

**QUINQUENNIAL REPORT 2018-2022 OF THE DIRECTOR
OF THE PAN AMERICAN SANITARY BUREAU**



Championing Health Equity for Sustainable Development

Executive Summary

PAHO



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE
AMERICAS



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Washington, D.C., 2022

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Championing Health Equity for Sustainable Development. Executive Summary*

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To the Member States:

In accordance with the Constitution of the Pan American Health Organization, I have the honor to present the 2018-2022 quinquennial report on the work of the Pan American Sanitary Bureau.

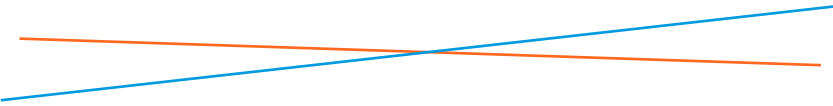
This report highlights the technical cooperation undertaken by the Bureau during the period August 2017 through June 2022, within the framework of the 2014-2019 and 2020-2025 Strategic Plans of the Pan American Health Organization, as defined by its Governing Bodies.

The report is complemented by the Financial Report of the Director and the Report of the External Auditor for 2021.

Carissa F. Etienne

Director
Pan American Sanitary Bureau



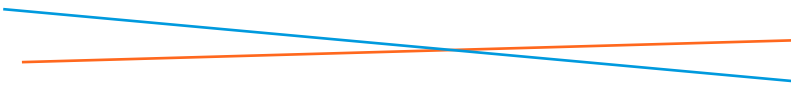


On 2 December 2022, the Pan American Health Organization (PAHO or the Organization) will celebrate 120 years of uninterrupted service in public health to the Region of the Americas. The Organization has continued to fulfill its purpose as a public health agency dedicated to advancing the health of the peoples of the Americas, through its technical cooperation with Member States to address their priority health issues. Over the past 120 years of working with Member States, both individually and collectively, PAHO has helped to establish ambitious health goals and has contributed to the achievement of many, with sustained excellence.

The planned technical cooperation of the Pan American Sanitary Bureau (PASB or the Bureau) with Member States during the period under review, 2018-2022, was thrown into a tailspin in March 2020, when the Director-General of the World Health Organization (WHO) declared the coronavirus disease of 2019 (COVID-19) a pandemic. Despite the diversion of resources in both Member States and the PASB to manage the pandemic, the Bureau adjusted its technical programs and enabling functions to ensure that its work with countries and territories, in collaboration with partners and regional and subregional networks of policymakers, managers, technocrats, civil society representatives, and persons in situations of vulnerability, responded to the pandemic and continued to address other priority health programs. PASB continued its technical cooperation to promote interventions for the performance of the essential public health functions (EPHFs), and to advance universal access to health (UAH) and universal health coverage (UHC)—universal health¹—using the primary health care (PHC) approach, in order to avoid reversal of hard-won public health gains in the Region.

The paragraphs that follow summarize the main achievements and challenges, as identified by the responsible PASB technical, administrative, and

The Organization has continued to fulfill its purpose as a public health agency dedicated to advancing the health of the peoples of the Americas.



managerial entities, as well as conclusions and priority issues in looking forward to 2030.

Main achievements

Achieving universal access to health and universal health coverage

The PHC approach has been central to PAHO's strategy to achieve UAH and UHC in the Region. The Director of PASB launched the **Regional Compact on Primary Health Care for Universal Health, PHC 30-30-30**, in Mexico City in April 2019, calling on Member States to advance health sector reforms based on the PHC approach. PHC 30-30-30 established goals to eliminate barriers to access health by at least 30%; increase public spending on health to at least 6% of gross domestic product, with 30% of these resources to be invested in the first level of care; and transform health systems to provide equitable, inclusive, comprehensive, quality services based on the PHC strategy by 2030.

Since the **PAHO Revolving Fund for Strategic Public Health Supplies** (the Strategic Fund)² became a Special Program in 2019, it has focused on continuous improvement to its operations, including widening the number of countries and partners using the Fund, and expanding the range of medicines and health technologies that can be procured. This has resulted in a fourfold increase

1 PAHO uses the term "universal health" to encompass universal access to health and universal health coverage.
2 Available from: <https://www.paho.org/en/paho-strategic-fund>.



in procurement, totaling over US\$ 725 million³ in products procured since 2018, and 100 million people supported by the Fund. The Strategic Fund has helped mitigate stockouts caused by interruptions to global health supply chains, by responding to over 100 requests for loans and donations to treat human immunodeficiency virus (HIV), acquired immunodeficiency disease (AIDS), tuberculosis, and malaria through 18 multicountry collaborations. Its success in expanding access to lifesaving medicines and supplies has been reflected across a diverse range of therapeutic areas, including hepatitis, oncology, vector control, diabetes, and mental health disorders.

The Bureau collaborated with WHO to produce the first **Global Benchmarking Tool** (GBT) to evaluate national drug regulatory capacity. The GBT allows countries to identify strengths and gaps in their regulatory capacities and to prioritize critical areas for systematic and transparent institutional development. The GBT utilizes elements of PASB's own regional tool, which has been applied to regulatory systems in the Americas over the past 10 years, and which has been improved through extensive consultations with drug regulatory authorities from around the world.

With support from PASB, in October 2019 national regulatory authorities in Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama launched the Central American Mechanism for the Joint Evaluation of Medicines Records to ensure the quality, safety, and effectiveness of medicines and health technologies. Building on prior advances and successes in regulation at the regional, subregional, and country levels, Member States improved collaboration and information-sharing on regulatory issues related to COVID-19 through the network of national regulatory focal points enabled by PAHO.

The **PAHO Virtual Campus for Public Health** (VCPH) has become a vital PASB-supported platform for ongoing capacity-building and information-sharing for health professionals in the Region, particularly during the 2020-2022 pandemic period, and the VCPH currently has 1.8 million users and 3 million registrations for courses. In 2018, the VCPH established a new node for the English-speaking Caribbean in collaboration with the Caribbean Public Health Agency, and updated its Central America node in collaboration with the Council of Ministers of Health of Central America and the Dominican Republic. In March 2020, the VCPH Caribbean node created the section Information and Capacity Building Resources on COVID-19, which included advice to the general public and COVID-19 technical guidance.

Responding to health emergencies and disasters, including the COVID-19 pandemic, and building core public health capacities under the International Health Regulations

The **COVID-19 Genomic Surveillance Regional Network** (COVIGEN) for the genomic surveillance of SARS-CoV-2 was created in March 2020. The Region's experience with influenza and other respiratory viruses, and its Severe Acute Respiratory Infections network (SARInet)—a regional collaboration of professionals

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

who participate in SARI surveillance in the Americas—allowed PASB to spearhead the creation of COVIGEN. COVIGEN is open to all countries in the Americas through their national public health laboratories, and genomic sequencing of SARSCoV-2, along with the prompt release of the information, not only allowed the characterization of the etiological agent involved in the initial outbreak, but also facilitated the timely development of diagnostic protocols and close monitoring of the evolution of the COVID19 pandemic.

The Bureau has since supported the strengthening of in-country capacity to carry out genomic surveillance within the COVIGEN framework. The Bureau has encouraged Member States not only to participate in the network, but also to implement and enhance their sequencing capacities, and to upload sequences to WHO's Global Initiative on Sharing All Influenza Data platform, a global database geared toward contributing to global research on the evolution and spread of the virus. The network in the Americas has significantly expanded to identify and track variants of SARS-CoV-2, and 31 laboratories from 28 countries now actively contribute to COVIGEN, generating their own sequences or shipping samples to reference laboratories.

With the **Smart Hospitals initiative**, PASB contributed to the establishment of safe, green, and sustainable health centers, optimizing resilience, strengthening structural and operational aspects, and providing green technologies to build climate-smart health facilities as the gold standard for resilient critical infrastructure. The health sector has a fundamental role to play in disaster risk reduction, and health facilities need to be safe and remain operational during and immediately after adverse events.

The Bureau began implementing the project in 2015, funded by the United Kingdom Department for International Development, with additional support from Global Affairs Canada (GAC). PASB coordinated and supported the retrofitting of

50 health facilities in the participating countries of Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines. Six other facilities benefited from design phase interventions only, and an additional five are scheduled to complete retrofitting by the end of the project in December 2022. With financial support from the Government of Canada, the European Union (EU), the Inter-American Development Bank (IDB), and other partners, smart adaptations are now being implemented in other health facilities in the Caribbean subregion, including, for the first time ever, in Haiti, one of the most high-risk, disaster-prone countries in the Region.

Improving health along the life course

Maternal mortality reduction interventions were prioritized in 10 countries—Bolivia (Plurinational State of), Dominican Republic, Guatemala, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Peru, and Suriname—based on their indicators of maternal mortality and social determinants, through the interprogrammatic Zero Maternal Deaths from Hemorrhage project. The project included the training of national and local teams to handle obstetric hemorrhages; the establishment and training of national teams to validate essential conditions utilizing maternal-perinatal service tools; contributions to the design of local improvement plans; and the monitoring of all instituted processes.

This initiative made it possible to update the maternal mortality reduction plans in eight of the participating countries—Bolivia (Plurinational State of), Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, Paraguay, and Suriname—and reactivate the maternal mortality committees in nine of them (those mentioned immediately above, and Peru).

The Bureau promoted and contributed to maintenance of **routine immunization programs and the introduction of COVID-19 vaccination**, continuing its procurement of

vaccines and supplies through the Revolving Fund for Access to Vaccines (the Revolving Fund)⁴ and annual observance of Vaccination Week in the Americas, using virtual platforms and social media.

Elimination of measles and rubella was sustained, despite the challenges of the COVID-19 pandemic. The Region of the Americas was the first to be declared free of measles, and 33 out of 35 Member States have sustained the elimination of this virus for more than 20 years, making the Americas the first region with such a long history of measles elimination. However, there was endemic measles transmission in the Bolivarian Republic of Venezuela in 2018 and in Brazil in 2019. The Bureau's technical cooperation has also contributed to sustained elimination of rubella and congenital rubella syndrome since 2009.

As of 30 June 2022, all countries and territories of the Americas had established COVID-19 vaccination programs. At least 15 vaccines had been used in the Americas, more than 1.78 billion doses of COVID-19 vaccines had been administered, and 689 million people had completed their COVID-19 vaccination schedules, having received at least two doses of vaccine.

Reducing inequities in health, with a focus on ethnic groups and indigenous peoples, and persons living in situations of vulnerability

The Bureau developed several strategies and plans of actions in order to play a leadership role and guide technical cooperation in positioning **cultural diversity, equity, gender, and human rights** as components of the universal health agenda. The frameworks included Health Plan for Afro-descendant Youth in Latin America and the Caribbean (2018) and the Health Plan for Indigenous Youth in Latin America and the Caribbean (2018); the final report of the Commission on Equity and Health Inequalities in the Americas (2019), the

recommendations of which proposed fundamental actions to enable progress to equity in health and address inequalities; the Strategy and Plan of Action on Ethnicity and Health 2019-2025; and a regional report on the health of Afro-descendant people in Latin America (2021). A special issue of the Pan American Journal of Public Health (PAJPH) in 2021 focused on health equity in the Americas after COVID-19, providing a body of evidence to lead strategic efforts to promote equity.

The Bureau promoted **knowledge dialogues**—also called intercultural dialogues—which are processes of communication and exchange between people, groups, or communities from different backgrounds or cultures, aimed at improving access to health services and building intercultural health. The dialogues emphasized solving previously raised problems and their causes, fostering mutual understanding, and providing an interface with indigenous populations and other groups in situations of vulnerability. They constituted an important tool for working with different populations, and the Bureau built national capacity in the application of the methodology in several countries.

In expanding **vaccine coverage in populations in situations of vulnerability**, PASB collaborated with GAC to implement the regional initiative Providing Access to COVID-19 Vaccines for Populations in Situations of Vulnerability in the Americas. With PASB's technical cooperation, the participating countries designed interventions to improve vaccination coverage among indigenous people; Afro-descendant people; migrants; refugees; persons deprived of liberty; lesbian, gay, bisexual, transgender, queer, and other persons of nonheterosexual orientation (LGBTQ+); people living in poverty; low-income communities; people living in favelas and slum settings; people living in hard-to-reach areas; and health workers.

4 Available from: <https://www.paho.org/en/revolvingfund>.

The Bureau advanced **gender equality**, generating a 2020 report on progress with the implementation of the PAHO Gender Equality Policy that summarized advances in Member States and PASB itself on their commitments to gender equality in health. The self-assessment reported that countries had improved data collection, disaggregation, and analysis by sex from 53% to 75%, with the potential to significantly contribute to the visibility and targeting of health inequities, but the processes had not been institutionalized to the extent desired. The Bureau developed courses to improve capacities for integrating gender and health, making them available through the PAHO VCPH. In addition, PASB produced a regional report on masculinities and men's health in 2019, which was updated in March 2020.

The Bureau promoted **human rights and health** at the highest policymaking levels at regional, subregional, and multicountry levels, emphasizing the importance of legislation as a framework for the realization of the right to health and other human rights. The Bureau provided technical comments on legislative proposals and policies developed by Member States, as requested, in order to strengthen national legal frameworks for rights-based approaches to health issues, and in December 2021, published a series of technical notes on human rights and health. The notes summarized the main international human rights instruments and standards of the United Nations and the Inter-American Human Rights systems, and made recommendations for their effective implementation.



Reducing and eliminating the burden and impact of communicable diseases, including vaccinepreventable diseases, neglected infectious diseases, diseases covered by the Global Fund, and others

Over the last five years, the Region has made significant progress and reached key milestones in **disease elimination**. Argentina, El Salvador, and Paraguay were certified by the WHO as malaria-free, and Belize remained free of malaria transmission over the period 2019-2021. Guatemala achieved trachoma elimination, and both Brazil and the Dominican Republic interrupted the transmission of lymphatic filariasis. Rabies transmitted by dogs was eliminated as a public health problem in Mexico; Chagas disease transmission was eliminated in Guatemala, Honduras, Nicaragua, and Paraguay; and foot-and-mouth disease was eliminated in Brazil, Peru, and Uruguay.

Elimination of mother-to-child transmission (EMTCT) of HIV and syphilis was achieved in Anguilla, Antigua and Barbuda, Bermuda, Cuba, Dominica, Cayman Islands, Montserrat, and Saint Kitts and Nevis. Several other countries are near EMTCT of HIV, but congenital syphilis still represents a significant challenge.



The Bureau strengthened national capacity to address **antimicrobial resistance (AMR) using the One Health approach**, including through a Cooperation Among Countries for Health Development (CCHD) project involving Argentina and members of the Caribbean Community (CARICOM). The Latin American and Caribbean Network for Antimicrobial Resistance Surveillance was instrumental in successfully detecting the emergence of extensively antimicrobial-resistant microorganisms, and the Bureau worked with countries to strengthen infection prevention and control practices, enhance antimicrobial stewardship, and build the capacities of microbiology laboratories for the detection of AMR. All 35 Member States have national AMR action plans steered by One Health intersectoral committees, with varying levels of implementation.

The **Revolving Fund** has continued to provide crucial support in enhancing the prevention and control of vaccine-preventable diseases in the Region. Between 2018 and April 2022, 30 countries and territories accessed seasonal influenza vaccines for the Southern and Northern Hemispheres via this mechanism, and the Revolving Fund played a critical role in the planning and forecasting of the demand from countries for access to 127.2 million doses, at a cost of about \$381 million, including transportation. With the lowest price approach of the Revolving Fund, participating Member States ensure rapid expansion of their vaccine portfolios to protect their populations throughout the life course, while supporting the financial sustainability of their immunization programs.

Reducing the burden and impact of the chronic noncommunicable diseases and their risk factors

The Bureau has worked vigorously to emphasize the **economic dimensions of noncommunicable diseases (NCDs)**, undertaking technical cooperation with Member States to strengthen the capacity of health authorities to bring pertinent economic parameters and evidence into their dialogue with other sectors and advance whole-of-government action on NCD

prevention and control. The Bureau partnered with WHO and the United Nations Development Programme (UNDP) to develop a series of investment cases for NCDs and mental health, neurological, and substance use (MNS) disorders to highlight the economic benefits—in addition to the health benefits—of investing in their prevention and control.

The Bureau advocated for, and contributed to, economic arguments for **fiscal and health policy coherence** regarding the application of excise taxes on unhealthy products such as tobacco, alcohol, and sugar-sweetened beverages (SSBs), including building the capacity of health and finance officials, and generating and disseminating regional- and country-level evidence on the use of health taxes and their economic impact. The Bureau established collaboration with international financial institutions and development agencies such as the World Bank, the International Monetary Fund, the Economic Commission for Latin America and the Caribbean (ECLAC), and UNDP, to build capacity on the use of excise taxes for health, particularly in response to the pandemic. PASB also led a cutting-edge global effort to calculate the tax share for SSBs and alcoholic beverages, adapted from the well-established WHO methodology for monitoring tobacco taxes.

The Bureau catalyzed advances in **tobacco control**, scaling up its work in specific technical and legislative interventions, and in 2020 successfully mobilized resources from the Bloomberg Initiative to Reduce Tobacco Use. According to the WHO Global Report on Trends in Prevalence of Tobacco Use 2000-2025, the Region of the Americas is likely to achieve the goal of a relative reduction in current tobacco use rate of 30% by 2025. In 2019, Brazil became the second country in the world—after Türkiye—to implement all six measures of the WHO MPOWER policy package for tobacco control, and in that same year, Canada and Uruguay became the first countries in the Region to introduce plain packaging for tobacco products. In 2020, South America became the first subregion of the Americas—and the first multination continent globally—to enact regulations for completely smoke-free public spaces.



Obesity prevention and control, including childhood obesity prevention, was a priority for PASB's technical cooperation, and the Bureau intensified support for the implementation of the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents 2014-2019. Among various measures, the Bureau provided guidance on breastfeeding in instances of suspected or confirmed COVID-19; collaborated with the Organization of American States (OAS) to introduce school-based NCD prevention and control activities aligned with the 2019-2022 Work Plan of the Inter-American Committee on Education; and leveraged the 2016 PAHO Nutrient Profile Model as a tool for the development and implementation of policies for front-of-package warning labeling (FoPWL), bans on SSBs and other unhealthy commodities in and around schools, and restrictions on the marketing of unhealthy products to children.

The Bureau promoted and contributed to the expansion of the **HEARTS program** throughout the Region, aimed at the prevention and control of cardiovascular diseases (CVDs), with 23 countries committed to adopting the WHO technical package and implementing it in PHC settings. The package aims to standardize hypertension treatment and improve the proportion of people with hypertension

who are diagnosed, treated, and controlled. The Bureau built the capacity of primary care providers through HEARTS virtual courses, tools, and updated guidelines to improve standardization of treatment protocols, encourage utilization of validated blood pressure measurement devices, and strengthen patient monitoring.

The Bureau contributed significantly to progress in the areas of **MNS policies, plans, and legislation**, which aim to reduce the role of psychiatric hospitals through deinstitutionalization and the integration of mental health into PHC and community-based management; promote human rights; and develop programs to prevent MNS disorders and promote mental health. Recognizing mental health and psychosocial support (MHPSS) as a core component of the emergency response, the Bureau integrated this technical area into its overall emergency and disaster response, including in relation to the COVID-19 pandemic. The Governments of Argentina and Chile announced substantial increases in their mental health budgets and the launch of new mental health programs as components of their COVID-19 responses.

Utilizing evidence and intelligence for action in health

The Bureau led the strengthening of **information systems and digital transformation for health** in the Region through development of a framework for action and a standardized maturity assessment tool for Information Systems for Health (IS4H), which was applied in all countries and territories of the Americas. This motivated strong financing from IDB and the renewal of commitments from Canada, the Spanish Agency for International Development Cooperation, and the United States Agency for International Development, as well as new partners such as the Susan T. Buffett Foundation, the Robert Wood Johnson Foundation, and Vital Strategies.

The Bureau enhanced **health analysis and equity metrics** through the establishment of the SDG Steering Committee, the functions of which were to a) provide

strategic guidance on developing indicators for the achievement of the Sustainable Development Goal (SDG) 3 Targets and monitoring progress toward their achievement, especially regarding the reduction of health inequalities at regional, national, and subnational levels; b) evaluate the implementation of evidence-based strategies and interventions aimed at achieving SDG 3 Targets; and c) coordinate collaboration among PASB entities to undertake technical cooperation with Member States in the implementation of strategies to achieve the SDG 3 Targets. This program was designed to manage the necessary information, including data collection and analysis of the SDG 3 indicators, and to generate evidence for action, with an emphasis on interventions to reduce inequalities.

Addressing the social determinants of health and ensuring healthy and safe environments

The approval of the PAHO Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10) provided a **framework for operationalizing the regional commitment to address the social and other determinants of health**—the underlying nonmedical factors that significantly impact health outcomes. The Strategy and Plan of Action defined the Bureau's work in strengthening key healthy settings; enabling community participation and empowerment, and civil society engagement; enhancing governance and intersectoral work to improve health and well-being, and address the social determinants of health; and strengthening health systems and services through a health promotion approach.

The Bureau's technical cooperation facilitated the strengthening of skills and competencies for effective **multisectoral, multi-stakeholder action** to address the social and other determinants of health, and reduce health inequities in the Region. Five countries in the Americas—Chile, Colombia, Costa Rica, El Salvador, and Peru—committed to work toward health equity addressing the social determinants of health at national and local levels, through the WHO Multi-

country Special Initiative for Action on the Social Determinants of Health for Advancing Health Equity.

In the framework of the PAHO Plan of Action on Workers' Health 2015-2025 (Document CD54/10, Rev. 1), and with the network of PAHO/WHO Collaborating Centres in Occupational Health, PASB surveyed and documented the impact of various occupations on **workers' health** in the Region, including workers in informal sectors. In collaboration with WHO and the network of Collaborating Centres, the Bureau built capacities in occupational health and safety for health institutions, including implementation of the International Labour Organization/WHO HealthWISE tool that addresses working and employment conditions for health workers.

The Bureau fostered progress on **climate change and health**, strengthening health and climate change governance and partnerships in the Region, and facilitating integrated planning, enhanced capacities, and increased investments. The Caribbean Action Plan on Health and Climate Change, the Andean Plan on Health and Climate Change 2020-2025, and the 2018 Declaration of Ministers of Health of the Southern Common Market (MERCOSUR) and Associated States on Health and Climate Change, are examples of concerted intersectoral actions. Most Member States now recognize health as a priority topic in their nationally determined contributions—national commitments within the United Nations Framework Convention on Climate Change—and several countries have finalized, or are in the process of finalizing, their health national adaptation plans for climate change.

Advancing PASB's institutional development and capacity

The Bureau ensured that effective **governance of the Organization** was maintained, through well-functioning and responsive Governing Bodies. The restrictions imposed by the COVID-19 pandemic tested the Organization's governance, but by incorporating technological advances and redesigning



its work processes, the Bureau ensured that PAHO's Governing Bodies continued to meet and function effectively, including convening Special Sessions to discuss urgent issues. Over 100 PAHO resolutions were sunset during the period 2018-2022, including some for which the commitments had already been met; those that may have been superseded by other resolutions; and those that had reached the end of their lifespan.

The Bureau's institutional strengthening was made more systematic through the **organizational development initiatives** (ODIs) established by the Director in June 2020. The ODIs were informed by a) the outputs of the Member State Working Group that was established by Resolution CESS1.R2 of the May 2020 Special Session of the PAHO Executive Committee; b) recommendations from a Strategic Function Review conducted by an Internal Steering Committee that the Director established in June 2020 to identify possible adjustments in response to the difficult financial situation discussed at the Special Session; and c) input from PASB staff. Of the 20 approved ODIs, 12 targeted strategic functional optimization and eight aimed at ensuring that the PASB

was on a sustainable financial footing for 2022-2023 and beyond. As of June 2022, 17 ODI workplans had been approved and, of those, 12 ODIs had had their final report issued.

An independent **Investigations Office** was established in January 2018, separating the Bureau's ethics and investigative functions, and facilitating increased vigilance for fraud. The Investigations Office became fully operational in March 2019 with the appointment of a Chief Investigator. The separation of functions allowed the Ethics Office to focus on its core mandate and activities, and **ethics-related policies** were either issued or revised and updated. The latter included expansion of the Declaration of Interest program to include all new hires and international and national consultants—previously it had applied only to all senior staff and personnel in designated employment categories. PASB conducted the first ethics and climate survey in 2021 to ascertain staff perception of the ethical climate and work environment in the Bureau.

The Bureau also updated the Asset Accountability Policy in 2020 to reduce the financial liability of staff due to the increasing use of PAHO-owned assets

outside of the workplace to perform official tasks; the policy on Prevention and Resolution of Harassment in the Workplace was updated in 2020 to clarify the issue of intent and to specify that a complaint need not only be filed by the person alleging harassment; and a policy against retaliation was revised in 2021 to promote a “speak up” culture.

A new PAHO Policy on Preventing Sexual Exploitation and Abuse was issued in April 2021 to strengthen protection measures for the communities that the Bureau serves and ensure that PASB personnel adhere to the highest standards of conduct. The Bureau also implemented a new policy to guide personnel in the use of social media.

The Bureau improved its **strategic planning and accountability processes**, strengthening the consultative and participatory process to develop the PAHO Strategic Plan 2020-2025, with a record 21 Member States involved in the Strategic Plan Advisory Group. There was also greater accountability and transparency, as technical cooperation reports for the bienniums 2016-2017 and 2018-2019, published in 2018 and 2020, respectively, featured a more rigorous analysis at the impact level. The reports also showcased country-level success stories and the role of PASB's technical cooperation in Member States' progress toward national, subregional, regional, and international health goals.

The Bureau consolidated and enhanced results-based management at all levels, and sustained its commitment to consistently implement lessons learned and best practices throughout the development and implementation of PAHO Strategic Plans 2014-2019 and 2020-2025. Furthermore, the Bureau's evaluation function transitioned beyond the previous advisory mode to incorporate strengthened monitoring of integration of the Organization's crosscutting themes (CCTs) of equity, ethnicity, gender, and human rights, and the commissioning of corporate evaluations based on organizational priorities. The 2021-2022 corporate evaluation workplan was launched in March 2021.



The Bureau strengthened its **country focus**, adapting the global approach to the development of Country Cooperation Strategies (CCSs) to the regional context; ensuring the development of a CCS for each Member State to guide the Bureau's actions in and with the country; and implementing the Key Country Strategy. The Bureau restructured its subregional programs to strengthen its engagement with subregional integration mechanisms at the highest levels and promote a more coordinated approach to address common health challenges, and strengthened its CCHD program to contribute to the sharing of experiences, lessons learned, and good practices in public health among PAHO Member States.

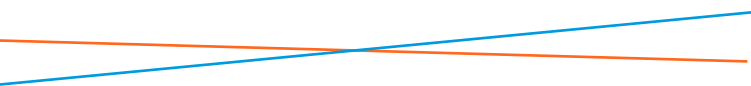
The Bureau's **resource mobilization** efforts proved successful, with mobilization of about \$1.2 billion in voluntary contributions since 2018. The PAHO Resource Mobilization Strategy 2020-2025, launched in December 2020, provides clear biennial mobilization targets and a concrete way forward for the Organization to respond and adapt to a dynamic environment and the many challenges ahead in resource mobilization, including the transition from COVID-19 response to broader health financing. Over \$530 million was mobilized in a two-year period to support the COVID-19 response in the Americas, and an additional \$34.75 million was mobilized in 2021 alone to support other emergency response operations and strengthen emergency preparedness, readiness, and risk reduction throughout the Region. \$75 million was awarded through a United States Congressional appropriation to respond to the COVID-19 pandemic.

The Bureau's **financial operations and management** during the Organization's severe budgetary crisis of 2019 and 2020 included the establishment of cost containment measures that maintained priority, effective technical cooperation with countries during most of 2020 and the beginning of 2021, while protecting PASB staff. Important efficiency measures were implemented, including enhanced efforts to "go paperless," a "one device policy" for the use of computers, and placing more financial operations online.

In 2020, PASB adjusted its **human resources management**, developing the People Strategy 2.0 to incorporate high-priority activities from the 2015-2019 People Strategy and the human resources-related ODI. The People Strategy 2.0 identifies functional optimization, innovation, and agility as three pillars in support of the PAHO Strategic Plan 2020-2025. The Bureau established the Advisory Committee on the Implementation of the People Strategy, which recommended that priority be given to keeping key positions filled, including by onboarding replacement staff prior to the separation of retiring staff. The Bureau developed and adopted new guidelines for reprofiling PASB positions to meet evolving programmatic needs and ensure that the Organization was fit for purpose, with reviews of workforce composition to determine the most efficient distribution of positions and skills. PASB also implemented iLearn, the WHO global learning management system, making it available to both employees and contingent workers.

The Bureau enhanced its **strategic communications**, improving knowledge-sharing and information dissemination through the utilization of digital platforms and methods, and implementing an open access policy, based on a Creative Commons license, which allows users to access PAHO publications and reuse and adapt their content, thus increasing their impact. The Bureau increased its outreach by creating a network of over 2,000 institutional partners in the Region and beyond. These partners shared PAHO content with their respective networks, reaching millions of end-users. By categorizing content, using predefined templates, and implementing industry best practices, PASB was able to move to a system of producing publications at lower cost, with estimated savings calculated at \$1.5 million per 200 publications.

With the implementation of streamlined processes, and expanded rosters and machine translation, PASB improved multilingualism, enhanced productivity, reduced costs, expanded the number of publications translated, and maintained translation support during meetings. There was increased availability of WHO guidelines and other technical publications in



The COVID-19 pandemic and the Organization's financial crisis constituted the two major challenges encountered during this reporting period.

Portuguese and Spanish, and the continued provision of translation support during the pandemic resulted in timely access to COVID-19-related information and guidance. The Bureau's publication of the Spanish version of the *Control of Communicable Diseases Manual* provided a key tool for epidemiologists and experts in Spanish-speaking countries.

The Bureau provided timely support to health ministries in their communications efforts; revamped PAHO branding over the period 2018 to 2022, increasing the Organization's visibility across the Region; revitalized the PAHO website to be faster, more stable, and visually engaging; strengthened the Organization's social media presence, establishing and bolstering working relations with Twitter Latin America; and participated in a WHO global initiative with Facebook Meta to access advertisement credits and design strategic campaign services.

Enhanced **information technology** played a significant role in the Bureau's successful navigation of the pandemic workplace. The transformation was swiftly and efficiently initiated in March 2020, due to in large part to cloud-based systems. As the pandemic evolved, PASB adapted with new business continuity procedures, including enhanced cloud backup systems and guidelines on managing telework; recommendations on masking,

vaccinations, meetings and travel; and greater emphasis on awareness of and strategies for improving cybersecurity.

The Bureau transformed its **procurement function** and enabled the Bureau to meet the unprecedented demands of Member States for procurement of vaccines, other medical supplies, and equipment through the Revolving and Strategic Funds. The rising demand for procurement services reached its peak in 2021, making PAHO one of the top 10 United Nations agencies supporting Member States through procurement activities. The Bureau's procurement function also strengthened its market intelligence and logistics management in order to better anticipate market challenges and opportunities, and to establish the best and most cost-effective approaches to deliver health supplies within a context of unstable global logistics over coming years.

The Bureau's **legal services** contributed to strengthening PASB's policies and functions through—among other interventions—updating of the PAHO E-Manual; development of policy related to the Framework of Engagement with Non-State Actors (FENSA) and oversight of its implementation; negotiation of cost-saving contracts with third-party providers for human resources management functions; protection of financial resources; swift management of issues of reputational risk; and protection of PAHO's Privileges and Immunities, and its status as an independent health organization.

Main challenges

The COVID-19 pandemic and the Organization's financial crisis constituted the two major challenges encountered during this reporting period. Despite the differences in the nature of these challenges, both developed into emergency situations that jeopardized PASB's capacity to respond to priority health issues in the Region. Both crises necessitated substantial adjustments to the Bureau's operations in order to efficiently and effectively serve Member States.

The pandemic-associated infodemic resulted in misinformation and disinformation, and contributed to the spread of myths, distrust of international organizations, and vaccine hesitancy across the Region. PASB also faced the dual challenge of improving its communications in this new era of hybrid communication and capitalizing on gains made in media coverage to call attention to priority topics beyond health emergencies, as the pandemic continued.

Misunderstanding of the intergovernmental nature of PAHO and WHO led to erroneous perceptions and opinions of their roles, and the dissemination of false information about their leadership, especially on social media. The persistence of this aspect of the infodemic has the potential to undermine the credibility, reputation, and work of both organizations.

Changes in the political, social, and economic landscapes in the Region proved, in several cases, to be barriers to the Bureau's work. Changes in philosophical positions, perspectives, priorities, policies, and national counterparts, as well as the economic situation, required agile, creative, and innovative interventions.

Inadequate attention to, and resources for, strengthening advances in UAH, UHC, and PHC have hampered health systems' capacity to identify and serve persons and groups in situations of vulnerability, and enhance promotive, preventive, care, treatment, rehabilitative, and palliative services to meet their needs, especially at the first level of care.

Weak mechanisms for promoting effective multisectoral, multi-stakeholder, health in all policies approaches to address the social, economic, environmental, commercial, and other determinants of health have resulted in inadequate inclusion of, and engagement with, civil society organizations (CSOs) and people living with various disorders and affected by specific health policies, as well as inadequate protection of the policy space from industry interference and conflicts of interest.

Inadequate preparedness for and response to emergencies and disasters continued to impede the achievement of desired health outcomes. The unavailability or insufficiency of adequate quantities of lifesaving supplies and equipment, due in large part to the Region's dependence on external sources and importation of these essential commodities, hampered effective COVID-19 responses in many countries of the Americas. In addition, although the projected negative impact of climate change on the environment, health, and other critical developmental issues has been recognized, there are delays in the development and implementation of national climate change mitigation and adaptation plans, including for the health sector.

Constraints in resource mobilization remain, despite the significant resources mobilized to address the COVID-19 pandemic, and financing is still inadequate for priorities such as NCDs, human resources for health (HRH), and for addressing the social and other determinants of health. PASB must also exercise due diligence in its resource mobilization efforts to avoid or appropriately manage potential conflicts of interest with private sector partners that could damage the Organization's image and reputation.

Uneven progress in digital transformation of the health sector and the availability of information and communication technology is evident in countries and populations that are disadvantaged because of inadequate resources, limited technical capacities, and geographical barriers. This imbalance in digital transformation has the potential to aggravate inequities in health access both within and between countries.

The need for continued institutional strengthening of the Bureau in an environment of restricted flexible resources is an ongoing challenge, as PASB responds to changing needs of Member States, the threats of future pandemics, and its continuing responsibilities to promote and contribute to the fulfillment of established mandates, as well as the COVID-19 pandemic response.



The Bureau has taken careful note of several lessons learned over the period, prominent among them the imperative of placing equity at the heart of health in order to leave no one behind.

Conclusions and looking forward to 2030

The Bureau has taken careful note of several lessons learned over the period, prominent among them the imperative of placing equity at the heart of health in order to leave no one behind. There must be meaningful actions to address the social, economic, political, environmental, commercial, and other determinants of health that strongly influence UAH, UHC, and health outcomes. In tandem with these efforts, strong social protection systems, including health insurance programs and financial safety nets, are essential, so that the plight of those in situations of vulnerability is not aggravated by factors over which they have little or no control.

Long-term investments in public health, in terms of financial, human, technical, infrastructural, and other resources, and—as importantly—multisectoral, multi-stakeholder involvement, are critical to prepare for, and mount a robust response to, external shocks and unexpected events such as the COVID-19 pandemic. The Region's leaders must commit to increased and strategic investments in health, as continued underinvestment, including in the first level of care and in specific threats to health such as NCDs, hampers the implementation of more agile, consolidated, and efficient responses. Strengthened and reoriented health systems based on the PHC approach must be established and maintained to achieve the promise of universal health.

Regional solidarity, exemplified by the Revolving Fund, an integral pillar of the Bureau's technical cooperation with countries, is essential. This pooled procurement platform has provided all Member States with access to quality and safe vaccines, at a single price for any product, regardless of countries' economic status. Another regional public good that must be pursued is regional self-sufficiency in access to essential medicines, vaccines, and health technologies. The severe disruption in supply chains due to the pandemic put the health of the peoples of the Americas at serious risk, and sustainable, collaborative—rather than competitive—pathways to building manufacturing

Long-term investments in public health are critical to enable robust responses to the next pandemic.

capacity for these essential products and reducing dependence on their importation must be a priority for regional health.

Other lessons learned include the critical importance of strong disease surveillance systems; efficient laboratory diagnostic and clinical management capacities; well-trained and equitably distributed HRH, with persons at the cutting edge of information and innovation; and strategic communication that targets key stakeholders, including the public, to counter and manage misinformation and disinformation. Investments in public health must therefore include resources to improve health literacy and develop and implement communication plans that address issues such as vaccine hesitancy and denial.

Looking forward to 2030, guided by the SDGs, the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030), the PAHO Strategic Plan 2020-2025, the PAHO policies, strategies and plans of action approved by the Governing Bodies, and other international, subregional, and national frameworks for health, the Bureau foresees accelerated action in the following areas, in close collaboration with strategic partners, emphasizing results at the national level, adequate resource allocation and mobilization, and strengthened integration of the CCTs:

- a) COVID-19 containment, treatment, and rehabilitation measures, including vaccination, and documentation and analysis of the pandemic's impact on health and equity, with recommendations and guidance for strategies to negate or minimize its effect;

- b) Advancing UAH, UHC, PHC, and performance of the EPHFs, with focus on increasing the resilience of health systems, innovative health financing, social protection, efficient IS4H, and adequately trained, distributed, and remunerated HRH;
- c) Promoting, advocating for, and supporting regional self-sufficiency in the provision of essential medicines, vaccines, and health technologies, including engagement with Member States and other key stakeholders, building and strengthening regional manufacturing capacities, and promoting the use of the Revolving and Strategic Funds, as appropriate, to enable equitable access to these lifesaving products;
- d) Emergency and disaster preparedness and response, including for pandemics, strengthening core capacities for implementation of the International Health Regulations (2005) and MHPSS, and including persons in situations of vulnerability in the planning cycle;
- e) Establishment of effective multisectoral, multi-stakeholder mechanisms and actions for addressing the social and other determinants of health, advancing the realization of the right to health and other human rights, furthering the reduction of inequities, and promoting policies to prevent and manage conflicts of interest;
- f) Health promotion and disease prevention through a life course approach, focusing on populations at higher risk and in situations of vulnerability;
- g) Prevention, effective management, and, where possible, elimination of communicable diseases, including neglected infectious diseases and vaccine-preventable diseases;
- h) Prevention and control of NCDs, including MNS disorders, focusing on risk factor reduction and management of NCDs, adopting and adapting, as needed, evidence-based policies and interventions;
- i) Digital transformation of the health sector, with equitable access to information and communication technology and communication products, and the establishment of efficient IS4H for effective decision-making and action, and accountability;
- j) Strengthening all the Bureau's enabling functions through continued implementation of the ODIs;
- k) Enhancing country focus and the CCHD program, in collaboration with the major subregional integration entities and their organs, and with other diverse partners, aligned with FENSA.

The Bureau is keenly aware of, and contributed to, discussions and agreements reached at the Seventy-fifth World Health Assembly in May 2022, which addressed priority issues for the Region, and will take appropriate action to align its technical cooperation with global frameworks, while adapting its work and tailoring interventions to the national, subregional, and regional situations in the Americas.

The Bureau must continue to function as a politically neutral technical agency and honest broker for the health of the peoples of the Americas, contributing to the realization of the right to health and other human rights, and the reduction of inequities, working with like-minded stakeholders and partners in achieving the goals of the 2030 Agenda for Sustainable Development and SHAA2030.

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Quinquennial Report 2018-2022 of the Director
of the Pan American Sanitary Bureau



PAHO



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