 15	[2023] 27
OPT Indicator 13.1.d: Number of countries and territories implementing fiscal policies and/or regulatory frameworks on food marketing and/or front-of-package warning labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer	[2021] 17	[2023] 22
OPT Indicator 13.1.e: Number of countries and territories implementing policies to regulate the marketing, sales, and availability of unhealthy food and drink products in schools	[2021] 25	[2023] 29
OPT Indicator 13.1.f: Number of countries and territories implementing policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply	[2021] 6	[2023] 25
OPT Indicator 13.1.g: Number of Member States that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement	[2021] 13	[2023] 17

KEY TECHNICAL COOPERATION INTERVENTIONS

- Enable countries to improve legislation and multisector policies that address the major risk factors for NCDs, increasing capacity for advocacy and management of conflicts of interest.
- Support the drafting, enactment, design, implementation, and evaluation of tobacco control policies consistent with the WHO FCTC, with emphasis on the four WHO “best buys” (increase tobacco taxes, positioning them as part of COVID-19 recovery plans; establish smoke-free environments in all indoor public places and workplaces; establish mandatory large and graphic health warnings on tobacco packaging; and ban tobacco advertising, promotion, and sponsorship), and strengthen surveillance systems for tobacco. These measures will be implemented considering the existing regulatory options for new and novel tobacco and nicotine products.

OUTCOME 13 *Continued*

- Implement the WHO SAFER package to reduce harmful use of alcohol, together with strengthening advocacy, evidence, and monitoring of alcohol consumption, harms, and policies.
- Support the development and implementation of policies, protocols, and technical tools to implement updated regional salt reduction targets for processed and ultra-processed food, as well as other salt reduction policies and interventions that are part of WHO’s SHAKE package and “best buys.”
- Support countries in implementing multisectoral policies to promote physical activity in line with the Global Action Plan on Physical Activity 2018-2030 (GAPPA).
- Support plans, policies, interventions, and surveillance to eliminate industrially produced trans-fatty acids in line with the regional Plan of Action for the Elimination of Industrially Produced Trans-fatty Acids 2020-2025 and WHO’s REPLACE package.

OUTCOME 14 Malnutrition

OUTCOME

Malnutrition in all its forms reduced

PROPOSED BUDGET

\$6,000,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

14.1 Countries and territories enabled to develop and monitor implementation of policies and plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals

	BASELINE	TARGET
OPT Indicator 14.1.a: Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals	[2021] 30	[2023] 32
OPT Indicator 14.1.b: Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices	[2021] 8	[2023] 12
OPT Indicator 14.1.c: Number of countries and territories implementing policies to prevent stunting in children under 5 years of age	[2021] 24	[2023] 30

KEY TECHNICAL COOPERATION INTERVENTIONS

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

OUTCOME

Improved intersectoral action to contribute to the reduction of violence and injuries

PROPOSED BUDGET

\$3,000,000

PRIORITY TIER

Low

OUTPUTS (OPT)

	BASELINE	TARGET
15.1 Countries and territories enabled to strengthen multisectoral policies and legislation that promote road safety and lower associated risk factors OPT Indicator 15.1.a: Number of countries and territories that have road safety laws or regulations on all five key risk factors: speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints	[2021] 0	[2023] 4
15.2 Capacity of key sectors strengthened to prevent violence through multisectoral collaboration OPT Indicator 15.2.a: Number of countries and territories that have a national multisectoral coalition/task force to prevent and respond to violence that includes the health sector	[2021] 28	[2023] 30

KEY TECHNICAL COOPERATION INTERVENTIONS

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

OUTCOME

Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions⁴² and suicide, and diminished stigmatization, through intersectoral action

PROPOSED BUDGET

\$5,000,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

		BASELINE	TARGET
16.1	Countries and territories enabled to strengthen multisectoral policies and legislation for mental health in line with PAHO/WHO policies		
	OPT Indicator 16.1.a: Number of countries and territories implementing policies and legislative frameworks to promote and improve mental health	[2021] 18	[2023] 22
16.2	Countries and territories enabled to develop suicide prevention plans		
	OPT Indicator 16.2.a: Number of countries and territories with national multisectoral policies aimed at the prevention of suicide across the life course and addressing its risk factors and social determinants	[2021] 15	[2023] 25

KEY TECHNICAL COOPERATION INTERVENTIONS

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

42 Mental health conditions include mental, neurological, and substance use disorders.

OUTCOME

Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases

PROPOSED BUDGET

\$26,000,000

PRIORITY TIER

Medium

OUTPUTS (OPT)

	BASELINE	TARGET
17.1 Countries and territories enabled to provide early diagnosis, treatment, case investigation, and response toward malaria elimination and prevention of reestablishment		
OPT Indicator 17.1.a: Number of countries and territories implementing PAHO/WHO-recommended interventions in active foci and areas at risk of reestablishment of malaria	[2021] 23/37	[2023] 30/37
17.2 Countries and territories enabled to accelerate, expand, or maintain interventions for the elimination of NIDs, HIV, STIs, TB, and viral hepatitis as public health problems		
OPT Indicator 17.2.a: Number of countries and territories implementing PAHO policies and frameworks for diseases targeted for elimination as recommended in the Elimination Initiative	[2021] 0	[2023] 2
17.3 Implementation of the plan of action to eliminate perinatal transmission of hepatitis B		
OPT Indicator 17.3.a: Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours	[2021] 31	[2023] 32
17.4 Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)		
OPT Indicator 17.4.a: Number of countries and territories with official status as foot-and-mouth disease (FMD) free, with or without vaccination, in accordance with the timeline and expected results established in the PHEFA Action Plan 2011-2020	[2021] 12	[2023] 12
17.5 Maintenance of regional surveillance system for monitoring of acute flaccid paralysis		
OPT Indicator 17.5.a: Number of countries and territories that have met at least three of the indicators for monitoring the quality of epidemiological surveillance of acute flaccid paralysis cases	[2021] 2	[2023] 5
17.6 Implementation of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023		
OPT Indicator 17.6.a: Number of countries that have met the established minimum annual rate of suspected measles/rubella cases plus at least three of the five surveillance indicators defined in the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023.	[2021] 6/33	[2023] 15/33

OUTCOME 17 *Continued*

		BASELINE	TARGET
17.7	Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus)		
	OPT Indicator 17.7.a: Number of endemic countries and territories with screening and diagnosis of Chagas implemented for all newborns of mothers tested positive (for Chagas disease) during prenatal care	[2021] 1	[2023] 3
17.8	Countries and territories enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs		
	OPT Indicator 17.8.a: Number of countries and territories implementing plans of action to strengthen prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs	[2021] 31	[2023] 35

KEY TECHNICAL COOPERATION INTERVENTIONS

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

OUTCOME **18** **Social and environmental determinants**

OUTCOME

Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability

PROPOSED BUDGET

\$17,000,000

PRIORITY TIER

Low

OUTPUTS (OPT)

		BASELINE	TARGET
18.1	Countries and territories enabled to address the social determinants of health		
	OPT Indicator 18.1.a: Number of countries and territories that have developed national, subnational, or local health policies, plans, programs, and projects that address the social determinants of health and inequities	[2021] 7	[2023] 9

		BASELINE	TARGET
18.2	Countries and territories enabled to address environmental determinants of health including air quality, chemical safety, climate change, and water and sanitation		
	OPT Indicator 18.2.a: Number of countries and territories with water safety plans, policies, and/or programs in place and aligned with the WHO guidelines	[2021] 14	[2023] 16
	OPT Indicator 18.2.b: Number of countries and territories with sanitation safety plans, policies, and/or programs in place and aligned with the WHO guidelines	[2021] 16	[2023] 18
	OPT Indicator 18.2.c: Number of countries and territories that incorporate health protection and prevention interventions in their outdoor air quality plans, policies, and/or programs, following the WHO guidelines	[2021] 9	[2023] 14
	OPT Indicator 18.2.d: Number of countries and territories that incorporate health protection and prevention interventions in their chemical management plans, policies, and/or programs, following the WHO Chemicals Road Map, including implementation of the Minamata Convention on Mercury	[2021] 7	[2023] 15
	OPT Indicator 18.2.e: Number of countries and territories with health adaptation plans on climate change in place	[2021] 3	[2023] 16
	OPT Indicator 18.2.f: Number of countries and territories that incorporate health protection and prevention interventions in their household air quality plans, policies, and/or programs to reduce emissions from cooking, following the WHO guidelines	[2021] 7	[2023] 11
18.3	Countries and territories enabled to prevent key occupational diseases		
	OPT Indicator 18.3.a: Number of countries and territories that apply guidelines and implement surveillance systems to prevent, diagnose, and record chronic kidney disease of nontraditional causes (CKDnT) and/or key pneumoconioses	[2021] 7	[2023] 12

KEY TECHNICAL COOPERATION INTERVENTIONS

- Build capacity in countries at national, subnational, and local levels to implement policies that address the social determinants of health, to evaluate the health impact of policies outside of the health sector, and to monitor and evaluate the social determinants of health and intersectoral work.
- Strengthen national and subnational governance mechanisms to address environmental determinants of health using the essential public health functions framework in four technical areas: air quality, chemical safety, climate change, and water, sanitation, and hygiene. This will be implemented through three overarching initiatives: a) improving the performance of environmental public health programs and institutions; b) building climate-resilient and environmentally sustainable health care systems; and c) building climate-resilient and environmentally healthy cities and communities.
- Build capacity of countries to prevent, diagnose, and record occupational diseases. This includes supporting countries to use occupational health and safety approaches to protect the regional workforce within the context of COVID-19 response and recovery.

OUTCOME

Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action

PROPOSED BUDGET

\$6,000,000

PRIORITY TIER

Low

OUTPUTS (OPT)

	BASELINE	TARGET
19.1 Countries and territories enabled to adopt, review, and revise laws, regulations, and policies to create healthy settings, including schools, universities, housing, and workplaces		
OPT Indicator 19.1.a: Number of countries and territories that produce annual progress reports on health promotion in at least two categories of healthy settings	[2021] 15	[2023] 16
19.2 Countries and territories enabled to develop and/or strengthen city and municipal government capacities to include health promotion as a priority		
OPT Indicator 19.2.a: Number of countries and territories that have capacity-building programs to enable local-level governments to integrate health promotion in their planning	[2021] 17	[2023] 19
19.3 National, subnational, and local governance mechanisms used to address health determinants, applying the Health in All Policies approach		
OPT Indicator 19.3.a: Number of countries and territories that have established an intersectoral mechanism at national or subnational and local government levels to address the determinants of health, applying the Health in All Policies approach	[2021] 10	[2023] 12
19.4 Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector		
OPT Indicator 19.4.a: Number of countries and territories implementing a national health promotion policy ⁴³	[2021] 11	[2023] 12
OPT Indicator 19.4.b: Number of countries and territories implementing mechanisms that facilitate the participation of community organizations and leaders in public health programs	[2021] 14	[2023] 17

KEY TECHNICAL COOPERATION INTERVENTIONS

- Implement the Health in All Policies approach at all levels of government to promote health and well-being, including guidance and support to strengthen urban governance for health and well-being in cities and at local level.
- Develop and implement regional criteria and guidance for Healthy Schools and Healthy Municipalities.
- Build country capacity for the incorporation of health promotion within health services and systems, based on the principles of primary health care.
- Support countries to strengthen mechanisms that enable community participation and civil society engagement.
- Provide guidance and support countries to include the health promotion approach within the context of COVID-19 response and recovery.

43 In the case of federal countries, this can also include subnational health promotion policies.

OUTCOME

Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau

PROPOSED BUDGET

\$16,400,000

PRIORITY TIER

High

OUTPUTS (OPT)

	BASELINE	TARGET
20.1 Countries and territories enabled to develop and implement national plans for strengthening information systems for health (IS4H) that are based on assessments		
OPT Indicator 20.1.a: Number of countries and territories that have conducted an assessment and developed a plan to strengthen information systems for health (IS4H)	[2021] 26	[2023] 30
20.2 Countries and territories enabled to adopt and implement national plans of action for strengthening the quality and coverage of vital statistics		
OPT Indicator 20.2.a: Number of countries and territories implementing an updated plan of action for strengthening the quality and coverage of vital statistics	[2021] 47	[2023] 48
20.3 Countries and territories enabled to adopt and implement digital health strategies		
OPT Indicator 20.3.a: Number of countries and territories implementing a digital health strategy aligned with the WHO global strategy	[2021] 16	[2023] 24

KEY TECHNICAL COOPERATION INTERVENTIONS

- Collaborate with Member States to strengthen information systems for health and to position the health sector within the process of digital transformation of governments.
- Develop and/or reinforce Member States' information systems for health and digital health strategies to ensure critical data gathering and interoperability in all processes, including, but not limited to, data governance, data collection and archiving, interinstitutional data exchange, eHealth, monitoring and evaluation, reporting, policies, and laws regarding use of health-related data.
- Build capacity for digital transformation, digital literacy, and interinstitutional exchange of data; information systems for health governance and leadership models; mechanisms for data collection; standardized health data that include disaggregated data at the national and subnational levels; and standards and processes that permit the measurement, monitoring, and ongoing improvement of high-quality information, as well as informed policy and decision-making.

OUTCOME

Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision-making at national and subnational levels

PROPOSED BUDGET

\$16,500,000

PRIORITY TIER

Low

OUTPUTS (OPT)

	BASELINE	TARGET
21.1 Countries and territories enabled to generate and apply scientific evidence for health		
OPT Indicator 21.1.a: Number of countries and territories integrating scientific evidence on health into practices, programs, or policies, using standardized methodologies	[2021] 12	[2023] 16
21.2 Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health		
OPT Indicator 21.2.a: Number of countries and territories with mechanisms (policies, standards, tools, etc.) in place for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health	[2021] 15	[2023] 30
OPT Indicator 21.2.b: Number of PASB policies, standards, tools, etc., for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health	[2021] 8	[2023] 11
21.3 Countries and territories enabled to generate, analyze, and present health-related information, including on SDG 3		
OPT Indicator 21.3.a: Number of countries and territories that generate and disseminate reports on Sustainable Development Goal 3 indicators, disaggregated by relevant stratifiers	[2021] 8	[2023] 18

KEY TECHNICAL COOPERATION INTERVENTIONS

- Develop and/or scale up institutional capacities within Member States for the systematic and transparent uptake of evidence to inform policy and decision-making, and implement standardized evidence mechanisms derived from global science, local data, and specific contextual knowledge to improve policy, systems, and services.
- Build capacity to collect, analyze, disseminate, and use data disaggregated by regional, national, and subnational levels to monitor progress toward the regional goals for health priorities.
- Increase the availability and use of multilingual scientific and technical literature, facilitating more equitable access to information and knowledge among Member States and reducing the gaps of the digital divide.

OUTCOME

Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities

PROPOSED BUDGET

\$3,800,000

PRIORITY TIER

Low

OUTPUTS (OPT)

	BASELINE	TARGET
22.1 Countries and territories enabled to conduct research for health based on national health priorities		
OPT Indicator 22.1.a: Number of countries and territories with a defined policy framework for research for health, including public health and health systems research	[2021] 10	[2023] 11
22.2 Countries and territories enabled to address priority ethical issues related to research for health		
OPT Indicator 22.2.a: Number of countries and territories with the national health authority enabled to address ethical issues and establish effective mechanisms for ethics oversight of research	[2021] 14	[2023] 16
22.3 Countries and territories enabled to increase the production and dissemination of relevant health research		
OPT Indicator 22.3.a: Number of countries and territories that have increased the number of health research publications that respond to priority research agendas and the Sustainable Development Goals	[2021] 7	[2023] 13
22.4 Countries and territories enabled to build institutional capacities and competent research networks and teams, with increased funding for research that is relevant to public health and health systems strengthening		
OPT Indicator 22.4.a: Number of countries and territories reporting updated data on funding flows to the WHO Global Observatory on Health Research and Development	[2021] 13	[2023] 13

KEY TECHNICAL COOPERATION INTERVENTIONS

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

OUTCOME

Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector

PROPOSED BUDGET

\$27,000,000

PRIORITY TIER

High

OUTPUTS (OPT)

		BASELINE	TARGET
23.1	All-hazards emergency preparedness capacities in countries and territories assessed and reported		
	OPT Indicator 23.1.a: Number of States Parties completing annual reporting on the International Health Regulations (2005)	[2021] 35	[2023] 35
	OPT Indicator 23.1.b: Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector	[2021] 29	[2023] 35
23.2	Countries and territories enabled to strengthen capacities for emergency preparedness		
	OPT Indicator 23.2.a: Number of States Parties with national action plans developed for strengthening International Health Regulations (2005) core capacities	[2021] 24	[2023] 35
	OPT Indicator 23.2.b: Number of countries and territories with full-time staff assigned to health emergencies	[2021] 40	[2023] 42
23.3	Countries and territories operationally ready to assess and manage identified risks and vulnerabilities		
	OPT Indicator 23.3.a: Number of States Parties that have conducted simulation exercises or after-action review	[2021] 28	[2023] 28
23.4	Countries and territories enabled to improve the safety and security of integrated health services networks		
	OPT Indicator 23.4.a: Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services	[2021] 29	[2023] 32
23.5	Countries and territories enabled to implement the most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment		
	OPT Indicator 23.5.a: Number of countries and territories that include criteria for disaster mitigation and climate change adaptation in the planning, design, construction, and operation of health services	[2021] 15	[2023] 20

KEY TECHNICAL COOPERATION INTERVENTIONS

- Provide technical cooperation to countries to ensure that they have the capacities for all-hazard health emergency and disaster risk management, including the core capacities needed to fulfill their responsibilities under the International Health Regulations (IHR), as well as to address the priorities for action in the Sendai Framework for Disaster Risk Reduction and the health security-related targets of the Sustainable Development Goals. Strong emphasis will be placed on strengthening areas of low capacity highlighted by the COVID-19 pandemic.
- Work with countries on strengthening the leadership role of national health authorities with respect to preparedness, monitoring, and response; supporting the development and implementation of national multi-hazard preparedness and response plans; identifying and implementing inclusive strategies, particularly for groups in conditions of vulnerability; maintaining the essential public health functions to provide quality public health services that can handle epidemics while still advancing toward universal health care; and scaling up preparedness in special contexts, including urban settings, Small Island Developing States, overseas territories, and conflict settings, among others.
- Support countries in the adoption and monitoring of benchmarks for health emergencies and disaster preparedness; coordinate with States Parties in their efforts to prepare and submit the IHR State Party Annual Report to the World Health Assembly and conduct simulation exercises, after-action reviews, and voluntary assessment of country core capacities. PASB will work with countries to develop and apply quantitative and qualitative assessment that complements/reinforces the IHR monitoring and evaluation framework to illuminate the gaps and weaknesses in national systems, including in the areas of governance, preparedness, and readiness capacities at subnational and national levels. PASB will also provide support to translate that knowledge into action to better protect countries and communities against the impact of future public health crises and advocate for greater national investment in preparedness based on best practices in countries that responded effectively to COVID-19 and prior emergencies.
- Promote and facilitate the implementation of disaster risk reduction actions, including the Safe Hospitals initiative and the eventual expansion of the Smart Hospitals initiative to other Member States, in order to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in conditions of vulnerability.
- Support development and implementation of standardized assessment tools and approaches to assess, map, and prioritize health emergency risks according to context, and increase the operational readiness of countries and territories to respond to those risks through actions such as the updating and establishment of coordination procedures based on current subregional, regional, and global systems and partnerships for humanitarian health assistance. This includes establishing efficient and effective response teams, Incident Management Systems, and adapted tools for the coordination of international humanitarian assistance in the health sector, as well as interoperable health emergency response through expansion and strengthening of Emergency Medical Teams and other mechanisms.

OUTCOME

Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

PROPOSED BUDGET

\$26,000,000

PRIORITY TIER

High

OUTPUTS (OPT)

		BASELINE	TARGET
24.1	Research agendas, predictive models, and innovative tools, products, and interventions available for high-threat health hazards		
	OPT Indicator 24.1.a: Number of tools implemented for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface	[2021] 3	[2023] 4
	OPT Indicator 24.1.b: Number of strategies in place at PAHO for deployment and use of the most effective package of control measures, including management and logistics for stockpiles	[2021] 11	[2023] 15
24.2	Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale		
	OPT Indicator 24.2.a: Number of countries and territories with strategies and/or plans in place to detect and respond to high-threat infectious pathogens	[2021] 28	[2023] 28
24.3	Countries and territories enabled to mitigate the risk of the emergence/reemergence of high-threat infectious pathogens		
	OPT Indicator 24.3.a: Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to emerging and high-threat pathogens	[2021] 19	[2023] 25
	OPT Indicator 24.3.b: Number of countries and territories performing regular monitoring/auditing of infection prevention and control practices in referral care facilities	[2021] 19	[2023] 25
	OPT Indicator 24.3.c: Number of countries and territories with an operational surveillance and response system for influenza and other respiratory viruses	[2021] 29	[2023] 29

KEY TECHNICAL COOPERATION INTERVENTIONS

- Improve knowledge and information sharing on preventing and managing emerging and reemerging high-threat infectious hazards; enhance surveillance and response for epidemic diseases, including establishing and/or working through networks (e.g., laboratory, biosafety and biosecurity, clinical management, infection prevention and control capacities, and epidemiological surveillance networks) to strengthen countries' capacities and contribute to global mechanisms and processes, in accordance with IHR provisions. PASB will also manage regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.
- Support countries to prepare for and respond to high-threat pathogens and biosecurity hazards, strengthening the relevant components of their multi-hazard national preparedness plans designed to respond to major epidemics caused by high-threat pathogens with known and currently unknown countermeasures. These include epidemiological surveillance, laboratory strengthening and networking, case management and infection prevention and control, and intersectoral coordination to address the needs of populations in conditions of vulnerability.

OUTCOME 24 *Continued*

- Improve capacities for modeling and forecasting the risk of emerging and reemerging high-threat pathogens, including those at the human-animal interface, to monitor their level of occurrence and enable a more effective response. In readiness for future threats, PASB will support the refinement, formalization, and institutionalization of tools and systems that were rapidly scaled up and adapted in response to COVID-19, as applicable.
- Build stronger capacities for health security preparedness at the human-animal interface in order to address identified risks, including zoonotic diseases of known and unknown origin, through the One Health approach. This work will be carried out with partners in animal health, mainly the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE).
- Support countries to develop and implement innovative approaches to tackle the threat of misinformation and disinformation, such as building a new workforce of “infodemiologists and infodemic managers.” Community engagement will be promoted before, during, and after emergencies.

OUTCOME 25 Health emergencies detection and response

OUTCOME

Rapid detection, assessment, and response to health emergencies

PROPOSED BUDGET

\$25,000,000

PRIORITY TIER

High

OUTPUTS (OPT)

	BASELINE	TARGET
25.1 Potential health emergencies rapidly detected, and risks assessed and communicated		
OPT Indicator 25.1.a: Median number of days between substantiated onset of public health event and date information first received or detected by PAHO	[2021] 30 days	[2023] 25 days
OPT Indicator 25.1.b: Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24 hours	[2021] 70%	[2023] 80%
OPT Indicator 25.1.c: Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision makers, in any format, starting within one week of grading or of posting on the Event Information Site (EIS)	[2021] 90%	[2023] 90%
25.2 Acute health emergencies rapidly responded to, leveraging relevant national and international capacities		
OPT Indicator 25.2.a: Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threat, in which PASB meets performance standards	[2021] 90%	[2023] 90%
25.3 Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings		
OPT Indicator 25.3.a: Percentage of protracted-emergency countries in which PASB meets performance standards	[2021] 90%	[2023] 90%
25.4 Standing capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action		
OPT Indicator 25.4.a: Number of PAHO/WHO Representative Offices that meet minimum readiness criteria	[2021] 27	[2023] 30

KEY TECHNICAL COOPERATION INTERVENTIONS

- Support countries to strengthen capacity at national and subnational levels for the implementation, monitoring, and evaluation of early warnings, alerts, and responses, and to improve compliance with the International Health Regulations (2005) in the areas of detection, verification, assessment, and communication on the Event Information Site (EIS) platform.
- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. In cases of graded and protracted emergencies, PASB will provide data management, analytics, and reporting platforms to produce and disseminate timely standardized information products for all these events, including updated situational analysis, risk assessment, and mapping of available health resources and response capacities. PASB will also work to improve the evidence base in order to inform national and international decision-making, thus contributing to timely risk assessments, response monitoring, and field investigations. This will be achieved through the development of public health indicators for emergencies and disasters and technical cooperation to build data management and epidemiology capacities for these events.
- Monitor for signals of potential threats and coordinate surveillance networks to establish early warning systems. For all signals involving high-threat pathogens or clusters of unexplained deaths in high-vulnerability countries, PASB will initiate an on-site risk assessment within 72 hours of detection. PASB will also publish risk assessments for all public health events requiring publication for the use of the National IHR Focal Points on the Event Information Site within 48 hours of the completion of the assessment. At the same time, PASB will work to continually improve public health intelligence systems and processes, including by capitalizing on new technologies for detecting, verifying, and assessing potential public health events.
- Enhance PASB's capacity to lead, monitor, coordinate, and manage emergency response, with a strong focus on ensuring continued and optimal operation of the PAHO Emergency Operations Center (EOC) and on the ability to establish and operate Incident Management Systems (IMS) at national, subregional, and regional levels. Concerted efforts will also be directed toward strengthening PAHO's response capacity at all functional levels, including surge capacity response mechanisms, such as its regional health response team and the Global Outbreak Alert and Response Network (GOARN), as well as emergency management and response systems, to allow for the implementation of WHO's critical functions in humanitarian emergencies. PASB will also ensure that relevant policies, processes, and mechanisms are in place to guarantee that essential operations support and logistics will be established and emergency supplies distributed to points of service within 72 hours of grading for all graded risks and events.
- Provide timely, effective, and efficient technical and operations support to countries to ensure that emergency-affected populations have access to an essential package of life-saving health services. This includes, but is not limited to, establishment of comprehensive IMS and coordination of health emergency partners on the ground within 72 hours of grading for all graded risks and events, development and implementation of a strategic response and joint operations plan, and provision of operational support and critical specialized health logistics services, as required (including fleet, accommodation, facilities, security, information and communications technology, and effective supply chain management), as well as provision of technical assistance by developing strategic guidelines and standard operating procedures, based on evolving public health needs, for all graded and protracted emergencies.
- Support countries to increase the resilience of health systems in fragile, vulnerable, and conflict-affected settings and reduce the risks to affected populations from health emergencies. PASB will work with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in fragile, vulnerable, and conflict-affected settings by improving access to quality and sustainable health services based on expanding primary health care services. The Bureau will also contribute to the development of humanitarian response plans for countries in protracted humanitarian emergencies and strengthen the delivery of life-saving and life-sustaining emergency operations, while continuing to provide gender-responsive and disability-inclusive programming.

Cross-cutting themes: equity, ethnicity, gender, and human rights

OUTCOME

Strengthened country leadership and capacity to advance health equity and gender and ethnic equality in health, within a human rights framework

PROPOSED BUDGET

\$7,000,000

OUTPUTS (OPT)

		BASELINE	TARGET
26.1	Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work		
	OPT Indicator 26.1.a: Number of outcomes in which PASB is advancing health equity, gender and ethnic equality, and human rights	[2021] 9	[2023] 15
	OPT Indicator 26.1.b: Mechanisms in place to enable and monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB	[2021] 16	[2023] 20
26.2	Countries and territories enabled to implement policies, plans, and strategies to advance health equity		
	OPT Indicator 26.2.a: Number of countries and territories implementing policies, plans, and strategies to advance health equity	[2021] 34	[2023] 35
26.3	Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health		
	OPT Indicator 26.3.a: Number of countries and territories implementing policies, plans, and programs to advance gender equality in health	[2021] 32	[2023] 34
26.4	Countries and territories enabled to implement policies, plans, and programs to advance ethnic equality in health		
	OPT Indicator 26.4.a: Number of countries and territories implementing policies, plans, and programs to advance ethnic equality in health	[2021] 23	[2023] 26
26.5	Countries and territories enabled to establish and implement health-related policies, plans, and/or laws to advance the right to health and other health-related rights		
	OPT Indicator 26.5.a: Number of countries and territories using human rights norms and standards in the formulation and implementation of health-related policies, plans, programs, and legislation	[2021] 20	[2023] 25
26.6	Countries and territories enabled to establish formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights		
	OPT Indicator 26.6.a: Number of countries and territories implementing formal accountability mechanisms for health equity, gender and ethnic equality in health, and human rights	[2021] 1	[2023] 5

KEY TECHNICAL COOPERATION INTERVENTIONS

- Ensure integration of the equity, gender, ethnicity, and human rights components of the COVID-19 response (including vaccination rollout) and recovery.
- Strengthen health sector leadership for health equity, with priority setting at the highest level of health sector decision-making; advocacy for normative and policy frameworks that promote health equity and equality, in which human rights play a steering role; institutionalization of inclusive and transparent governance structures; creation of enabling environments for broad intersectoral collaboration; and adequate and sustainable human and financial resource allocation for health equity.
- Strengthen capacity at all levels to identify and address health inequities and inequalities and their drivers, and to address them in the planning and implementation of all health sector actions as well as through intersectoral engagement, in order to advance equitable, gender- and culturally sensitive approaches to health within a human rights framework.
- Promote inclusive and transparent governance by ensuring strong and effective social participation of all relevant groups at all levels.
- Implement evidence-based monitoring and evaluation that is equity-focused, gender- and culturally sensitive, and based on respect for human rights.

OUTCOME **27** **Leadership and governance**

OUTCOME	PROPOSED BUDGET
Strengthened PASB leadership, governance, and advocacy for health	\$78,500,000

OUTPUTS (OPT)

27.1 Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020-2025 and drive health impact at the country level, based on strategic communications and in accordance with the SHAA2030	BASELINE	TARGET
OPT Indicator 27.1.a: Number of countries and territories with a current Country Cooperation Strategy	[2021] 18	[2023] 41
OPT Indicator 27.1.b: Proportion of agenda items of PAHO Governing Bodies aligned with the SP20-25	[2021] 95%	[2023] 95%
OPT Indicator 27.1.c: Number of PAHO/WHO Representative Offices and Pan American Centers implementing a communication plan aligned with the PAHO Communications Strategic Plan 2018-2022	[2021] 10	[2023] 20

OUTCOME 27 *Continued*

	BASELINE	TARGET
27.2 The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation		
OPT Indicator 27.2.a: Proportion of corporate risks for which mitigation plans are approved	[2021] 50%	[2023] 90%
OPT Indicator 27.2.b: Proportion of assignments in the internal audit work plan completed	[2021] 90%	[2023] 95%
OPT Indicator 27.2.c: Time taken to address fraud and corruption as well as staff misconduct issues	[2021] 7.5 months	[2023] 7.5 months
OPT Indicator 27.2.d: Proportion of personnel who believe that PAHO has organizational integrity and maintains a strong ethical culture	[2021] 70%	[2023] 85%
OPT Indicator 27.2.e: Expenditure on evaluation as a share of PAHO's total expenditure	[2021] 0.1%	[2023] 0.25%
27.3 Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships		
OPT Indicator 27.3.a: Proportion of outcomes rated as "high" priority (tier 1) that are more than 90% funded at the end of the biennium	[2021] 4/8	[2023] 6/8
OPT Indicator 27.3.b: Number of technical outcomes with at least 50% of their non-flexibly funded budget ceilings covered by voluntary contributions	[2021] 14	[2023] 20
27.4 Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate planning, performance monitoring and assessment, and responding to country priorities		
OPT Indicator 27.4.a: Proportion of countries and territories where output and outcome indicators are evaluated jointly with the national health authorities	[2021] 75%	[2023] 90%
27.5 PAHO's corporate culture and personnel engagement strengthened through improved information strategies, intelligence, and internal communications		
OPT Indicator 27.5.a: PAHO's overall score on the personnel engagement survey	[2021] 3.69/5.0	[2023] 4.0/5.0

KEY TECHNICAL COOPERATION INTERVENTIONS

- Champion and advocate for universal health by supporting Member States through strengthened country presence, multisectoral engagement, global health diplomacy, and South-South and triangular cooperation with a country focus approach.
- Strengthen PAHO's governance structure by supporting effective intergovernmental negotiations between Member States and expanding the exchange of intelligence information.
- Increase managerial transparency, accountability, and risk management, and promote and enforce ethical behavior and a culture of compliance with internal controls at all levels of the Organization.
- Reinforce risk management for projects funded by voluntary contributions in order to reduce reputational, legal, operational, and/or programmatic risks.
- Enhance the capacity of PASB to monitor the implementation of internal controls, using the three lines of defense model.
- Strengthen the evaluation action areas of the PAHO Evaluation Policy: *a)* enabling evaluation environment and governance; *b)* capacity development and networking; *c)* implementation; and *d)* evaluation usage.
- Implement mechanisms, processes, and procedures to further consolidate a Results-based Management approach across the Organization.
- Reinforce strategic partnerships to ensure that health is prominently positioned within political and development agendas at all levels and implement new approaches to external relations and resource mobilization.
- Strengthen the effectiveness and impact of PAHO's mission and increase its visibility by integrating communications at all levels of technical cooperation, by improving communications capacity, and by monitoring and evaluating communications across the Organization.
- Conduct proactive public communications to build a regional agenda around strengthening the response to the COVID-19 pandemic in the Americas.

OUTCOME 28 Management and administration

OUTCOME		PROPOSED BUDGET	
Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources		\$98,500,000	
OUTPUTS (OPT)			
28.1	Sound financial practices and oversight managed through an efficient and effective internal control framework	BASELINE	TARGET
	OPT Indicator 28.1.a: Unmodified audit opinion issued each financial year	[2021] Yes	[2023] Yes
28.2	Effective and efficient management and development of human resources to attract, recruit, and retain talent for successful program delivery		
	OPT Indicator 28.2.a: Percentage of post descriptions that have been reprofiled or updated within the last five years	[2021] 40%	[2023] 60%

28.3 Effective, innovative, and secure digital platforms and services aligned with the needs of users, corporate functions, technical programs, and health emergencies operations	BASELINE	TARGET
OPT Indicator 28.3.a: Percentage of PASB entities storing 100% of their documents on secure cloud-based corporate platforms	[2021] 80%	[2023] 100%
28.4 Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care		
OPT Indicator 28.4.a: Percentage of requested vaccines and supplies delivered to Member States within the planned time frame	[2021] 65%	[2023] 75%

KEY TECHNICAL COOPERATION INTERVENTIONS

- Reduce manual processes in transaction management and accounting through fuller utilization of new functionalities of the PASB Management Information System (PMIS).
- Expand in a systematic manner the use of the PAHO Shared Services Center to optimize the delivery of administrative functions at PWR Office level.
- Expand the use of virtualized contingent workers outside the United States of America to perform temporary support for Headquarters entities.
- Ensure systematic implementation of PAHO's People Strategy, including by strengthening alignment of human resources with the goals set out in the Strategic Plan 2020-2025, through functional optimization, innovation, and agility.
- Continue to implement and promote new modalities of work to facilitate delivery of technical cooperation and operations through virtual platforms, based on lessons and experiences of 2020-2021.
- Promote full utilization of cloud-based, mobile-enabled corporate systems, including systematic upgrading of required infrastructure and equipment, and user-friendly, readily accessible user training.
- Streamline procurement administration to fully automate routine mechanical processes and improve focus on understanding customer needs and meeting customer expectations.
- Improve safety, security, and efficiency of PASB facilities through implementation of the Master Capital Investment Plan.

ANNEXES

Annex A: Country Pages

This section provides a short overview for each country and territory in line with the Pan American Health Organization's goal of working toward country-level impact. Each one-page summary includes the following elements:

- a) PAHO budget allocated to the country or territory for the 2022-2023 biennium
- b) Key indicators
- c) Useful links
- d) PAHO/WHO key interventions for the 2022-2023 biennium
- e) Top tier priorities for the 2022-2023 biennium

The following provides a summary of the main data sources used for the key indicators.

- a) **Population:** World Bank, World Development Indicators
- b) **GDP per capita (constant 2010 US\$):** World Bank, World Development Indicators
- c) **Sustainable Health Index Expanded Plus (SHIe+):** PAHO Budget Policy, paragraphs 15-22, and Annex B; Strategic Plan of the Pan American Health Organization 2020-2025, paragraphs 89-93
- d) **Health expenditure as percentage of GDP:** WHO, Global Health Observatory Data Repository
- e) **Mean years of education attained:** Institute for Health Metrics and Evaluation, Global Burden of Disease, 2020
- f) **Health-adjusted life expectancy (HALE):** Institute for Health Metrics and Evaluation, Global Burden of Disease, 2020
- g) **Neonatal mortality rate (NMR):** United Nations Inter-agency Group for Child Mortality, 2020
- h) **Under-5 mortality rate (U5M):** United Nations Inter-agency Group for Child Mortality, 2020
- i) **Maternal mortality ratio (MMR):** United Nations Maternal Mortality Estimation Inter-Agency Group, 2019
- j) **Prevalence of diabetes:** WHO, Global Health Observatory Data Repository
- k) **Proportion of births attended by skilled health professionals:** WHO, Global Health Observatory Data Repository
- l) **Percentage of postnatal checkups within 2 days:** United Nations Maternal Mortality Estimation Inter-Agency Group, 2019
- m) **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** WHO, Global Health Observatory Data Repository



Antigua and Barbuda

BUDGET 2022-2023: US\$ 760,000

▶ KEY INDICATORS

- **Population:** 97,115 (2019)
- **GDP per capita (constant 2010 US\$):** \$15,445 (2019)
- **SHIe+:** 0.796 (2019)
- **Health expenditure as percentage of GDP:** 5.2% (2018)
- **Mean years of education attained:** 12.7 years (2019)
- **Health-adjusted life expectancy (HALE):** 66.6 years (2019)
- **Neonatal mortality rate (NMR):** 3.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 6.6 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 42 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 100% (2017)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 17.5% (2019)
- **Prevalence of diabetes:** 11.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen integrated approaches to implementing evidence-based and cost-effective NCD interventions, such as the Global HEARTS Initiative modules (HEARTS technical package, SHAKE, REPLACE, MPOWER).
- Improve the quality of health services for the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Develop and implement health financing mechanisms to increase fiscal space for health.
- Establish solidarity-based pooling arrangements for efficient and equitable use of diverse sources of public financing.
- Strengthen mental health response through the provision of mental health and psychosocial support (MHPSS).
- Strengthen policies, plans, and legislation on obesity to promote equitable access to interventions relating to healthy eating and physical activity.
- Develop and strengthen national policies and regulatory systems that can ensure the quality, safety, and effectiveness of medicines, vaccines, and health technologies.
- Implement prevention strategies for pandemic- and epidemic-prone diseases.
- Strengthen country capacity for rapid detection, assessment, and response to health emergencies.
- Support the country in achieving and maintaining immunization coverage beyond 95% and in generating evidence for new vaccines (including for COVID-19).
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 8.** Access to health technologies
- **Outcome 10.** Increased public financing for health
- **Outcome 11.** Strengthened financial protection
- **Outcome 13.** Risk factors for NCDs
- **Outcome 14.** Malnutrition
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/antigua-and-barbuda>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/ATG>

BUDGET 2022-2023: US\$ 6,990,000

▶ KEY INDICATORS

- **Population:** 44,780,675 (2019)
- **GDP per capita (constant 2010 US\$):** \$9,742 (2019)
- **SHIe+:** 0.713 (2019)
- **Health expenditure as percentage of GDP:** 9.6% (2018)
- **Mean years of education attained:** 11.9 years (2019)
- **Health-adjusted life expectancy (HALE):** 66.8 years (2019)
- **Neonatal mortality rate (NMR):** 13.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 9.3 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 39 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.5% (2018)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 15.7% (2019)
- **Prevalence of diabetes:** 9.7% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen the resilience of integrated health service networks, intersectoral action, and governance, to advance towards universal health.
- Strengthen capacities, policies, strategies, and plans for surveillance and monitoring of hepatitis B and C, tuberculosis, Chagas disease, HIV infection, and syphilis, and improve strategies for research on, production of, and equitable access to vaccines.
- Strengthen capacities in the comprehensive and intersectoral approach to noncommunicable diseases and mental health, as well as harmful substance use with a focus on human rights, gender, and equity.
- Strengthen policies, standards, strategies, and capacities to ensure timely access to, and rational use of affordable and quality health technologies, with an emphasis on the regulatory and oversight system.
- Contribute to the definition of strategies so as to ensure the sustainability of the health system.
- Strengthen capacities to prevent and reduce morbidity and mortality due to communicable and neglected diseases, and address antimicrobial resistance.
- Strengthen national capacities to prevent malnutrition in the population.
- Strengthen the capacity to prevent and control epidemics and pandemics caused by pathogens that are high-impact and/or have serious consequences.
- Contribute to the implementation of national road safety strategies to reduce mortality and morbidity in this context.
- Contribute to ensuring equitable access to health throughout the life course by addressing sexual and reproductive rights, violence, and maternal and child health.
- Strengthen information systems by providing open, universal, and timely access to strategic data and information for policy making and decision-making, as well as providing measurement and monitoring of health inequalities.
- Strengthen capacities for addressing the social and environmental determinants of health.
- Strengthen cooperation processes with other countries at the subregional level, as well as the coordinating health actions at borders.
- Strengthen social participation processes in the health field to help achieve the 2030 Agenda for Sustainable Development.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 8.** Access to health technologies
- **Outcome 10.** Increased public financing for health
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 14.** Malnutrition
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/argentina>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/ARG>

BUDGET 2022-2023: US\$ 2,890,000

▶ KEY INDICATORS

- **Population:** 389,486 (2019)
- **GDP per capita (constant 2010 US\$):** \$28,908 (2019)
- **SHIe+:** 0.719
- **Health expenditure as percentage of GDP:** 6.3% (2018)
- **Mean years of education attained:** 13.4 years (2019)
- **Health-adjusted life expectancy (HALE):** 64.2 years (2019)
- **Neonatal mortality rate (NMR):** 14.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 12.6 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 70 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99% (2016)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 19.9% (2019)
- **Prevalence of diabetes:** 12.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen health systems governance, improve integrated service delivery, scale up appropriate interventions, and improve surveillance for noncommunicable diseases, mental health, disabilities, and substance use disorders.
- Provide technical cooperation to strengthen health systems' capacity to deliver integrated and comprehensive public health actions and services.
- Work with the national authority to articulate high-level coordination mechanisms between health, education, labor, and other sectors to reinforce strategic planning and regulation to ensure that human resources for health to meet health system requirements and population needs.
- Collaborate with the national authority to assess country information systems for health, using the IS4H Framework and tools, and facilitate monitoring of health indicators through the management of information systems for health.
- Develop and/or reinforce Member State information systems for health to ensure interoperability in all processes, including, but not limited to, data governance, data collection and archiving, interinstitutional data exchange, eHealth, monitoring and evaluation, reporting, policies, and laws regarding the use of health-related data.
- Build capacity to collect, analyze, disseminate, and use data disaggregated by national and subnational levels to monitor progress toward the regional goals for health priorities and to provide evidence for decision-making and policy-making and assess the impacts of policies, systems, and practices.
- Encourage intersectoral action with whole-of-government and whole-of-society approaches, led by the Ministry of Health, to reduce risk factors for NCDs, implement the WHO Framework Convention on Tobacco Control (FCTC), strengthen health promotion throughout the life course, reduce environmental risks to health, conduct mass media campaigns, and implement school and workplace programs.
- Strengthen integrated approaches to implementing, scaling up, and evaluating evidence-based and cost-effective interventions for noncommunicable diseases, disabilities, mental health, and substance use, including, among others, the package of essential noncommunicable disease interventions for primary health care and technical packages such as HEARTS.
- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 7.** Health workforce
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 14.** Malnutrition
- **Outcome 20.** Integrated information systems for health
- **Outcome 21.** Data, information, knowledge, and evidence

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/bahamas>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/BHS>



BUDGET 2022-2023: US\$ 760,000

▶ KEY INDICATORS

- **Population:** 287,021 (2019)
- **GDP per capita (constant 2010 US\$):** \$16,100 (2019)
- **SHIe+:** 0.622 (2019)
- **Health expenditure as percentage of GDP:** 6.6% (2018)
- **Mean years of education attained:** 13.5 years (2019)
- **Health-adjusted life expectancy (HALE):** 66.7 years (2019)
- **Neonatal mortality rate (NMR):** 8.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 12.7 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 27 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.1% (2016)
- **Percentage of postnatal checkups within 2 days:** 96.9% (2012)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 16% (2019)
- **Prevalence of diabetes:** 12.2% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Reduce risk factors for noncommunicable diseases (NCDs) by implementing the Global HEARTS Initiative modules (HEARTS technical package, SHAKE, REPLACE, MPOWER) with a view to achieving the NCD global targets by 2025.
- Improve the quality of health services for the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Develop and implement health financing mechanisms to increase fiscal space for health.
- Strengthen capacity to implement and monitor the WHO Framework Convention on Tobacco Control (FCTC).
- Strengthen capacity to improve food environments and develop policies to promote healthy eating.
- Strengthen health systems capacity for the elimination of targeted communicable diseases.
- Develop and implement an integrated information system for health based on an Information Systems for Health (IS4H) maturity model assessment.
- Strengthen emergency preparedness and assess International Health Regulations (IHR) capacities.
- Enhance country capacity for rapid detection, assessment, and response to health emergencies.
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 14.** Malnutrition
- **Outcome 17.** Elimination of communicable diseases
- **Outcome 20.** Integrated information systems for health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/barbados-and-eastern-caribbean-countries>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/ECC>

BUDGET 2022-2023: \$5,380,000

▶ KEY INDICATORS

- **Population:** 390,351 (2019)
- **GDP per capita (constant 2010 US\$):** \$4,246 (2019)
- **SHIe+:** 0.472 (2019)
- **Health expenditure as percentage of GDP:** 5.7% (2018)
- **Mean years of education attained:** 9.8 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.1 years (2019)
- **Neonatal mortality rate (NMR):** 15.4 deaths per 1,000 live births (year)
- **Under-5 mortality rate (U5M):** 12.3 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 36 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 94% (2017)
- **Percentage of postnatal checkups within 2 days:** 96.4% (2016)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 16.5% (2019)
- **Prevalence of diabetes:** 12.7% (2014)
- **Infant mortality rate:** 12.6 deaths per 1,000 live births (2018/PAHO)
- **UHC essential service coverage index:** 64 (2017/WHO)
- **HRH density:** 3.35 per 1,000 population (2020/WHO)
- **NCD mortality rate:** 711.9 per 1,000 population (2016/PAHO)
- **Proportion of deaths from NCDs:** 69.6% (2016/PLISA)
- **HIV mortality rate:** 32.6 per 1,000 population (2016/PLISA)

▶ PAHO/WHO KEY INTERVENTIONS

- Support development of an integrated model of care and strengthen services at the first level of care using a primary health care-based approach toward universal health to include mobile teams, digital health and strengthening leadership, and management of regional health teams.
- Reorganize integrated health service networks using innovative strategies to prevent, control, and eliminate communicable diseases (including sexually transmitted infections, HIV/AIDS, viral hepatitis, tuberculosis, and zoonotic, food-borne, waterborne, neglected, vector-borne, and vaccine-preventable diseases) and combat antimicrobial resistance.
- Support the integration and expansion of prevention and control of noncommunicable diseases (NCDs) into health services to improve access and quality of health services for the screening and early detection, diagnosis, management, and palliative care of priority NCDs, including mental health disorders and violence.
- Reassess human resources requirements for universal health-based ongoing health sector reform, the model of care, integrated service delivery networks in the context of population size, the epidemiological and health profile, the demand for services, capacity-building, and retention strategies.
- Support policy advocacy and intersectoral action to develop a wellness strategy that will create an enabling environment to address the social and environmental determinants of NCDs.
- Improve public financing for health by identifying fiscal space, mobilizing resources for health, and promoting solidarity-based pooling arrangements.
- Strengthen capacity and financing at national, subnational, and local levels to address all hazards, strengthen disaster risk management, and build climate-resilient health facilities.
- Enhance country capacity for prevention, surveillance, early detection and response to pandemics, and emerging and reemerging pathogens, including decentralized laboratory networks, within the context of International Health Regulations (IHR).

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 7.** Health workforce
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/belize>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/BLZ>



Bolivia (Plurinational State of)

BUDGET 2022-2023: US\$ 11,460,000

▶ KEY INDICATORS

- **Population:** 11,353,142 (2018)
- **GDP per capita (constant 2010 US\$):** \$2,560 (2018)
- **SHIe+:** 0.499
- **Health expenditure as percentage of GDP:** 6.3% (2018)
- **Mean years of education attained:** 10.4 years (2019)
- **Health-adjusted life expectancy (HALE):** 63.1 years (2019)
- **Neonatal mortality rate (NMR):** 14.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 26.0 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 155 deaths per 100,000 live births (2017)
- **Prevalence of diabetes:** 8.0% (2014)
- **Proportion of births attended by skilled health professionals:** 71.3% (2017)
- **Percentage of postnatal checkups within 2 days:** 56.4% (2016)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 17.9% (2019)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation for implementation of the Unified Health System, contributing to COVID-19 preparedness and response.
- Support stewardship and governance of departmental and local health services, generating bipartite and tripartite structures including departmental health services (SEDES), and support coordination of networks and municipalities.
- Strengthen interprogrammatic and intersectoral articulation and coordination to expand health promotion and address health problems in health service networks.
- Provide technical cooperation to improve management of hospitals by connecting them to networks, and monitor investments in hospitals.
- Support the development of national capacity to improve the quality of care in maternal and child health programs.
- Increase health system response capacity to provide integrated, comprehensive, and quality health care for older people by eliminating barriers to access.
- Expand equitable access to quality care in prevention, surveillance, early detection, treatment, rehabilitation, and palliative care for noncommunicable diseases and attention to risk factors, mental health, disability, and road safety.
- Participate in the process of strengthening the Unified Intercultural Community and Family Health System (SAFCL) policy.
- Strengthen national and subnational capacity for risk reduction and for preparedness and response to health emergencies.
- Support the design and implementation of COVID-19 vaccination campaigns and efforts to strengthen immunization coverage of the national schemes, recovering and improving upon pre-pandemic levels.
- Strengthen the International Health Regulations core capacities and the coordination between levels of care for the prevention and control of events with epidemic and pandemic potential.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 3.** Quality care for older people
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 13.** Risk factors for NCDs
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:** <https://www.paho.org/bol/>
- **PAHO Program Budget Portal:** <https://open.paho.org/2020-21/country/BOL>



Brazil

BUDGET 2022-2023: US\$ 18,600,000

▶ KEY INDICATORS

- **Population:** 211,049,519 (2019)
- **GDP per capita (constant 2010 US\$):** \$11,203 (2019)
- **SHIe+:** 0.518 (2019)
- **Health expenditure as percentage of GDP:** 9.5% (2018)
- **Mean years of education attained:** 10.3 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.2 years (2019)
- **Neonatal mortality rate (NMR):** 7.9 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 13.9 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 60 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.1% (2017)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 15.5% (2019)
- **Prevalence of diabetes:** 8.3% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Contribute to the development of national capacity for governance and management in the three areas of the single health system through integrated care networks based on strong primary health care and increased access and coverage, with a focus on equity and quality, as well as public financing and social participation.
- Take action in the formulation of policies, service programs, and interventions centered on the family and on the life course, with a focus on gender, race, and ethnicity, as part of an agenda for recovery from the COVID-19 pandemic.
- Strengthen capacities to comply with the International Health Regulations and prevent and respond to public health emergencies, carry out surveillance and development, and interpret and make continuing use of the results of health situation analysis and lessons learned for the purpose of decision-making and management at the different levels of the single health system.
- Develop a cooperation agenda to strengthen essential public health functions in which the states in the country's north-northeastern region are prioritized and the country's own capacities are used for the exchange of experiences.
- Promote development of the national capacity to prevent and control communicable and noncommunicable diseases, as well as risk factors of national and international relevance, especially in order to make progress on priority programs and the agenda for diseases that are the object of elimination efforts.
- Contribute to the implementation of the WHO Framework Convention on Tobacco Control, the agenda of the United Nations Decade of Action for Road Safety, and the development of relationships between the various sectors connected with the social and environmental determinants of health, in order to manage the risks that affect the health and quality of life of populations.
- Promote the creation of guidelines, strategies, and mechanisms for the effective implementation of labor management policy and health education, in a fashion consistent with the needs of the single health system, promoting intersectoral and interfederal synergies.
- Strengthen the agenda for innovation, production, and creation of evidence that strengthens equitable access to safe, effective, and high quality medicines, vaccines, and health technologies.
- Conduct programmatic, technical, and administrative management of technical cooperation, with an emphasis on results-based management, monitoring, and evaluation.

▶ TOP TIER PRIORITIES FOR 2022-2023

- The results of the prioritization exercise were not submitted.

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/pt/brasil>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/BRA>

BUDGET 2022-2023: US\$ 5,060,000

▶ KEY INDICATORS

- **Population:** 18,952,035 (2019)
- **GDP per capita (constant 2010 US\$):** \$15,040 (2019)
- **SHIe+:** 0.688 (2019)
- **Health expenditure as percentage of GDP:** 9.1% (2018)
- **Mean years of education attained:** 12.7 years (2019)
- **Health-adjusted life expectancy (HALE):** 69.2 years (2019)
- **Neonatal mortality rate (NMR):** 18.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 7 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 13 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.8% (2017)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 10% (2019)
- **Prevalence of diabetes:** 10.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide policy options, tools, and technical advice to the country to address the social determinants of health and improve access to equitable and people-centered services, with emphasis on vulnerable populations such as migrants, LGBTBI individuals, people living with HIV, people with disabilities, and older persons.
- Provide technical guidance to improve coverage rates for the control of chronic diseases, their risk factors, and mental health.
- Support the stewardship and governance of health services, providing evidence and policy options for the definition of a more effective and equitable model, and for overcoming barriers to universal access to health.
- Provide technical orientation and facilitate the exchange of experiences to strengthen regulatory capacity and promote policies that favor equitable access to drugs and other health technologies.
- Provide technical guidance and encourage the exchange of experiences and intersectoral dialogue to promote public policies conducive to mental health.
- Provide technical cooperation for the response to COVID-19 and to help national health programs recover from the effects of the pandemic.
- Provide technical orientation to consolidate intersectoral mechanisms to mitigate the risk of increasing resistance to drugs and to prevent such increase.
- Support implementation of the national policy for healthy aging.
- Strengthen capacities for the prevention and reduction of morbidity and mortality due to neglected, water-borne, and vector-borne diseases.
- Facilitate Chile's contribution to global health by supporting cooperation initiatives between countries and groups of countries.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 11.** Strengthened financial protection
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/chile>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/CHL>

BUDGET 2022-2023: US\$ 12,370,000

▶ KEY INDICATORS

- **Population:** 50,339,443 (2019)
- **GDP per capita (constant 2010 US\$):** \$7,844 (2019)
- **SHIe+:** 0.558 (2019)
- **Health expenditure as percentage of GDP:** 7.6% (2018)
- **Mean years of education attained:** 10.7 years (2019)
- **Health-adjusted life expectancy (HALE):** 69.6 years (2019)
- **Neonatal mortality rate (NMR):** 7.5 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 13.8 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 83 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 98.8% (2019)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 9.7% (2019)
- **Prevalence of diabetes:** 8.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide cooperation for management in strengthening the first level of care and the integration of health networks to ensure access and continuity, quality, and safety in health care for the entire population, with access to and rational use of medicines and technologies to treat COVID-19 and provide comprehensive care for the post-COVID-19 syndrome.
- Promote strategies that strengthen health services' capacity for resilience by providing sustainable innovation, integration of health service networks, and strengthening of response capacity at the first level of care.
- Improve the quality and use of strategic information, emphasizing health access and coverage for women, children, and adolescents.
- Strengthen national and territorial capacities to improve timely and quality access to primary health care services, featuring a response that is intersectoral, institutional, and community-based, with an approach that focuses on equity, gender, and ethnicity to reduce health gaps and inequalities throughout the life course.
- Promote strategies to strengthen the capacities and improve the performance of human resources for health, especially at the first level of care, including community health workers and caregivers. Promote actions to certify and deploy human resources in less accessible regions.
- Foster equitable and timely access to vaccines in order to maintain public health achievements attributable to vaccination, prioritizing the populations most at risk and living in the most vulnerable conditions.
- Cooperate to reduce communicable disease risk factors by acting on health determinants through intersectoral interventions and a health-in-all-policies approach.
- Support the country in strengthening multisectoral policies and laws that address the main risk factors for noncommunicable diseases, including tobacco control policies consistent with the WHO Framework Convention on Tobacco Control.
- Strengthen the leadership role of health authorities in the area of environmental health and the implementation of PAHO's Strategy on Health, Environment, and Climate Change.
- Strengthen national surveillance systems, integrating surveillance for COVID-19, influenza, and other diseases caused by respiratory viruses, as well as strengthening the system for early warning and response to major public health events. Build capacity to implement and monitor operations for response to similar health emergencies.
- Strengthen health sector capacities for emergency and disaster risk reduction, response preparedness, and recovery. Contribute to strengthening articulation, coordination, and consultation mechanisms in order to come together in addressing gaps and humanitarian priorities in health-related response.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 7.** Health workforce
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 18.** Social and environmental determinants
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/colombia>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/COL>

BUDGET 2022-2023: US\$ 3,870,000

▶ KEY INDICATORS

- **Population:** 5,047,561 (2019)
- **GDP per capita (constant 2010 US\$):** \$10,170 (2019)
- **SHIe+:** 0.659 (2019)
- **Health expenditure as percentage of GDP:** 7.6% (2018)
- **Mean years of education attained:** 10.8 years (2019)
- **Health-adjusted life expectancy (HALE):** 69.4 years (2019)
- **Neonatal mortality rate (NMR):** 19.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 8.6 deaths per 1,000 live births (2019)
- **Maternal mortality ratio:** 27 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 98.5% (2018)
- **Percentage of postnatal checks within 2 days:** 91.6% (2018)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 9.5% (2019)
- **Prevalence of diabetes:** 8.9% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Support the Ministry of Health in the formulation and implementation of a process to strengthen essential public health functions based on evaluation of those functions in 2021–2022.
- Further the development of management capacities in health services and in the national authority responsible for regulating medicines and health technologies, as well as addressing other key functions of the Ministry of Health.
- Promote coordinated work with the Ministry of Health and the Costa Rican Social Security Fund for the development of primary health care and integration with health service networks, strengthening the link with communities as part of the process.
- Promote investment in health, and support the generation and use of evidence on sustainability and funding sources, as well as their impact on people and society.
- Promote the implementation of the National Strategy for the Comprehensive Approach to Chronic Noncommunicable Diseases and Obesity.
- Promote the updating and implementation of the National Mental Health Policy in the pandemic and post-pandemic context.
- Strengthen national capacities for the management of and comprehensive approach to surveillance, prevention, and elimination of the ten communicable diseases that the country has prioritized, and include implementation of the Regional Malaria Elimination Initiative.
- Promote the strengthening and integration of health information systems, including a focus on digital transformation and the application of emerging technologies.
- Support the development and implementation of the National Risk Management Plan in the field of health, based on intersectoral actions that take a multi-threat approach.
- Strengthen basic surveillance and response capacities for the comprehensive and integrated management of events of public health importance.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 14.** Malnutrition
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 17.** Elimination of communicable diseases
- **Outcome 20.** Integrated information systems for health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:** <https://www.paho.org/cr>
- **PAHO Program Budget Portal:** <https://open.paho.org/2020-21/country/CRI>

BUDGET 2022-2023: US\$ 6,900,000

▶ KEY INDICATORS

- **Population:** 11,333,484 (2019)
- **GDP per capita (constant 2010 US\$):** \$6,805 (2019)
- **SHIe+:** 0.798 (2019)
- **Health expenditure as percentage of GDP:** 11.2% (2018)
- **Mean years of education attained:** 12.8 years (2019)
- **Health-adjusted life expectancy (HALE):** 68.4 years (2019)
- **Neonatal mortality rate (NMR):** 2.2 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 5.1 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 36 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 100% (2019)
- **Percentage of postnatal checks within 2 days:** 99.8% (2019)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 16.6% (2019)
- **Prevalence of diabetes:** 8.4% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen the management of integrated public health services networks with a universal health approach that is based on primary care and emphasizes the quality of care for all groups and populations, with special attention to vulnerable groups.
- Support protection for advances in universal access to comprehensive and quality health services that are people-, family-, and community-centered; that employ multidisciplinary teams, intersectoral work, and community participation; and that emphasize gender and the right to health.
- Strengthen the leadership of the health system to maintain a first level of care system that features equitable access and comprehensive quality services that are coordinated with social and community services which ensure care for older persons.
- Promote capacity building in health service networks to prevent and reduce morbidity, disability, and mortality associated with communicable diseases. Address environmental and social determinants, strengthen systems for the surveillance of communicable diseases, and focus on expanding vaccination coverage.
- Contribute to the reduction of early death by strengthening prevention and treatment of noncommunicable diseases, and promote mental health and care for people with disabilities. Support the development of evidence-based guidelines and approaches and the improvement of care quality for people affected by noncommunicable diseases.
- Strengthen equitable access to medicines and other health technologies, and promote their rational use, quality, effectiveness, and cost-effectiveness, based on the evaluation of these technologies. This includes medicines and vaccines that ensure the ability to prevent, diagnose, treat, eliminate, and alleviate the effects of diseases and other disorders.
- Strengthen emergency management with the implementation of the International Health Regulations and the Sendai Framework for Disaster Risk Reduction 2015–2030. As has been done in responding to COVID-19, strengthen capacity at the national, subnational, and local levels to prevent and manage health emergencies by establishing strong systems, institutions, and networks.
- Support surveillance, prevention, preparedness, and control for pandemics and diseases with epidemic potential. As in the present response to COVID-19, support strategies for the prevention, control, and management of pathogens of high impact or that have serious consequences. Improve the dissemination of knowledge and information.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 3.** Quality care for older people
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 8.** Access to health technologies
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/cub>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/CUB>



Dominica

BUDGET 2022-2023: US\$ 710,000

▶ KEY INDICATORS

- **Population:** 71,625 (2018)
- **GDP per capita (constant 2010 US\$):** \$6,911 (2019)
- **SHIe+:** 0.661 (2019)
- **Health expenditure as percentage of GDP:** 6.6 % (2018)
- **Mean years of education attained:** 14.3 years (2019)
- **Health-adjusted life expectancy (HALE):** 63.1 years (2019)
- **Neonatal mortality rate (NMR):** 28.1 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 34.7 deaths per 1,000 live births (2019)
- **Proportion of births attended by skilled health professionals:** 100% (2017)
- **Prevalence of diabetes:** 11.1% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen interprogrammatic coordination and articulation to address health problems in the health service network.
- Strengthen integrated approaches to implementing evidence-based and cost-effective NCD interventions, such as, Global HEARTS Initiative modules (HEARTS technical package, SHAKE, REPLACE, MPOWER).
- Enhance country capacity for improvement of the quality of health services through the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Strengthen capacity to address risk factors for communicable diseases.
- Strengthen capacity to implement and monitor the Framework Convention on Tobacco Control (FCTC).
- Strengthen antimicrobial stewardship and infection prevention and control programs, including through the AMR project.
- Strengthen health system capacity to achieve and maintain the elimination of targeted communicable diseases.
- Assess and strengthen country capacity for emergency preparedness and compliance with International Health Regulations (IHR).
- Strengthen country capacity for the prevention of pandemic- and epidemic-prone diseases.
- Enhance country capacity for rapid detection, assessment, and response to health emergencies.
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 17.** Elimination of communicable diseases
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/dominica>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/DMA>

BUDGET 2022-2023: US\$ 7,080,000

▶ KEY INDICATORS

- **Population:** 10,738,957 (2019)
- **GDP per capita (constant 2010 US\$):** \$8,002 (2019)
- **SHIe+:** 0.601 (2019)
- **Health expenditure as percentage of GDP:** 5.7% (2018)
- **Mean years of education attained:** 10.1 years (2019)
- **Health-adjusted life expectancy (HALE):** 64.2 years (2019)
- **Neonatal mortality rate (NMR):** 21.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 28 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 95 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.8% (2017)
- **Percentage of postnatal checks within 2 days:** 94.5% (2014)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 19.1% (2019)
- **Prevalence of diabetes:** 10.1% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide support for the strengthening of strategies that address the organization and management of a first level of care that solves health problems by creating mechanisms that facilitate the formation of integrated health services networks.
- Strengthen the quality of maternal, neonatal, and child care, and adherence to national protocols.
- Develop evidence-based interventions, tools, and strategies to expand and improve access to, coverage of, and utilization of comprehensive quality health services for adolescents.
- Provide technical guidance and support for activities in the context of implementing the National Strategic Plan for Road Safety.
- Advance strategies to provide quality people-centered health services for noncommunicable diseases, including cancer, hypertension, and diabetes.
- Consolidate mental health reform in the country, promoting mental health services of quality that are people-centered and based on primary health care.
- Promote quality physical education and activity, reduce harmful alcohol consumption, and accelerate implementation of the MPOWER package for tobacco control.
- Strengthen the country's capacities for measuring the new essential public health functions in the universal health context.
- Strengthen the capacities of the authority responsible for regulating medicines and medical devices, with an emphasis on the institutional development plan.
- Promote mechanisms and strategies to foster increased public spending on health, including more funding at the first level of care level.
- Use a multisectoral approach to strengthen strategies for planning, implementation, and evaluation in relation to the International Health Regulations.
- Strengthen technical capacities at the institutional level for the management of health emergencies and disasters.
- Support the country in its COVID-19 pandemic response, including vaccination and post-COVID-19 recovery.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/republica-dominicana>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/DOM>



Ecuador

BUDGET 2022-2023: US\$ 8,060,000

▶ KEY INDICATORS

- **Population:** 17.4 million (2019)
- **GDP per capita (constant 2010 US\$):** \$5,095 (2019)
- **SHIe+:** 0.624 (2019)
- **Health expenditure as percentage of GDP:** 8,14% (2018)
- **Mean years of education attained:** 11.8 years (2019)
- **Health-adjusted life expectancy (HALE):** 66.7 years (2019)
- **Neonatal mortality rate (NMR):** 7.1 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 14.0 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 59 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 96.0% (2018)
- **Percentage of postnatal checks within 2 days:** 96.0% (2018)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 11.0% (2019)
- **Prevalence of diabetes:** 8.0% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Develop technical tools and methodologies for the integration of health services networks.
- Support implementation of the health care model in prioritized areas.
- Strengthen treatment services for mental health disorders and disorders due to use of psychoactive substances.
- Support implementation of the HEARTS initiative.
- Strengthen the national health authority.
- Collaborate on implementation of the national health policy.
- Support the design and implementation of policies, strategies, and tools for the reduction of nutritional risk factors.
- Update the information system roadmap in accordance with PAHO's Information Systems for Health (IS4H) initiative.
- Collaborate on the implementation of the COVID-19 vaccination plan.
- Strengthen the health services network program for infection prevention and control across all levels of care.
- Strengthen continuity in the health services network's provision of care for COVID-19 cases, with action appropriate to the severity of the cases.
- Increase capacities for access to COVID-19 diagnosis.
- Collaborate on strengthening community participation in health promotion networks to develop health promotion strategies.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 7.** Health workforce
- **Outcome 8.** Access to health technologies
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 14.** Malnutrition
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 20.** Integrated information systems for health

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/ecuador>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/ECU>



El Salvador

BUDGET 2022-2023: US\$ 6,020,000

▶ KEY INDICATORS

- **Population:** 6,453,550 (2019)
- **GDP per capita (constant 2010 US\$):** \$3,581 (2019)
- **SHIe+:** 0.548 (2019)
- **Health expenditure as percentage of GDP:** 7.1% (2018)
- **Mean years of education attained:** 8.8 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.5 years (2019)
- **Neonatal mortality rate (MMR):** 22.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 13.3 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 46 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.9% (2018)
- **Percentage of postnatal checks within 2 days:** 93.6% (2014)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 10.7% (2019)
- **Prevalence of diabetes:** 10.1% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Facilitate the consolidation and sustainability of the national health system as regards care quality, continuity, coverage, and access, as well as solidarity, sustainable funding, and coordination between levels.
- Support the adoption, implementation, and monitoring of regulatory policies relating to industrially produced trans-fatty acids.
- Promote the adoption of WHO's Global Programme of Action to Bridge Mental Health Gaps (mhGAP) as a strategy to expand coverage of health services at the basic care level.
- Support the strengthening of digital transformation in the field of health as it affects the National Integrated Health System and modernization of the capacity of the National Public Health Laboratory to detect and respond to multiple biological threats.
- Support the evaluation and strengthening of essential public health functions to improve the exercise of stewardship and governance by the Ministry of Health.
- Support the formulation of national policies with a comprehensive approach to noncommunicable diseases and mental health, while applying an intersectoral perspective.
- Provide support to maintain the functionality of health service networks that deliver care for communicable and noncommunicable diseases, and that address risk and harm from a perspective that considers the life course, equity, gender, and ethnicity.
- Support the implementation of digital transformation and the definition of a digital roadmap as tools for managing and strengthening the integrated health information system.
- Support intersectoral preparedness and response to emergency events involving multiple health threats, with emphasis on the subnational level.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 8.** Access to health technologies
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 14.** Malnutrition
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 21.** Data, information, knowledge, and evidence
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/salvador>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/SLV>



BUDGET 2022-2023: US\$ 650,000

▶ KEY INDICATORS

- **Population:** 112,002 (2019)
- **GDP per capita (constant 2010 US\$):** \$9,227 (2019)
- **SHIe+:** 0.617 (2019)
- **Health expenditure as percentage of GDP:** 4.5% (2018)
- **Mean years of education attained:** 10.8 years (2019)
- **Health-adjusted life expectancy (HALE):** 64 years (2019)
- **Neonatal mortality rate (NMR):** 23.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 16.5 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 25 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 100% (2017)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 23.3% (2019)
- **Prevalence of diabetes:** 11.1% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen the primary care services for the reduction of cardiovascular risks through the implementation of the HEARTS technical package with a view to achieving the noncommunicable diseases (NCDs) global targets by 2025.
- Improve the quality of health services for the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Strengthen capacity for the implementation of integrated vector management strategies.
- Strengthen surveillance of NCDs.
- Strengthen mental health response through the provision of mental health and psychosocial support (MHPSS).
- Strengthen policies and legislation on NCD risk factors (tobacco, obesity) to promote equitable access to interventions for NCDs.
- Strengthen integrated health services delivery networks to provide comprehensive and quality health services, particularly at the first level of care.
- Enhance country capacity for developing and implementing programs to address HIV, tuberculosis, and viral hepatitis prevention and treatment.
- Develop health financing policies and establish solidarity-based pooling mechanisms to strengthen financial risk protection.
- Strengthen capacity to address risk factors for communicable diseases.
- Support the development and implementation of the Mental Health Gap Action Programme (mhGAP).
- Strengthen emergency preparedness and assess IHR capacities.
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 11.** Strengthened financial protection
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 23.** Health emergencies preparedness and risk reduction

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/grenada>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/GRD>



Guatemala

BUDGET 2022-2023: US\$ 13,650,000

▶ KEY INDICATORS

- **Population:** 17,581,476 (2019)
- **GDP per capita (constant 2010 US\$):** \$3,365 (2019)
- **SHIe+:** 0.333 (2019)
- **Health expenditure as percentage of GDP:** 6.3% (2018)
- **Mean years of education attained:** 10.4 years (2019)
- **Health-adjusted life expectancy (HALE):** 63.1 years (2019)
- **Neonatal mortality rate (NMR):** 14.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 26.0 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 155 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 71.3% (2017)
- **Percentage of postnatal checks within 2 days:** 56.4% (2016)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 17.9% (2019)
- **Prevalence of diabetes:** 8.0% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Support implementation of the care model and the integrated health services network to improve response capacity at the first level of care level through the digital transformation of health services, while strengthening the response of hospitals to the COVID-19 pandemic in the framework of integrated health services networks.
- Provide technical support for quality care in the areas of maternal, neonatal, and reproductive health so as to reduce maternal and perinatal mortality.
- Provide technical support for the Ministry of Public Health's incorporation of the life course approach and health promotion as strategies for the care continuum, including comprehensive adolescent health and healthy aging.
- Strengthen efforts to maintain what has been achieved in eliminating measles and polio by strengthening surveillance and national committees, and by ensuring sensitive surveillance of events allegedly associated with vaccination or immunization.
- Continue specialized support and technical guidance to achieve malaria elimination.
- Strengthen the capacity of the Ministry of Public Health for the clinical management of dengue and other arboviral diseases.
- Provide technical support for implementation of the strategy to eliminate trachoma and prevent new cases.
- Intensify disease prevention and expand and consolidate vaccination coverage and access to treatment for communicable diseases, including tuberculosis, HIV infection, AIDS, and other sexually transmitted infections.
- Strengthen the capacity of the Ministry of Public Health for response to noncommunicable diseases and risk factors through the primary health care strategy, with a focus on comprehensive health service networks to provide comprehensive, integrated, and continuing care for people throughout the life course.
- Provide technical cooperation to strengthen essential public health functions, particularly in the areas of surveillance, increased capacity to provide services, monitoring and analysis of health determinants and their impact on public health, and governance mechanisms aimed at improved performance.
- Promote the implementation of interventions considered best buys, especially healthy eating, tobacco control, and alcohol reduction, through policy options, legislation, and multisectoral approaches, as well as the application of the health in all policies approach, including road safety and mobility, disability and rehabilitation, air and water quality control, sanitation, and hygiene.
- Provide technical assistance to improve response to mental health emergencies and bolster psychosocial support at all levels of the Ministry of Public Health, using collaborative intersectoral approaches.
- Provide technical support for the reduction of malnutrition, with emphasis on children under the age of 5.
- Support the Ministry of Public Health at the national and subnational levels in preparing for and responding to health emergencies and disasters; this includes management of infectious risks, with an emphasis on influenza and other diseases caused by respiratory viruses, including COVID-19.
- Support implementation of the pre-hospital medical emergency system.
- Support disaster risk management, special projects and emergency response operations, including emergency medical teams, the health Emergency Operations Center (EOC), and coordination mechanisms, among others.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 14.** Malnutrition
- **Outcome 18.** Social and environmental determinants
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/guatemala>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/GTM>

BUDGET 2022-2023: US\$ 7,020,000

▶ KEY INDICATORS

- **Population:** 779,004 (2018)
- **GDP per capita (constant 2010 US\$):** \$3,966 (2018)
- **SHIe+:** 0.548
- **Health expenditure as percentage of GDP:** 5.9% (2018)
- **Mean years of education attained:** 11.1 years (2019)
- **Health-adjusted life expectancy (HALE):** 56.3 years (2019)
- **Neonatal mortality rate (NMR):** 18.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 29.3 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 169 deaths per 100,000 live births (2017)
- **Prevalence of diabetes:** 10.9% (2014)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 29.2% (2019)
- **Proportion of births attended by skilled health professionals:** 85.7% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen IHSDNs by focusing on the organization of quality, people-centered health services at all levels of care based on needs, with a strong focus on access at community level and on responding adequately to the COVID-19 pandemic.
- Strengthen interventions for health throughout the life course to reduce maternal, child, and adolescent mortality and morbidity.
- Build capacity to increase access to interventions targeting the elimination of neglected infectious diseases, zoonotic diseases, COVID-19, and other emerging threats.
- Contribute to the achievement of the new National Health Strategy (Health Vision 2030) by adopting a new health system model, service delivery model, health finance architecture, and human resources for health plan based on the principles of equity, access for all, sustainability, efficiency, and financial risk protection.
- Improve surveillance and disease management through screening and detection, verification, information management, and vaccination of at-risk populations to address disease control and prevention for people in all age groups.
- Provide technical support for implementation of the Guyana NCD Strategic Plan to reduce the most common risk factors for the leading noncommunicable diseases and strengthen the management of cardiovascular disease, cancer, diabetes, and chronic respiratory diseases.
- Collaborate with key stakeholders to implement intersectoral policies and plans that focus on the promotion of mental health and psychosocial support, especially in the context of COVID-19, including prevention, early detection, treatment, and surveillance of mental health and substance use disorders and their risk factors throughout the life course.
- Build capacity of the Health Emergency Operations Centre and the Disaster Risk Management Programme of the Ministry of Health, with a focus on preparedness and response and management of disasters and COVID-19.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 7.** Health workforce
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/guy/>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/GUY>



BUDGET 2022-2023: US\$ 32,500,000

► KEY INDICATORS

- **Population:** 11,263,079 (2019)
- **GDP per capita (constant 2010 US\$):** \$1,245 (2019)
- **SHIe+:** 0.000 (2019)
- **Health expenditure as percentage of GDP:** 7.7% (2018)
- **Mean years of education attained:** 7.5 years (2019)
- **Health-adjusted life expectancy (HALE):** 55.4 years (2019)
- **Neonatal mortality rate (NMR):** 25.3 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 62.8 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 480 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 41.6% (2016-2017)
- **Percentage of postnatal checkups within 2 days:** 31% (2017)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 31.3% (2019)
- **Prevalence of diabetes:** 8.7% (2014)

► PAHO/WHO KEY INTERVENTIONS

Technical support to:

- Expand/strengthen the national community health model and health workforce based on a primary health care strategy and an integrated health services network.
- Develop a comprehensive, equitable, and sustainable health financing strategy toward universal health.
- Update policies, norms, and strategies to increase timely access to and rational use of safe, affordable, quality-assured, clinically effective, and cost-effective health technologies, including medicines and vaccines.
- Improve access to prevention and treatment services for HIV and tuberculosis, as well as for elimination of malaria and neglected tropical diseases.
- Eliminate/control priority vaccine-preventable diseases and COVID-19 through vaccination.
- Establish an information and medical coordination cell (CICOM) during health emergencies.
- Incorporate priority noncommunicable diseases and cancers into the national health information system.
- Evaluate the national nutrition program, including the management of acute malnutrition, to guide the development of a new national plan.
- Develop a national action plan on pediatric cancer.

- Integrate a health chapter into the national adaptation plan for climate change.

Strengthen capacity to:

- Respond to the COVID-19 pandemic.
- Implement emergency preparedness and resilience of the health sector according to the National Plan for Response to Health Emergencies.
- Maintain/recover essential health services during and after health emergencies such as COVID-19.
- Establish ambulatory emergency medical services in the metropolitan area of Port-au-Prince.
- Strengthen health technology management and the pharmaceutical supply chain to ensure availability of essential medicines at all levels.
- Improve maternal and infant care; maintain maternal mortality surveillance and response to deal with the root causes of maternal death.
- Prevent/treat severe malnutrition, especially during emergencies.
- Prevent and manage cases of gender-based violence.
- Detect and treat early cases of mental and psychological disorders.

Procure:

- Ensure timely procurement of medicines and other health technologies as part of emergency preparedness and rapid deployment during health emergencies.

► TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 7.** Health workforce
- **Outcome 8.** Access to health technologies
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 17.** Elimination of communicable diseases
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

► USEFUL LINKS

- **PAHO/WHO Representative Office website:** <https://www.paho.org/fr/haiti>
- **PAHO Program Budget Portal:** <https://open.paho.org/2020-21/country/HTI>



BUDGET 2022-2023: US\$ 15,050,000

▶ KEY INDICATORS

- **Population:** 9,587,522 (2018)
- **GDP per capita (constant 2010 US\$):** \$2,204 (2018)
- **SHIe+:** 0.396
- **Health expenditure as percentage of GDP:** 7.0% (2018)
- **Mean years of education attained:** 7.2 years (2019)
- **Health-adjusted life expectancy (HALE):** 62.8 years (2019)
- **Neonatal mortality rate (NMR):** 9.2 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 16.8 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 65 deaths per 100,000 live births (2017)
- **Prevalence of diabetes:** 9.3% (2014)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 18.7% (2019)
- **Proportion of births attended by skilled health professionals:** 74.0% (2017)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation to implement the new essential public health functions tool and prioritize investment in actions based on diagnostics.
- Promote the transition of interventions at the first level of care in response to SARS-CoV-2.
- Promote and strengthen capacities for disaster management and health emergencies within the International Health Regulations framework and the Sendai Framework for Disaster Risk Reduction.
- Promote and strengthen the Safe Hospitals and Smart Hospitals initiatives to mitigate the socioeconomic impact of emergencies, disasters, and crises on populations in conditions of vulnerability.
- Implement the tools developed by the "Con Calidad Salvando Vidas" initiative for comprehensive health management with a people-, family-, and community-centered approach.
- Strengthen interprogrammatic coordination and articulation to address health problems in IHSDNs.
- Support the identification and reduction of barriers to access to comprehensive health services by generating strategies and an action plan.
- Support the development of a reliable and integrated information system within the health system.
- Promote high-level articulation and coordination between health, education, labor, and other sectors for the strategic planning and regulation of human resources for health in order to meet the requirements of the health system and the needs of the population.
- Strengthen the quality of strategic information and promote the improvement of the competencies of the health workforce that are required to implement multisectoral actions aimed at a comprehensive approach to the health of women, newborns, children, adolescents, and adults.
- Strengthen national capacities, at national to local levels, for health promotion based on primary health care in health systems and services and on mechanisms that promote the involvement of civil society in decision-making.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 7.** Health workforce
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 20.** Integrated information systems for health
- **Outcome 23.** Health emergencies preparedness and risk reduction

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/hon/>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/HND>

BUDGET 2022-2023: US\$ 5,500,000

▶ KEY INDICATORS

- **Population:** 2,948,277 (2019)
- **GDP per capita (constant 2010 US\$):** \$4,874 (2019)
- **SHIe+:** 0.603 (2019)
- **Health expenditure as percentage of GDP:** 6.1% (2018)
- **Mean years of education attained:** 12.5 years (2019)
- **Health-adjusted life expectancy (HALE):** 66.5 years (2019)
- **Neonatal mortality rate (NMR):** 25.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 13.9 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 80 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.7% (2018)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 16.9% (2019)
- **Prevalence of diabetes:** 11.9% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide technical support for strengthening strategies for the prevention, surveillance, early detection, treatment and control of infectious diseases.
- Provide technical support for country policies, strategies, and plans for the prevention and control of vector-borne diseases.
- Strengthen country capacity for early detection of potential emergencies and the provision of essential life-saving health services.
- Provide technical guidance for the development of national adaptation plans that address the impact of climate change on health.
- Strengthen country coordination mechanisms that manage health emergencies and increase resilience of the health system to natural disasters.
- Provide technical guidance to strengthen health sector response to persons seeking care for injuries and violence.
- Strengthen governance for advancing information systems for health; support implementation of integrated information systems for health with interoperable data from various sources using effective information and communication technologies.
- Provide technical cooperation to enhance the surveillance and prevention of antibiotic-resistant pathogens in the community and in the health services.
- Provide technical support to promote mental health and reduce stigma and discrimination around mental health and substance abuse using intersectoral approaches.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 15.** Intersectoral response to violence and injuries
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 20.** Integrated information systems for health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/jamaica>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/JAM>

BUDGET 2022-2023: US\$ 10,050,000

▶ KEY INDICATORS

- **Population:** 127,575,529 (2019)
- **GDP per capita (constant 2010 US\$):** \$10,268 (2019)
- **SHIe+:** 0,587 (2019)
- **Health expenditure as percentage of GDP:** 5.4% (2018)
- **Mean years of education attained:** 10 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.4 years (2019)
- **Neonatal mortality rate (NMR):** 26.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 14.2 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 33 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 96.6% (2017)
- **Percentage of postnatal checks within 2 days:** 95.2% (2015)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 15.6% (2019)
- **Prevalence of diabetes:** 11.2% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Support decision-making for more efficient and transparent access to medicines and vaccines.
- Provide technical guidance in implementing health system transformation with a view to universal access and the change to a people-, family-, and community-centered care model with comprehensive quality services that are timely and organized in integrated service networks in which the first level of care is strong and provides referrals and counterreferrals, as well as producing information and developing skills in the area of financing.
- Provide technical guidance for health emergency preparedness and response.
- Deploy technical cooperation so that authorities can address antimicrobial resistance with an intersectoral vision.
- Support the definition of public policies to address risk factors, including intersectoral work for efficient and transparent front of package labeling, school health, etc., and the strengthening and implementation of health promotion.
- Provide technical support to design and implement policies for timely response to maternal/child health needs, adolescent health, and the health of older adults.
- Support intersectoral articulation to address the social and environmental determinants of health (air quality, safe water, sanitation, etc.).
- Develop the national capacity to address communicable and vaccine-preventable diseases.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 7.** Health workforce
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/mexico>
- **Country office page on the PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/MEX>



Nicaragua

BUDGET 2022-2023: US\$ 12,500,000

▶ KEY INDICATORS

- **Population:** 6,545,503 (2019)
- **GDP per capita (constant 2010 US\$):** \$1,778 (2019)
- **SHIe+:** 0.482 (2019)
- **Health expenditure as percentage of GDP:** 8.6% (2018)
- **Mean years of education attained:** 8 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.8 years (2019)
- **Neonatal mortality rate (NMR):** 27.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 16.6 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 98 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 96% (2017)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 15.3% (2019)
- **Prevalence of diabetes:** 10.1% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Promote effective and efficient mechanisms for stewardship and governance in the field of health with an integrated and consensual vision, in order to increase regulatory capacity, improve the management of critical (budgetary, human, financial, technological, planning, health research and knowledge, and physical) resources, and improve coordination for the formulation, updating, and implementation of health-related policies that eliminate barriers to access for health and that improve the responsiveness of the health system.
- Strengthen integrated health service networks with an emphasis on expanding intersectoral response capacity (involving the public and social protection subsectors) in order to increase access to and promotion of comprehensive health services, as well as foster ongoing improvement of the quality of people-, family-, and community-centered health services and care.
- Implement the integrated public health model to develop intersectoral, interagency, and local government capacity for prevention, surveillance, early detection, treatment, monitoring, follow-up, control, palliative care, and rehabilitation in the context of epidemic and pandemic threats, noncommunicable diseases, and emergency and disaster risk management.
- Develop new knowledge and skills for intersectoral work, making use of virtual educational platforms, and generating evidence of follow-up to policies and strategies from quality and systematized data generated by information systems and health statistics. Increase access to essential medicines, vaccines, traditional medicine, complementary therapies, and other affordable and integrative, clinically effective, and cost-effective health technologies.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 3.** Quality care for older people
- **Outcome 8.** Access to health technologies
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/nicaragua>
- **Country office page on the PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/NIC>



Panama

BUDGET 2022-2023: US\$ 6,130,000

▶ KEY INDICATORS

- **Population:** 4,246,440 (2019)
- **GDP per capita (constant 2010 US\$):** \$11,902 (2019)
- **SHIe+:** 0.617 (2019)
- **Health expenditure as percentage of GDP:** 7.3% (2018)
- **Mean years of education attained:** 12.1 years (2019)
- **Health-adjusted life expectancy (HALE):** 69.2 years (2019)
- **Neonatal mortality rate (NMR):** 8.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 14.9 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 52 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 92.9% (2018)
- **Percentage of postnatal checks within 2 days:** 91.8% (2013)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 10.7% (2019)
- **Prevalence of diabetes:** 9.3% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen the planning and management of health system personnel, while supporting the development of public policies that contribute to capacity building, health career development, and work management.
- Promote the production, regular analysis, dissemination, and use of national health accounts for the modulation of health system financing and financial protection of the population.
- Promote the development of the national system to assess health services costs and productivity, as well as strengthening analytical capacities, in order to improve the efficiency, quality, and productivity of health services.
- Promote the analysis, updating, adoption, and standardized use of clinical care protocols by health care providers.
- Support action to strengthen response capacity at the first level of care level, based on a primary health care strategy consistent with the logic of integrated health services networks.
- Promote the acquisition of medicines and other health technologies through the PAHO Strategic Fund, and provide technical advice on the comprehensive management of health supplies and inputs.
- Provide technical advice to the National Directorate of Pharmacy and Drugs to strengthen it as a national regulatory authority through the development of quality management processes and support for the automation of regulatory processes.
- Promote the updating of national strategic plans on communicable diseases prevalent in the country, and support their programmatic implementation.
- Promote strengthening of the health information system for noncommunicable diseases.
- Strengthen institutional technical capacities for the management of public health emergencies and disasters.
- Support the implementation of national plans to address noncommunicable diseases, with emphasis on cardiovascular diseases (the HEARTS initiative), cancer, and diabetes.
- Strengthen the intersectoral mental health network and support its orientation towards interventions that promote mental health, prevent mental disorders, and reduce stigmatization.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 6.** Response capacity for violence and injuries
- **Outcome 7.** Health workforce
- **Outcome 8.** Access to health technologies
- **Outcome 10.** Increased public financing for health
- **Outcome 11.** Strengthened financial protection
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 14.** Malnutrition
- **Outcome 16.** Intersectoral action on mental health

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:** <https://www.paho.org/es/panama>
- **Country office page on the PAHO Program Budget Portal:** <https://open.paho.org/2020-21/country/PAN>



Paraguay

BUDGET 2022-2023: US\$ 9,400,000

▶ KEY INDICATORS

- **Population:** 7,044,639 (2019)
- **Per capita GDP (constant 2010 US\$):** \$5,280 (2019)
- **SHIe+:** 0.483 (2019)
- **Health expenditure as percentage of GDP:** 6.7% (2018)
- **Mean years of education attained:** 11 years (2019)
- **Health-adjusted life expectancy (HALE):** 66.4 years (2019)
- **Neonatal mortality rate (NMR):** 28.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 19.4 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 84 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 97.7% (2018)
- **Percentage of postnatal checks within 2 days:** 94.4% (2016)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 16.0% (2019)
- **Prevalence of diabetes:** 8.1% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Build capacities and provide technical guidance for the development, review, revision, and implementation of policies, strategies, and tools to improve the integrated delivery of services of equitable quality and people-centered health services.
- Provide technical guidance and improve skills for the design and implementation of evidence-based policies, plans, and strategies, including immunization policy, that improve the health of women, children, and adolescents, and that emphasize vulnerable groups.
- Provide technical advice and build capacities for the implementation and monitoring of national plans for the prevention and surveillance of noncommunicable diseases and mental health, with quality care and attention to the associated risk factors.
- Provide technical guidance for the development and implementation of policies, plans, strategies, and legislation, as well as for the promotion of multisectoral participation, with the aim of reducing violence in all its forms, as well as injuries associated with traffic accidents.
- Provide technical guidance on updating and implementing national policies and strategies for timely and equitable access to medicines and health technologies. Support the implementation of the institutional development plan to improve national regulatory capacity.
- Provide technical advice for the implementation of evidence-based strategies aimed at reducing risk factors for communicable diseases, including those preventable by vaccination, with an emphasis on environmental determinants, prevention of antimicrobial resistance, and food safety, under the One Health approach.
- Develop capacities for the design and implementation of rapid response plans that are predictable and effective against health emergencies, including epidemics and pandemics.
- Support the implementation of plans to eradicate, maintain elimination of, and eliminate vaccine-preventable and potentially epidemic diseases.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 6.** Response capacity for violence and injuries
- **Outcome 8.** Access to health technologies
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:** <https://www.paho.org/es/paraguay>
- **Country office page on the PAHO Program Budget Portal:** <https://open.paho.org/2020-21/country/PRY>

BUDGET 2022-2023: US\$ 11,600,000

► KEY INDICATORS

- **Population:** 32,510,462 (2019)
- **GDP per capita (constant 2010 US\$):** \$6,490 (2019)
- **SHIe+:** 0.630 (2019)
- **Health expenditure as percentage of GDP:** 5.2% (2018)
- **Mean years of education attained:** 10.7 years (2019)
- **Health-adjusted life expectancy (HALE):** 70.0 years (2019)
- **Neonatal mortality rate (NMR):** 6.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 13.2 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 88 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 94.4% (2019)
- **Percentage of postnatal checks within 2 days:** 95.7% (2014)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 9.7% (2019)
- **Prevalence of diabetes:** 7.7% (2014)

► PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation for the implementation of integrated health networks in prioritized regions; strengthen strategies to improve response capacity at the first level of care level; and strengthen national plans and strategies to improve quality management in health systems and services, including aspects such as patient safety and humane care.
- Support implementation of the comprehensive life course health care model for individuals, families, and community through culturally appropriate protocols and a focus on gender and human rights, and with an emphasis on maternal and neonatal, childhood, and adolescent health.
- Support interventions in the policy and regulatory framework affecting sexual and reproductive health, with an emphasis on reducing maternal and perinatal mortality and morbidity.
- Develop innovative instruments, studies, and strategies to increase funding for public health spending so that it can reach at least 6% of gross domestic product and invest at least 30% of these resources at the first level of care in the framework of the 30/30/30 pact. Provide technical cooperation to update national health accounts according to the SHA 2011 methodology.
- Strengthen health information systems with cost-effective tools for policy-making, decision-making, and monitoring of inequalities; strengthen capacities for recording data, maintaining data availability, and using data for health situation analysis; and support the adoption and implementation of digital health strategies.
- Promote research and innovation in order to generate solutions and evidence that can improve health and reduce health inequalities. Strengthen research ethics.
- Strengthen the capacity of health services at the first level of care level for the early detection, diagnosis, and treatment of noncommunicable diseases, through evidence-based interventions and the use of best practices for addressing cardiovascular disease, diabetes, cancer, and mental disorders.
- Promote the development of policies, strategies, and plans to ensure access to essential medicines, health technologies, vaccines, and blood and organ transplant supplies and services. Support the strengthening of the national drug regulatory authority for certification as a level IV regional regulatory authority.
- Strengthen capacities for detection and warning of, as well as response to, outbreaks in the country that have potential to become epidemic, and strengthen the national network of laboratories as part of this effort.
- Strengthen national capacities to deal with new outbreaks, and support the recovery of essential health services in the context of the COVID-19 pandemic.

► TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 10.** Increased public financing for health
- **Outcome 20.** Integrated information systems for health
- **Outcome 22.** Research, ethics, and innovation for health
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 8.** Access to health technologies
- **Outcome 24.** Epidemic and pandemic prevention and control

► USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/peru>
- **Country office page on the PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/PER>

BUDGET 2022-2023: US\$ 710,000

► KEY INDICATORS

- **Population:** 182,795 (2019)
- **GDP per capita (constant 2010 US\$):** \$9,350 (2019)
- **SHIe+:** 0.702 (2019)
- **Health expenditure as percentage of GDP:** 4.4% (2018)
- **Mean years of education attained:** 10.7 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.1 years (2019)
- **Neonatal mortality rate (NMR):** 12.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 22.3 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 117 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 100% (2017)
- **Percentage of postnatal checkups within 2 days:** 90.2% (2012)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 17.7% (2019)
- **Prevalence of diabetes:** 14.5% (2014)

► PAHO/WHO KEY INTERVENTIONS

- Strengthen country capacity for reducing risk factors for noncommunicable diseases (NCDs) by implementing Global HEARTS Initiative modules (HEARTS technical package, SHAKE, REPLACE, MPOWER) with a view to achieving the NCD global targets by 2025.
- Strengthen mental health response through the provision of mental health and psychosocial support (MHPSS).
- Improve the quality of health services for the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Strengthen policies and legislation on NCD risk factors (tobacco, obesity) to promote equitable access to interventions for NCDs.
- Support implementation of strategies to enhance women's, children's, neonatal, and adolescent health.
- Strengthen capacity to promote healthy eating.
- Provide support for the development and implementation of an integrated information system for health based on an Information Systems for Health (IS4H) maturity model assessment.
- Assess and strengthen emergency preparedness and International Health Regulations (IHR) capacities.
- Enhance the implementation of prevention strategies for pandemic- and epidemic-prone diseases.
- Enhance country capacity for rapid detection, assessment, and response to health emergencies.
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

► TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 2.** Health throughout the life course
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 13.** Risk factors for NCDs
- **Outcome 14.** Malnutrition
- **Outcome 20.** Integrated information systems for health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

► USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/saint-lucia>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/LCA>



Saint Kitts and Nevis

BUDGET 2022-2023: US\$ 640,000

▶ KEY INDICATORS

- **Population:** 52,411 (2018)
- **GDP per capita (constant 2010 US\$):** \$17,162 (2019)
- **SHIe+:** 0.783 (2019)
- **Health expenditure as percentage of GDP:** 5.3 % (2018)
- **Health-adjusted life expectancy (HALE):** 63.1 years (2019)
- **Neonatal mortality rate (NMR):** 10.3 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 15.4 deaths per 1,000 live births (2019)
- **Proportion of births attended by skilled health professionals:** 100% (2015)
- **Prevalence of diabetes:** 14.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Improve the quality of health services for the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Strengthen surveillance of noncommunicable diseases (NCDs).
- Enhance the reduction of risk factors for NCDs by implementing Global HEARTS Initiative modules (HEARTS technical package, SHAKE, REPLACE, MPOWER) with a view to achieving the NCD global targets by 2025.
- Strengthen policies and legislation on NCD risk factors (tobacco, obesity) to promote equitable access to interventions for NCDs.
- Strengthen mental health response through the provision of mental health and psychosocial support (MHPSS) and improve the awareness and management of domestic violence and substance abuse.
- Support the development and implementation of programs to address HIV, tuberculosis, and viral hepatitis prevention and treatment.
- Strengthen capacity for the implementation of integrated vector management strategies.
- Strengthen country capacity for achieving and maintaining immunization coverage beyond 95% and generating evidence for new vaccines.
- Strengthen capacity to address risk factors for communicable diseases.
- Support capacity to implement and monitor the Framework Convention on Tobacco Control (FCTC).
- Support the update and implementation of the NCD Plan of Action.
- Strengthen and assess emergency preparedness and International Health Regulations (IHR) capacities.
- Support the implementation of prevention strategies for pandemic- and epidemic-prone diseases.
- Enhance country capacity for rapid detection, assessment, and response to health emergencies.
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/saint-kitts-and-nevis>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/KNA>



Saint Vincent and the Grenadines

BUDGET 2022-2023: US\$ 760,000

▶ KEY INDICATORS

- **Population:** 110,593 (2019)
- **GDP per capita (constant 2010 US\$):** \$6,863 (2019)
- **SHIe+:** 0.634 (2019)
- **Health expenditure as percentage of GDP:** 4.5% (2018)
- **Mean years of education attained:** 10.2 years (2019)
- **Health-adjusted life expectancy (HALE):** 63.6 years (2019)
- **Neonatal mortality rate (NMR):** 9.1 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 14.6 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 68 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 98.6% (2016)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 20.7% (2019)
- **Prevalence of diabetes:** 10.6% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen mental health response through the provision of mental health and psychosocial support (MHPSS).
- Support implementation of the Chronic Disease Self-management Program to improve self-care and ultimately decrease the risk of cardiovascular diseases.
- Improve the quality of health services for the screening and early detection and diagnosis of cervical cancer with a view to advancing the PAHO Disease Elimination Initiative.
- Strengthen policies and legislation on noncommunicable disease (NCD) risk factors (tobacco, obesity) to promote equitable access to interventions for NCDs.
- Enhance country capacity for achieving and maintaining immunization coverage beyond 95% and generating evidence for new vaccines.
- Develop and implement programs to address HIV, tuberculosis, and viral hepatitis prevention and treatment.
- Strengthen capacity for the implementation of integrated vector management strategies.
- Support implementation of the national policy and plan of action for human resources for health and the interprofessional team's capacity-building at the first level of care, including community health workers and caregivers.
- Strengthen capacity to address risk factors for communicable diseases.
- Assess and strengthen emergency preparedness and International Health Regulations (IHR) capacities.
- Support the implementation of prevention strategies for pandemic- and epidemic-prone diseases.
- Enhance country capacity for rapid detection, assessment, and response to health emergencies.
- Support response to the COVID-19 pandemic in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 7.** Health workforce
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/saint-vincent-and-grenadines>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/VCT>



BUDGET 2022-2023: US\$ 5,680,000

▶ KEY INDICATORS

- **Population:** 581,363 (2019)
- **GDP per capita (constant 2010 US\$):** \$8,342 (2019)
- **SHIe+:** 0.416
- **Health expenditure as percentage of GDP:** 8.0% (2018)
- **Mean years of education attained:** 10.1 years (2019)
- **Health-adjusted life expectancy (HALE):** 62.9 years (2019)
- **Neonatal mortality rate (NMR):** 14.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 18.0 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 120 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 98.4% (2018)
- **Percentage of postnatal checkups within 2 days:** 91.1% (2018)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 22.7% (2019)
- **Prevalence of diabetes:** 12.3% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Promote and provide technical guidance for the updating of policies, norms, and strategies, including review of the legal framework and regulatory environment, to support timely access to and rational use of health technologies and medicines.
- Support the updating of policies and strategies that increase access to cost-effective interventions to reduce common noncommunicable disease (NCD) risk factors.
- Provide technical guidance to strengthen epidemiological surveillance and development of strategic information to improve detection, management, and coverage in the continuum of care, prevention, and control of prevalent communicable diseases.
- Strengthen capacity for monitoring and use of information systems at the primary health care level to improve management of NCDs and access to evidence-based interventions and services.
- Strengthen planning, forecasting, and capacity-building to enable human resources for health to adequately respond at the first level of care.
- Promote and support the implementation of a monitoring framework for universal health using data and information systems for informing policy, planning, and programming.
- Provide technical and normative guidance to strengthen the health sector's capacity to lead on health equity and equality, strengthen and transform the organization and management of health services, address access to health care, and exercise and reinforce the essential public health functions.
- Strengthen national capacity to identify and assess public health events of potential international concern and guide decision-making on preparedness for, response to, and recovery from outbreaks and emergencies.
- Strengthen national capacity to maintain active surveillance of diseases and public health events, rapidly investigate detected events, report and assess public health risk, share information, and implement public health control measures.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 7.** Health workforce
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 13.** Risk factors for NCDs
- **Outcome 20.** Integrated information systems for health
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/suriname>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/SUR>

BUDGET 2022-2023: US\$ 4,500,000

▶ KEY INDICATORS

- **Population:** 1,394,969 (2019)
- **GDP per capita (constant 2010 US\$):** \$14,921 (2019)
- **SHIe+:** 0.699 (2019)
- **Health expenditure as percentage of GDP:** 6.9% (2018)
- **Mean years of education attained:** 12.5 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.2 years (2019)
- **Neonatal mortality rate (NMR):** 11.5 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 17.5 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 67 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 100% (2017)
- **Percentage of postnatal checkups within 2 days:** 92% (2011)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 17.1% (2019)
- **Prevalence of diabetes:** 11.7% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance to strengthen the health system in responding to challenges related to the essential public health functions.
- Provide technical guidance to implement health financing strategies that support access to health services that are appropriate, necessary, and of sufficient quality.
- Provide technical guidance to strengthen the supply chain management system to ensure the availability of quality products at all levels of the health system and avoid shortages and wastage of resources.
- Continue to provide technical guidance to facilitate the elimination of targeted diseases through capacity-building, guidelines, and policies.
- Increase collaboration to strengthen systems, services, and methods for the prevention, surveillance, early detection, and treatment of all communicable diseases, including vaccine-preventable, vector-borne, and neglected infectious diseases.
- Support strengthening and implementation of 13 International Health Regulations (IHR) core capacities, including the capacity to detect, assess, and respond to public health events of international concern, emergencies and disasters risk management.
- Provide technical guidance to expand and strengthen equitable access to all levels of care with a key focus on primary health care for noncommunicable diseases and mental health through capacity-building, development of evidence-based guidelines, and improved quality of care.
- Support the implementation of key interventions to address noncommunicable disease (NCD) risk factors using the WHO Best Buys and other multisectoral strategies that promote a healthy lifestyle.
- Support a multisectoral approach to promote and strengthen disability-inclusive environments and policies in keeping with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Sustainable Development Goals.
- Provide technical guidance to strengthen health system capacity for gender-based violence prevention, care, treatment, and support, especially in the context of health emergencies such as COVID-19.
- Support national authorities with implementation of the COVID-19 vaccine roll-out in the country. Support the development and implementation of communication messages aimed at reducing COVID-19 vaccine hesitancy, increasing awareness for the continued application of public health and social measures as well as testing for COVID-19.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 6.** Response capacity for violence and injuries
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 20.** Integrated information systems for health
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/trinidad-and-tobago>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/TTO>



Uruguay

BUDGET 2022-2023: US\$ 4,520,000

▶ KEY INDICATORS

- **Population:** 3,461,731 (2019)
- **GDP per capita (constant 2010 US\$):** \$14,300 (2019)
- **SHIe+:** 0.723 (2019)
- **Health expenditure as percentage of GDP:** 9,20% (2018)
- **Mean years of education attained:** 10.7 years (2019)
- **Health-adjusted life expectancy (HALE):** 67.4 years (2019)
- **Neonatal mortality rate (NMR):** 4.2 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 7.1 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 17 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 100% (2017)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 16.5% (2019)
- **Prevalence of diabetes:** 9.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Support the development and dissemination of national standards, technical guides and care protocols, and the systematization of initiatives to improve care access, coverage, and quality, and to improve or complement the response capacities of integrated health services networks through the primary health care strategy.
- Support the preparation of various documents aimed at guiding developments in telemedicine according to evidence and best practices.
- Collaborate for the systematization of innovations in training human resources for health with an orientation toward comprehensive people-, family-, and community-centered care in the provider networks.
- Facilitate and collaborate in building capacities to strengthen community networks and health promotion.
- Facilitate the strengthening of surveillance systems in the field of health and their territorial nodes.
- Collaborate in intersectoral actions and communication campaigns aimed at a diverse audience to address the social determinants of noncommunicable diseases.
- Support policy options designed to advance the national health goals for 2030, in line with the Sustainable Development Goals (SDGs).
- Provide support for measuring essential public health functions, identifying gaps, and building capacities.
- Contribute to the systematization and sharing of initiatives in the field of rational antimicrobial use and surveillance of antimicrobial resistance.
- Facilitate technical inputs for preparing documents on intersectoral stewardship with respect to the determinants and care of noncommunicable diseases and mental health disorders.
- Support the implementation of plans for response to emerging and re-emerging communicable diseases.
- Contribute to the consolidation of a national emergency coordination center that has ample access to timely and quality information, with emphasis on response to the COVID-19 pandemic.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 24.** Epidemic and pandemic prevention and control

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/uruguay>
- **Country office page on the PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/URY>



Venezuela (Bolivarian Republic of)

BUDGET 2022-2023: US\$ 9,110,000

▶ KEY INDICATORS

- **Population:** 28,515,829 (2019)
- **GDP per capita (constant 2010 US\$):** \$14,026 (2014)
- **SHIe+:** 0.601 (2019)
- **Health expenditure as percentage of GDP:** 3.6% (2018)
- **Mean years of education attained:** 10.4 years (2019)
- **Health-adjusted life expectancy (HALE):** 65.4 years (2019)
- **Neonatal mortality rate (NMR):** 16.4 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 24.2 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 125 deaths per 100,000 live births (2017)
- **Proportion of births attended by skilled health professionals:** 99.1% (2017)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 14.8% (2019)
- **Prevalence of diabetes:** 9.5% (2014)

▶ PAHO/WHO KEY INTERVENTIONS

- Promote measures to ensure the functionality of hospital services, and address gaps in primary health care to respond to priority challenges.
- Develop and advise on the implementation of the comprehensive plan for addressing women's health in general, as well as maternal, neonatal, childhood, and adolescent health, from a life course perspective, with a strategy based on primary health care, and emphasizing the reduction of severe morbidity and maternal and perinatal mortality.
- Develop the second phase of the master plan to strengthen response to HIV and tuberculosis from a public health perspective, and continue implementation of the first phase.
- Advise on the implementation of technically sound interventions for vector control and the prevention, diagnosis, and treatment of malaria.
- Advise on the implementation of a national plan to prevent, control, and eliminate neglected diseases in accordance with the WHO roadmap.
- Strengthen the COVID-19 vaccination campaign, as well as the routine vaccination process in the 24 federal entities.
- Develop interventions in health services to address noncommunicable diseases and mental health disorders, with a focus in the latter case on the lifetime impact of the COVID-19 pandemic.
- Strengthen health systems to eliminate transmission or maintain the elimination of transmission of prioritized diseases.
- Build capacities for the analysis, measurement, and monitoring of health surveillance, and for information management.
- Strengthen the capacity to prevent and control epidemics and pandemics caused by high-impact health care-associated pathogens, with emphasis on the COVID-19 pandemic.
- Support actions to strengthen the International Health Regulations and the team that functions as part of the national focal points in this area.
- In implementing response operations to address protracted emergencies, follow guidelines for humanitarian action and the protocols of PAHO's Emergency Response Framework.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 2.** Health throughout the life course
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 8.** Access to health technologies
- **Outcome 17.** Elimination of communicable diseases
- **Outcome 20.** Integrated information systems for health
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:** <https://www.paho.org/es/venezuela-republica-bolivariana>
- **Country office page on the PAHO Program Budget Portal:** <https://open.paho.org/2020-21/country/VEN>

BUDGET 2022-2023: US\$ 350,000

A PAHO Associate Member and an autonomous member of the Kingdom of the Netherlands, served by the PAHO/WHO Representative Office in Trinidad and Tobago

▶ KEY INDICATORS

- **Population:** 105,845 (2018)
- **GDP per capita (constant 2010 US\$):** \$26,631 (2017)
- **SHle+:** 0.848

Note: In 2020, Aruba's economy suffered an economic shock due to the severe drop in tourism income due to the "lock-down" measures instituted to prevent and control the COVID19 pandemic. The estimated real GDP for 2020 shrank by 22.3% compared with 2019. Source: Centrale Bank van Aruba, 23 June 2021.

▶ PAHO/WHO KEY INTERVENTIONS

- Implement key noncommunicable disease (NCD) activities and interventions in the NCD Operational Plan and the 2020 Multisectoral Action Plan. The Multisectoral Action Plan is being used as an advocacy tool in negotiations with The Netherlands to address the implementation of appropriate actions to meet country-specific needs.
- Continue to provide technical guidance to support the implementation of targeted interventions that address obesity and overweight and promote breastfeeding.
- Continue to build national capacity to establish and implement standards and guidelines to strengthen NCD surveillance, monitoring, and evaluation.
- Provide assistance to implement the recommendations of the mental health and substance use report. Mainstreaming of the report was completed in 2020. This will facilitate the integration of mental health into primary health care through the development of intersectoral policies and guidelines that aim to reduce substance use disorders and prevent mental health conditions and suicide.
- Provide assistance to facilitate the integration of mental health into primary health care through the development of intersectoral policies and guidelines that aim at reducing substance use disorders and preventing mental health conditions and suicide, as recommended by the 2020 mental health and substance use report.
- Build capacity in health promotion to address key public health issues in Aruba.
- Conduct maturity assessment of the information system for health and implement recommendations.
- Strengthen advocacy for the development of public policies across sectors using the Health in All Policies approach.
- Provide technical guidance with the implementation of key interventions that are aligned with the National Strategic Framework for Health and that support governance and leadership as the country reforms its health sector.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/aruba>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/ABW>

BUDGET 2022-2023: US\$ 250,000

A PAHO Associate Member and an autonomous member of the Kingdom of the Netherlands, served by the PAHO/WHO Representative Office in Trinidad and Tobago.

▶ KEY INDICATORS

- **Population:** 159,849 (2018)
 - **GDP per capita (constant 2010 US\$):** \$19,204 (2017)
 - **SHle+:** 0.827 (2019)
 - **Neonatal mortality rate (NMR):** 20.4 deaths per 1,000 live births
- Note: In the third quarter of 2020, real GDP in Curaçao fell by an estimated 20.4%. The COVID-19 coronavirus pandemic continued to take a severe toll on economic activity. Real GDP shrank significantly due primarily to a substantially lower level of tourism activity than before the virus crisis.
Source: Centrale Bank van Curacao en Sint Maarten.

▶ PAHO/WHO KEY INTERVENTIONS

- Build national capacity to implement NCD interventions for addressing the social and environmental determinants that affect risk factors for communicable diseases.
- Provide technical guidance through the implementation of key interventions that are aligned with the National Strategic Framework for Health and that support governance and leadership as the country reforms its health sector.
- Provide technical guidance to support the formulation and implementation of legislation, policies, and/or regulatory frameworks that are consistent with universal health access, with focus on primary health care.
- Support interventions that advocate for increased public expenditure on health, prioritizing investments in promotion, prevention, and the first level of care within an integrated, people-centered service delivery network.
- Engage stakeholders in dialogue to build health diplomacy and implement the Health in All Policies approach across sectors in support of universal health.
- Strengthen national capacity to support the implementation of the recommendations of the Information Systems for Health (IS4H) maturity model assessment for an IS4H Wellness Platform.
- Support the implementation of the mental health and substance use interventions.
- Continue to build resilience in the health sector so that it can respond to future pandemics.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 20.** Integrated information systems for health
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/curacao>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/CUW>

BUDGET 2022-2023: US\$ 500,000

▶ KEY INDICATORS

- **Population:** 3,659,000 (2018)
- **GDP per capita (constant 2010 US\$):** \$27,915 (2019)
- **SHIe+:** 0.499 (2019)
- **Mean years of education attained:** 14.0 years (2019)
- **Health-adjusted life expectancy (HALE):** 69.6 years (2019)
- **Neonatal mortality rate (NMR):** 29.4 deaths per 1,000 live births (2019)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen national capacity to conduct vector surveillance and control in order to prevent outbreaks and epidemics of arboviral diseases, by training the Department of Health monitoring and surveillance teams.
- Strengthen capacities for the clinical management of arboviral diseases by implementing the clinical management guidelines established by WHO and PAHO, and by pooling success stories with other countries in the Region.
- Facilitate the implementation of interventions to prevent obesity through strategies that promote breastfeeding, healthy eating, and physical activity, and through the use of surveillance systems that help measure overweight and obesity in the population.
- Develop national capacity to improve care for older persons, with a focus on healthy aging, promotion of human rights, and primary care.
- Promote the systematic incorporation of ethics in the field of public health by strengthening the capacities of decision makers and creating an advisory working group on bioethics.
- Facilitate the distribution of information and educational materials on risk prevention, as well as communications about COVID-19, in order to provide program units and decision makers with timely information and scientific data. This includes Puerto Rico's participation and integration in regional and subregional meetings.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 3.** Quality care for older people
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 14.** Malnutrition
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/es/puerto-rico>
- **Country office page on the PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/PRI>

BUDGET 2022-2023: US\$ 350,000

A PAHO Associate Member and an autonomous member of the Kingdom of the Netherlands, served by the PAHO/WHO Representative Office in Trinidad and Tobago.

▶ KEY INDICATORS

- **Population:** 40,654 (2018)
- **GDP per capita (constant 2010 US\$):** \$28,221 (2015)
- **SHle+:** 0.901

Note: The COVID-19 coronavirus pandemic took a severe toll on economic activity during the third quarter of 2020. Real GDP shrank significantly due primarily to a substantially lower level of tourism activity than before the virus crisis. As a result, in the third quarter of 2020, Sint Maarten recorded a real GDP contraction of 29.9%.

Source: Centrale Bank van Curacao en Sint Maarten.

▶ PAHO/WHO KEY INTERVENTIONS

- Provide technical guidance through the implementation of key interventions that are aligned with the National Strategic Framework for Health and that support governance and leadership as the country reforms its health sector.
- Provide technical guidance for the design and implementation of interventions that promote healthier lives for women, men, children, and adolescents using the life course approach.
- Implement key noncommunicable disease (NCD) activities and interventions in the NCD Operational Plan, which is aligned with the NCD National Multisectoral Action Plan. This plan focuses on reducing risk factors and addressing the determinants of health.
- Build national capacity to establish and implement standards and guidelines to strengthen NCD surveillance, monitoring, and evaluation.
- Provide technical guidance to support the implementation of targeted interventions that address obesity and overweight and promote breastfeeding.
- Build national capacity in health diplomacy and implementation of the Health in All Policies approach across sectors by engaging in intersectoral dialogue that promotes universal health coverage.
- Continue to build national capacity to facilitate the integration of mental health into primary health care through the development of intersectoral policies and guidelines to reduce substance use disorders and prevent mental health conditions and suicide.
- Continue to build resilience in the health sector to enable a robust response to future pandemics.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 23.** Health emergencies preparedness and risk reduction

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/sint-maarten>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/SXM>

French Departments of the Americas

BUDGET 2022-2023: US\$ 350,000

▶ KEY INDICATORS

Average for the Departments

- SHle+: 0.878

French Guiana

- Population: 296,711 (2016)
- GDP per capita (constant 2010 US\$): \$18,300 (2017)

Guadeloupe

- Population: 395,700 (2016)
- GDP per capita (constant 2010 US\$): \$25,479 (2014)

Martinique

- Population: 376,482 (2016)
- GDP per capita (constant 2010 US\$): \$27,688 (2012)

▶ PAHO/WHO KEY INTERVENTIONS

- Strengthen capacity for surveillance, prevention, control, and elimination of malaria and other vector-borne diseases.
- Provide technical assistance to increase national capacity to prevent the spread of multidrug-resistant infections.
- Support the territories in efforts to improve all-hazards health emergency risk management programs.
- Provide technical support to assess the needs of older persons and develop strategies to ensure healthy aging.
- Support the development of educational materials and tools to promote adolescent sexual and reproductive health and rights.
- Provide technical support for prevention, care, and treatment of noncommunicable diseases.

▶ TOP TIER PRIORITIES FOR 2022-2023

- The results of the prioritization exercise were not presented.

▶ USEFUL LINKS

- PAHO/WHO Representative Office websites:

<https://www.paho.org/en/french-guiana>

<https://www.paho.org/en/guadeloupe>

<https://www.paho.org/en/martinique>

- PAHO Program Budget Portal:

<https://open.paho.org/2020-21/country/FDA>

Overseas Territories of The Netherlands

Bonaire, Saba, and Sint Eustatius

BUDGET 2022-2023: US\$ 200,000

Bonaire, Saba, and Sint Eustatius are “special municipalities” of the Kingdom of the Netherlands. They are served by the PAHO/WHO Representative Office in Trinidad and Tobago.

▶ KEY INDICATORS

Average for the territories

- **SHle+:** 0.876 (2019)

Bonaire

- **Population:** 19,408
- **GDP per capita (constant 2010 US\$):** \$21,600 (2014)
- **Neonatal mortality rate (NMR):** 16.4 deaths per 1,000 live births

Saba

- **Population:** 2,000

- **GDP per capita (constant 2010 US\$):** 25,100 (2014)
- **Neonatal mortality rate (NMR):** 11.4 deaths per 1,000 live births

Sint Eustatius

- **Population:** 3,200
- **GDP per capita (constant 2010 US\$):** 25,300 (2014)
- **Neonatal mortality rate (NMR):** 13.4 deaths per 1,000 live births

▶ PAHO/WHO KEY INTERVENTIONS

- Build national capacity to implement noncommunicable disease (NCD) interventions for addressing the social and environmental determinants that exacerbate risk factors for these diseases.
- Provide technical guidance to support the implementation of targeted interventions that address obesity and overweight and promote breastfeeding.
- Support the implementation of effective mental health and substance use interventions through the development of intersectoral policies and guidelines.
- Provide guidance to support increased access to comprehensive, quality health services and interventions for communicable diseases using a primary health care and universal health coverage approach.
- Build capacity at the territorial level to establish and implement standards and guidelines to strengthen NCD surveillance, monitoring, and evaluation as part of improving information systems for health.
- Strengthen mechanisms for generating strategic public health information for policy and planning in the three islands.
- Build capacity for health promotion activities to address key public health issues.
- Continue to build resilience in the health sector to enable a robust response to future pandemics.

▶ TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 14.** Malnutrition
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 20.** Integrated information systems for health

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/netherlands-antilles>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/BES>

Overseas Territories of The United Kingdom

Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Montserrat, and Turks and Caicos Islands

BUDGET 2022-2023: US\$ 1,500,000 (Total)

► KEY INDICATORS

Average for the territories

- **SHle+:** 0.885 (2019)

Anguilla

- **Population:** 14,764 (2016)
- **GDP per capita (constant 2010 US\$):** \$29,493 (2014)
- **Neonatal mortality rate (NMR):** 12.4 deaths per 1,000 live births

Bermuda

- **Population:** 63,968 (2018)
- **GDP per capita (constant 2010 US\$):** \$94,274 (2019)
- **Mean years of education attained:** 12.4 years (2019)
- **Health-adjusted life expectancy (HALE):** 71.1 years (2019)

British Virgin Islands

- **Population:** 29,802 (2018)

- **GDP per capita (constant 2010 US\$):** \$34,000 (2017)
- **Neonatal mortality rate (NMR):** 17.4 deaths per 1,000 live births

Cayman Islands

- **Population:** 64,174 (2018)
- **GDP per capita (constant 2010 US\$):** \$80,756 (2019)

Montserrat

- **Population:** 5,215 (2018)
- **GDP per capita (constant 2010 US\$):** \$12,384 (2014)

Turks and Caicos Islands

- **Population:** 37,665 (2018)
- **GDP per capita (constant 2010 US\$):** \$21,030 (2010)
- **Neonatal mortality rate (NMR):** 15.4 deaths per 1,000 live births

► PAHO/WHO KEY INTERVENTIONS

- Support the development of policies and interventions that address institutional and organizational determinants of access to health care.
- Provide technical cooperation to strengthen health systems' capacity to deliver integrated and comprehensive public health actions and services.
- Develop and/or reinforce Member State information systems for health to ensure interoperability in all processes, including, but not limited to, data governance, data collection and archiving, interinstitutional data exchange, eHealth, monitoring and evaluation, reporting, policies, and laws regarding use of health-related data.
- Develop and/or scale up institutional capacities for the systematic and transparent uptake of evidence to inform policy and decision-making, and implement standardized evidence mechanisms derived from global science, local data, and specific contextual knowledge to improve policy, systems, and services.
- Build capacity to collect, analyze, disseminate, and use data, disaggregated by national and subnational levels, to monitor progress toward the regional goals for health priorities.
- Provide technical support to strengthen health emergency and disaster management and to reduce environmental threats and risks.
- Implement strategies for the prevention and control of epidemic- and pandemic-prone diseases.
- Build capacity at territorial level to ensure early detection of potential emergencies, including those resulting from disease outbreaks, and provide essential life-saving health services to emergency- and disaster-affected populations.
- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies.
- Support the COVID-19 pandemic response, in line with the 10 Pillars of the WHO Strategic Preparedness and Response Plan.
- Contribute to the reduction of premature mortality due to noncommunicable diseases (NCDs) through the development and implementation of NCD strategic plans that meet the NCD global targets for 2025.
- Strengthen integrated approaches to implementing, scaling up, and evaluating evidence-based and cost-effective interventions for NCDs, disabilities, mental health, and substance use, including, among others, the package of essential NCD interventions for primary health care and technical packages, such as "HEARTS".
- Develop cancer prevention and control strategies, including for cervical cancer.
- Improve country capacity for data collection, analysis, surveillance, and monitoring of NCDs and their risk factors, disabilities and rehabilitation, and mental health conditions (including neurological disorders and substance use disorders).
- Develop and implement mental health strategies and support the implementation of the mhGAP and MHPSS.
- Build capacity of health care providers to prevent and respond to victims of violence, mitigate consequences, and reduce reoccurrence, with a special focus on violence against women, youth violence, and violence in migrant populations.
- Strengthen the stewardship capacity of appropriate national authorities to address environmental determinants of health through assessment, policy development, and assurance in four technical areas: air pollution, chemical safety, climate change, and water, sanitation, and hygiene.
- Facilitate the development and implementation of a health insurance plan that will strengthen protection against health related financial risks and hardships for all persons and advance toward attainment of universal health.
- Develop health financing policies and establish solidarity-based pooling mechanisms to strengthen financial risk protection.
- Build capacity in the territory at the national and local levels (i.e., Family Islands) to implement policies that address the social determinants of health through intersectoral work.

Overseas Territories of The United Kingdom

Anguilla, Bermuda, British Virgin Islands, Cayman Islands, Montserrat, and Turks and Caicos Islands *Continued*

▶ TOP TIER PRIORITIES FOR 2022-2023

(average across the United Kingdom territories)¹

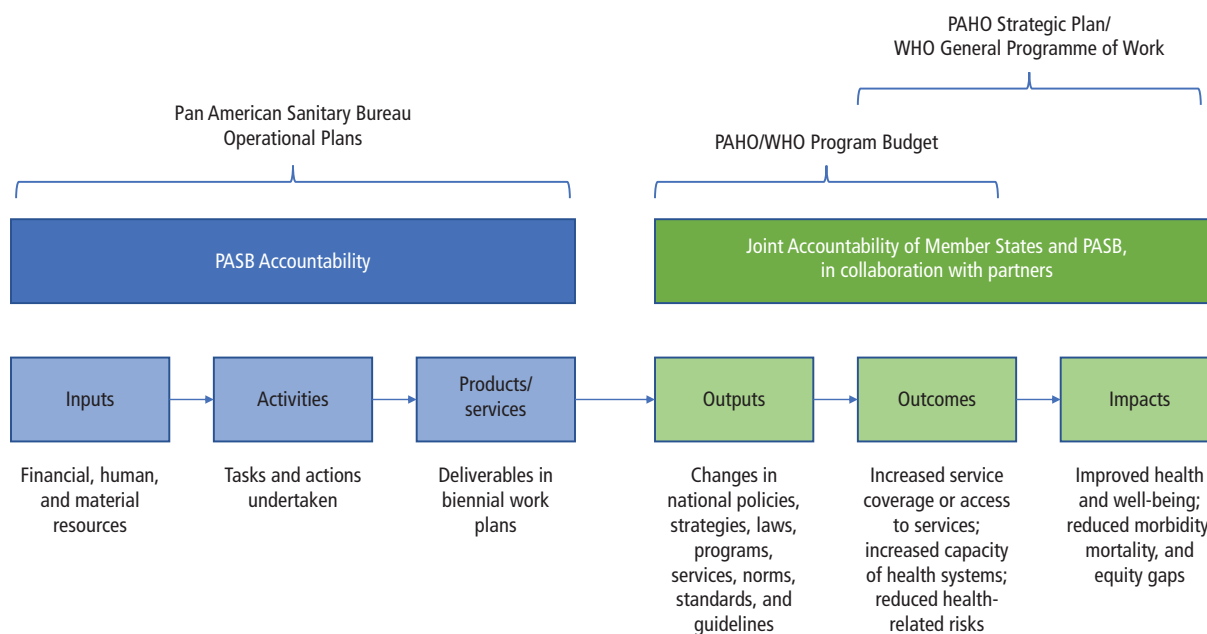
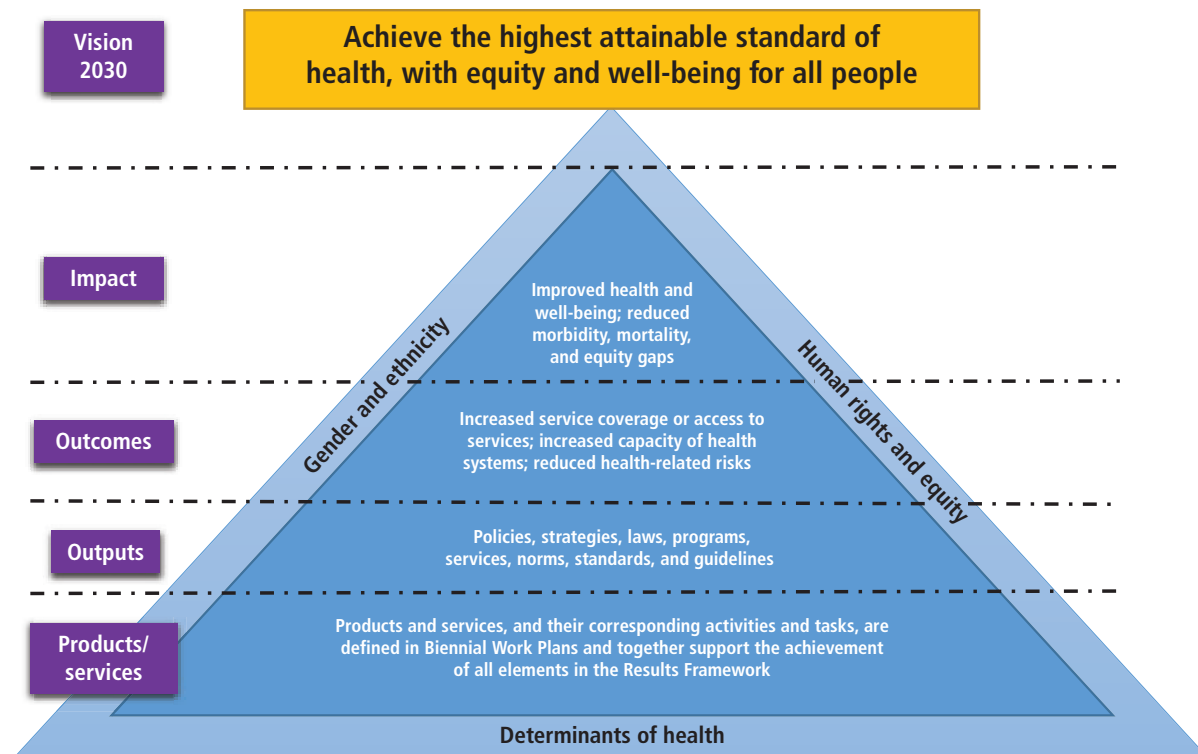
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 14.** Malnutrition
- **Outcome 20.** Integrated information systems for health
- **Outcome 21.** Data, information, knowledge, and evidence
- **Outcome 22.** Research, ethics and innovation for health
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control
- **Outcome 25.** Health emergencies, detection and response

▶ USEFUL LINKS

- **PAHO/WHO Representative Office website:**
<https://www.paho.org/en/anguilla>
<https://www.paho.org/en/bermuda>
<https://www.paho.org/en/british-virgin-islands>
<https://www.paho.org/en/cayman-islands>
<https://www.paho.org/en/montserrat> <https://www.paho.org/en/turks-and-caicos-islands>
- **PAHO Program Budget Portal:**
<https://open.paho.org/2020-21/country/AIA>
<https://open.paho.org/2020-21/country/BMU>
<https://open.paho.org/2020-21/country/VGB>
<https://open.paho.org/2020-21/country/CYM>
<https://open.paho.org/2020-21/country/MSR>
<https://open.paho.org/2020-21/country/TCA>

¹ As of July 2021, the priorities for 2022-23 had not been confirmed with the national authorities of Cayman Islands.

Annex B: PAHO Results Chain and Accountability Framework



RESOLUTIONS

59TH DIRECTING COUNCIL

73rd Session of the Regional Committee of WHO for the Americas

Virtual Session, 20-24 September 2021

CD59.R8
Original: English

RESOLUTION

CD59.R8

PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2022-2023

THE 59th DIRECTING COUNCIL,

Having examined the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document 363*);

Having considered the report of the 168th Executive Committee (Document CD59/2);

Noting the efforts of the Pan American Sanitary Bureau (PASB) to propose a program budget that takes into account both the socio-economic considerations and the joint responsibility of Member States and PASB in achieving public health mandates;

Noting the efforts of PASB to propose a program budget that considers the evolving context and impact of the ongoing COVID-19 pandemic at global, regional and country levels;

Bearing in mind Article 14.C of the Constitution of the Pan American Health Organization and Article III, paragraph 3.5, of the Financial Regulations of the Pan American Health Organization,

RESOLVES:

1. To approve the program of work of the Pan American Health Organization (PAHO) with a budget of US\$ 640.0 million¹ for base programs and \$48.0 million for special programs, as outlined in the Program Budget of the Pan American Health Organization 2022–2023 (*Official Document 363*).
2. To encourage all Member States, Participating States, and Associate Members to continue to make timely payments of their assessed contributions in 2022 and 2023 and of arrears that might have accumulated in the previous budgetary periods.
3. To encourage PAHO Member States, Participating States, and Associate Members to continue advocating for an equitable share of the World Health Organization's (WHO) resources and specifically for WHO to fully fund the budget space allocated to the Region of the Americas.

¹ Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

4. To encourage Member States, Participating States, and Associate Members to make voluntary contributions that are aligned with the PAHO Program Budget 2022-2023, and where possible, to consider making these contributions fully flexible and un-earmarked.
5. To approve assessed contributions for the biennium 2022-2023 in the amount of \$225.5 million composed of: a) \$194.4 million in net assessments of Member States, Participating States, and Associate Members, which requires no increase over the last approved amount of net assessed contributions (\$194.4 million), and b) \$31,150,000 as a transfer to the Tax Equalization Fund, as indicated in the table below.
6. In establishing the contributions of Member States, Participating States, and Associate Members, assessed contributions shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that credits of those states that levy taxes on the emoluments received from PASB by their nationals and residents shall be reduced by the amounts of such tax reimbursements by PASB.
7. To finance the approved base programs in the following manner and from the indicated sources of financing:

Source of Financing	Amount (US\$)
Assessed contributions from PAHO Member States, Participating States, and Associate Members	225,550,000
Less credit from Tax Equalization Fund	(31,150,000)
Budgeted miscellaneous revenue	14,000,000
PAHO voluntary contributions and other sources	179,000,000
Funding allocation to the Region of the Americas from WHO	252,600,000
TOTAL	640,000,000

8. To authorize the Director to use all sources of financing indicated above to fund the PAHO Program Budget 2022-2023, subject to the availability of funding.
9. To request the Director to prepare a report on the expenditure amounts from each source of financing, and against the 28 outcomes outlined in the PAHO Program Budget 2022-2023, to be presented to the Governing Bodies in 2024.

(Fifth meeting, 22 September 2021)

59TH DIRECTING COUNCIL

73rd Session of the Regional Committee of WHO for the Americas

Virtual Session, 20-24 September 2021

CD59.R9
Original: English

RESOLUTION

CD59.R9

ASSESSED CONTRIBUTIONS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS OF THE PAN AMERICAN HEALTH ORGANIZATION FOR 2022-2023

THE 59th DIRECTING COUNCIL,

Considering that, in Resolution CD59.R8, the 59th Directing Council approved the Program Budget of the Pan American Health Organization 2022-2023 (*Official Document 363*);

Considering that Article 60 of the Pan American Sanitary Code and Article 24(A) of the Constitution of the Pan American Health Organization provide that the scale of assessed contributions to be applied to Member States, Participating States, and Associate Members be determined on the basis of the assessment scale adopted by the Organization of American States;

Bearing in mind that the 59th Directing Council, in Resolution CD59.R7, adopted the scale of assessments for the Member States, Participating States, and Associate Members of the Pan American Health Organization for the biennium 2022-2023,

RESOLVES:

To establish the assessed contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for the financial periods 2022 and 2023 in accordance with the scale of assessments shown below and in the corresponding amounts, which represent an increase of 0% with respect to the biennium 2020-2021.

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2022-2023**

	Assessment rate (%)		Gross assessments (US\$)		Credit from Tax Equalization Fund (US\$)		Adjustments for taxes imposed by Member States on emoluments of PASB staff (US\$)		Net assessment (US\$)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Member States										
Antigua and Barbuda	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Argentina	3.458	3.687	3,620,526	3,860,289	259,350	276,525	–	–	3,361,176	3,583,764
Bahamas	0.054	0.058	56,538	60,726	4,050	4,350	–	–	52,488	56,376
Barbados	0.038	0.044	39,786	46,068	2,850	3,300	–	–	36,936	42,768
Belize	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Bolivia (Plurinational State of)	0.081	0.086	84,807	90,042	6,075	6,450	–	–	78,732	83,592
Brazil	14.359	15.309	15,033,873	16,028,523	1,076,925	1,148,175	–	–	13,956,948	14,880,348
Canada	11.297	12.045	11,827,959	12,611,115	847,275	903,375	40,000	40,000	11,020,684	11,747,740
Chile	1.631	1.739	1,707,657	1,820,733	122,325	130,425	–	–	1,585,332	1,690,308
Colombia	1.888	2.013	1,976,736	2,107,611	141,600	150,975	–	–	1,835,136	1,956,636
Costa Rica	0.295	0.315	308,865	329,805	22,125	23,625	–	–	286,740	306,180
Cuba	0.152	0.162	159,106	169,630	11,397	12,151	–	–	147,708	157,479
Dominica	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Dominican Republic	0.309	0.329	323,523	344,463	23,175	24,675	–	–	300,348	319,788
Ecuador	0.463	0.494	484,761	517,218	34,725	37,050	–	–	450,036	480,168
El Salvador	0.088	0.093	92,136	97,371	6,600	6,975	–	–	85,536	90,396
Grenada	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768

(continued)

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2022-2023 (CONTINUED)**

	Assessment rate (%)		Gross assessments (US\$)		Credit from Tax Equalization Fund (US\$)		Adjustments for taxes imposed by Member States on emoluments of PASB staff (US\$)		Net assessment (US\$)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Guatemala	0.197	0.210	206,259	219,870	14,775	15,750	–	–	191,484	204,120
Guyana	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Haiti	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Honduras	0.050	0.053	52,350	55,491	3,750	3,975	–	–	48,600	51,516
Jamaica	0.061	0.065	63,867	68,055	4,575	4,875	–	–	59,292	63,180
Mexico	7.458	7.951	7,808,526	8,324,697	559,350	596,325	–	–	7,249,176	7,728,372
Nicaragua	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Panama	0.220	0.235	230,340	246,045	16,500	17,625	–	–	213,840	228,420
Paraguay	0.100	0.107	104,700	112,029	7,500	8,025	–	–	97,200	104,004
Peru	1.158	1.235	1,212,426	1,293,045	86,850	92,625	–	–	1,125,576	1,200,420
Saint Kitts and Nevis	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Saint Lucia	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Saint Vincent and the Grenadines	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Suriname	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Trinidad and Tobago	0.149	0.159	156,003	166,473	11,175	11,925	–	–	144,828	154,548

(continued)

**ASSESSMENTS OF THE MEMBER STATES, PARTICIPATING STATES, AND ASSOCIATE MEMBERS
OF THE PAN AMERICAN HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2022-2023 (CONTINUED)**

	Assessment rate (%)		Gross assessments (US\$)		Credit from Tax Equalization Fund (US\$)		Adjustments for taxes imposed by Member States on emoluments of PASB staff (US\$)		Net assessment (US\$)	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
United States of America	53.150	49.990	55,648,050	52,339,530	3,986,250	3,749,250	8,000,000	8,000,000	59,661,800	56,590,280
Uruguay	0.343	0.366	359,121	383,202	25,725	27,450	–	–	333,396	355,752
Venezuela (Bolivarian Republic of)	2.236	2.384	2,341,092	2,496,048	167,700	178,800	35,000	35,000	2,208,392	2,352,248
Participating States										
France	0.113	0.109	118,348	114,208	8,478	8,181	–	–	109,870	106,027
The Netherlands	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
United Kingdom	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Associate Members										
Aruba	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Curaçao	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
Puerto Rico	0.060	0.058	62,822	60,624	4,500	4,343	–	–	58,321	56,282
Sint Maarten	0.037	0.044	38,739	46,068	2,775	3,300	–	–	35,964	42,768
TOTAL	100.000	100.000	104,700,000	104,700,000	7,500,000	7,500,000	8,075,000	8,075,000	105,275,000	105,275,000

(Fifth meeting, 22 September 2021)



PAHO



Pan American
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Organization



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Americas

