Program and Budget

Pan American Health Organization

2018-2019

Pan American Health Organization

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REGIONAL OFFICE FOR THE Americas

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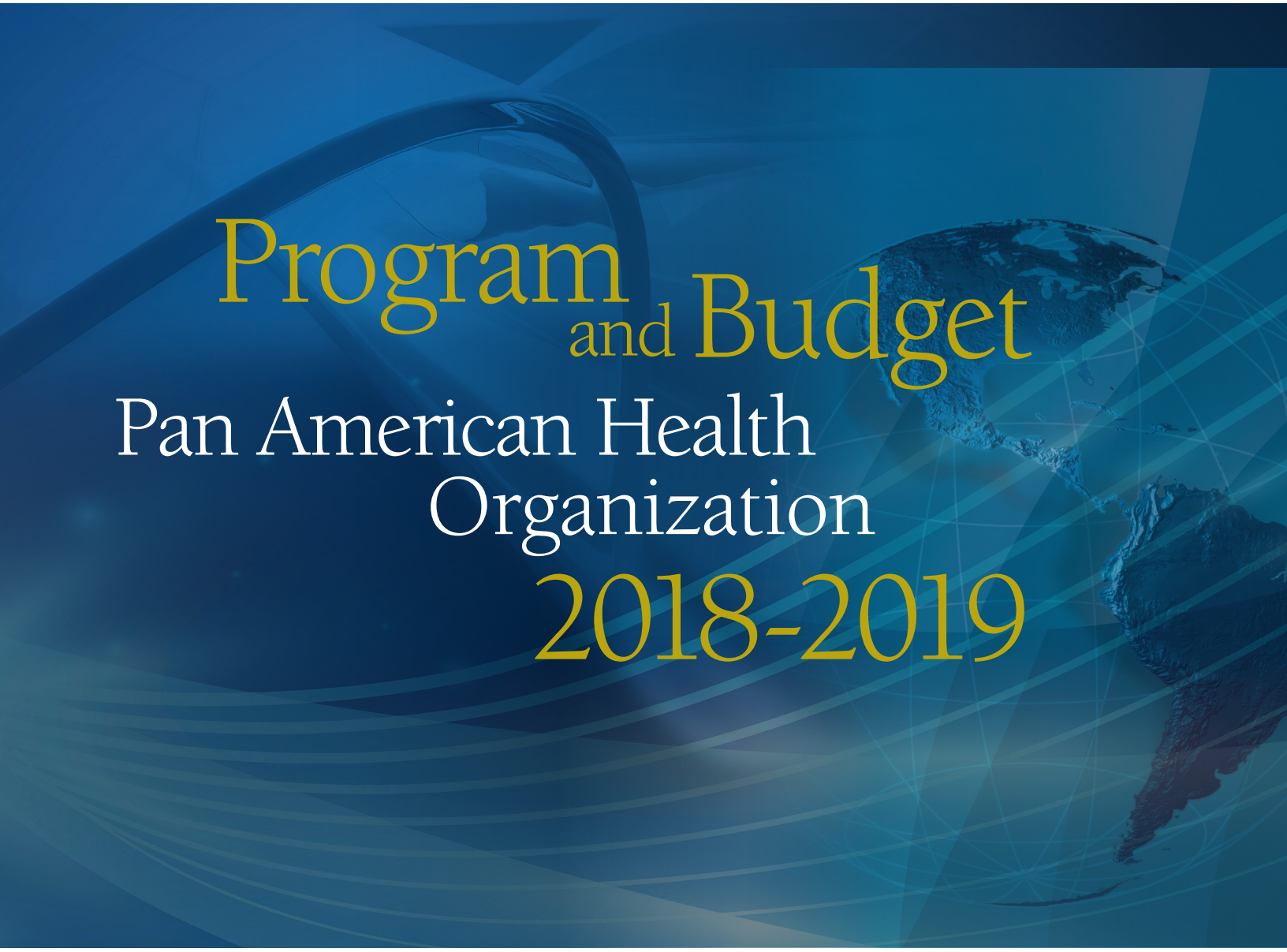

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Regional Office of the World Health Organization
for the Americas

September 2017

Contents

I. Executive Summary

1. This Program and Budget 2018-2019 (PB 2018-2019) sets out PAHO's corporate results and targets for the last biennium of the Strategic Plan 2014-2019 and presents the budget the Pan American Sanitary Bureau (PASB) requires to support Member States to achieve these results. The PB 2018-2019 closes out the last Strategic Plan developed during the Millennium Development Goals (MDGs) era. It is also the first Program and Budget to be developed following the approval of the Sustainable Development Goals (SDGs) under the United Nations 2030 Agenda for Sustainable Development. While PAHO's existing results structure is in full alignment with and allows for monitoring of the SDGs,[1] it is expected that for the next Strategic Plan, covering 2020-2025, a comprehensive multisectoral approach will be developed in close collaboration with Member States in order to reflect more fully the intent of the SDGs as well as evolving health priorities for the Region. These priorities will be established in the Sustainable Health Agenda for the Americas 2018-2030 (provisional title) to be adopted at the 29th Pan American Sanitary Conference in September 2017.

2. The year 2016 presented a mixed socioeconomic picture across the Region of the Americas. Most countries experienced gradual economic growth and placed increasing emphasis on equity and solidarity within the context of an evolving social sector. However, sustainable funding for health remains a challenge in nearly all countries, with only six countries having achieved the target of public expenditure on health equivalent to 6% of their gross domestic product (GDP).[2] Moreover, the great majority of countries in the Region are now classified as middle-income, and in some cases this constrains access to favorable international financing, further limiting funds for the social sector. Economic inequality remains an overarching characteristic of the Region, with stagnation in poverty reduction and a concentration of wealth among a few families.

3. In the public health sphere, the priority remains ensuring well-financed, well-staffed, resilient health systems, with the goal of achieving universal access to health and universal health coverage[3] for all peoples in the Americas. The national health system will remain the foundation for response to disease outbreaks, as well as for the prevention and treatment of

1 Pan American Health Organization, Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health [Internet]. Washington, DC: PAHO; 2015 [cited 2016 Mar 18]. Available from: http://iris.paho.org/xmlui/handle/123456789/10016.

2 This indicator is a proxy used to measure progress toward universal access to health and universal health coverage. Public expenditure on health equivalent to 6% of GDP is a useful benchmark, in most cases, and is a necessary though not sufficient condition to reduce inequities and increase financial protection within the framework of universal access to health and universal health coverage. PAHO Compendium of Impact and Outcome Indicators, 2014.

3 PAHO definition: "Universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability" (Document CD53/5, Rev. 2 [2014]; Resolution CD53.R14 [2014]) .

communicable and noncommunicable diseases throughout the life course. Most key health indicators for the Region overall are trending positively, but this masks significant variance across and within countries. The toll of noncommunicable diseases (NCDs) continues to rise, and maternal mortality remains an important gap in the Region, part of the "unfinished agenda" from the MDGs. Natural hazards, public health emergencies, and coping with climate change-related issues remain persistent yet unpredictable challenges for sustainable development.

4. It is necessary to look beyond the health sector at the national and international levels in order to address the social determinants of health, as well as the non-health sector contributors to increased morbidity and mortality, such as violence and road traffic accidents. This holistic approach is aligned with the multisectoral vision of the SDGs and links directly to the long-standing Health in All Policies strategy.[4]

5. In this scenario of major ongoing public health challenges at the national and international levels, and in a resource-constrained environment with slow or negative economic growth in some countries, the PAHO PASB has carefully analyzed the pros and cons of different budget scenarios, with a view to providing optimal and realistic recommendations to its Member States. Some of the principal financial considerations are as follows:

a) The financial climate in the Region is not poor, but it lags behind some other high-growth regions, and several countries face significant domestic fiscal constraints that limit their ability to contribute to international organizations.
b) In times of fiscal austerity, it is essential to maintain resource flows to the social sectors, including social security, education, and health, in order to mitigate the effects of weak economies on the poorest and most marginalized in our societies.
c) A zero-growth scenario for the Organization is essentially a reduction, in view of the fact that costs increase commensurate with inflation and other fiscal factors. In real terms, staff costs increased 2% from 2014 to 2016, and they are expected to increase a further 5% in 2018-2019.
d) PAHO successfully mobilized resources during the 2014-2015 biennium to fund 99% of its US$ 563.1 million[5] budget for the period, and implemented 93% of the budget. This demonstrates the Organization's ability to both attract funding and implement programs, even in a resource-constrained environment.
e) For 2016-2017, as of 31 March 2017 the base programs budget of $612.8 million was over 84% funded, further evidence of the strength of PAHO's programs and its fundraising ability.
f) PAHO has implemented several important efficiency measures, resulting in reduced resource needs in purely administrative areas (see the 2016-2017 proposed budget for Program Area 6.4 [Management and Administration] versus the 2014-2015 level). These measures are further described in Sections II and III.

6. With the above in mind, the PASB is proposing an overall **budget of $619.6 million for base programs.** This represents an increase of $6.8 million, or 1.1%, over the $612.8 million approved budget for base programs in 2016-2017. This budget increase is largely due to the increased WHO budget space allocation to the Region of the Americas. This modest increase will allow the PASB to respond to Member States' requests for additional technical cooperation in priority program areas such as: noncommunicable diseases and

4 Pan American Health Organization, Plan of Action on Health in All Policies [Internet]. Washington, DC: PAHO; 2014 [cited 2016 Mar 18]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=26797&Itemid=270&lang=en.

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

risk factors; maternal, child, and adolescent health; malaria and other vector-borne diseases; HIV/AIDS, STIs, and viral hepatitis; strengthening of health systems and services as a step towards achieving universal access to health and universal health coverage; health systems information and evidence; and countries health emergency preparedness and International Health Regulations (IHR). Details on budget shifts and relative priorities are provided in Section II of this document. When approving this budget, Member States are requested to allow flexibility for the Director to shift the allocation among the six categories in order to accommodate emerging priorities and increased/decreased funding availability during the course of the biennium. Member States will be informed of any such changes through regular reporting.

7. The level of **assessed contributions** should remain constant at **$210.6 million,** reflecting zero nominal growth. The 2018-2019 biennium is the third consecutive budgetary period in which the PASB presents a budget proposal with no increase in assessed contributions. The combined effect of reduced miscellaneous revenue, inflationary cost increases, unfunded programmatic priorities from Member States, and the need to replace aging infrastructure will result in a significant funding deficit. The PASB will endeavor to absorb this deficit by mobilizing flexible voluntary contributions, reducing costs, and implementing efficiency savings.

8. The proposed budget for specific regional programs and response to emergencies (not included in base programs) is $56.0 million. Thus the **total budget** proposed for 2018-2019 is **$675.6 million**, $27.8 million (4.3%) more than the PB 2016-2017 level of $647.8 million.

9. The proposed PB 2018-2019 has been developed through a combination of bottom-up, results-based prioritization and costing in PAHO/WHO Representative Offices and technical programs, with a corporate view of the resource environment and public health considerations outlined above. The prioritization exercise was carried out jointly with ministries of health or equivalents in all PAHO Member States, using the refined PAHO-Hanlon methodology. The consolidated results from 47 countries and territories are included in Section II. The initial consolidated results of the bottom-up, results-based costing resulted in a budget of $704 million. The PASB applied a rigorous process of prioritization and negotiation to develop a budget proposal that is realistic while at the same time remaining results-based and needs-driven.

10. In 2018-2019, PAHO will maintain its role as the go-to organization for responding to Public Health Emergencies of International Concern (as defined in the 2005 International Health Regulations - IHR) in the Region of the Americas. The PASB not only plays a coordinating role in identifying and helping to direct the international response to such crises, but also dispatches emergency teams to support national response efforts as needed. The overarching goal is to ensure that outbreaks and pandemics are contained as quickly as possible, ensuring the highest level of protection against communicable diseases for all peoples in the Americas.

11. In keeping with this role, and building on PAHO's strong history of outbreak and emergency response (most recently during the Zika virus outbreak), this Program and Budget includes programmatic and structural changes introduced in 2016 as a consequence of the Health Emergencies Program reform led by the World Health Organization (WHO). Category 5 has become Health Emergencies, with seven program areas: Infectious Hazard Management, Country Health Emergency Preparedness and the International Health Regulations (2005), Health Emergency Information and Risk Assessment, Emergency Operations, Emergency Core Services, Disaster Risk Reduction and Special Projects, and Outbreak and Crisis Response. Antimicrobial resistance has become a separate program area under Category 1 (Communicable Diseases), and food safety, previously Program Area 5.4, was also moved to Category 1. As a result of these changes, the number of program areas increased from 30 in PB 2016-2017 to 34 in PB 2018-2019, and the number of outputs has increased from 113 to 132. The revised program structure is presented as an amendment to the Strategic Plan 2014-2019 under a separate agenda item.

12. As a whole, this PB 2018-2019 constitutes a commitment by the PASB to its Member States to faithfully implement and report on the programmatic elements contained herein, and to continue to provide good financial stewardship in keeping with approved international accounting standards as well as PAHO's own financial rules and regulations. PAHO has for many years been at the forefront of implementing Results-based Management, including necessary transparency and accountability to its Member States. In 2018-2019 the PASB looks to build on this strong tradition through:

a. A continually updated public web portal showing financial and programmatic implementation by country, and at the regional and subregional levels;
b. Improved analysis and transparency in budgetary and financial reporting made possible by implementation of the PASB Management Information System (PMIS);
c. Vigorous and systematic follow-up on all internal and external audit recommendations, reported ethical issues, and corporate risks identified through the risk management process; and
d. Joint monitoring and assessment of the Program and Budget (PB) outputs, in collaboration with Member States, in order to obtain a more objective assessment of PAHO's performance.

13. This PB 2018-2019 is also a commitment by PAHO Member States to provide the agreed-upon assessed contribution funding indicated and to work hand-in-hand with the PASB and other health partners to achieve the results and targets set out in this document.

14. The proposed PB 2018-2019 is divided into two main parts. The first part includes this executive summary, the proposed budget, financing considerations, contextual analysis, the SDGs, and accountability for performance. The second part examines the six categories and their program areas, including a short technical analysis of each category and the indicators/targets for programmatic performance.

II. Proposed Budget

Overall Budget Proposal

15. A budget of $619.6 million for base programs is proposed for the PB 2018-2019. This represents an increase of $6.8 million, or 1.1%, over the approved budget of $612.8 million for 2016-2017. As in previous biennia, the major cost components are payroll/human resources, technical program activities, and general operating expenses at locations across the Organization. This realistic budget proposal takes into account the needs identified with the countries as well as the Organization's performance in recent biennia, including financing and implementation levels. The distribution of the budget is based on rigorous prioritization exercises (at both country and regional levels) and takes into account efficiency measures.

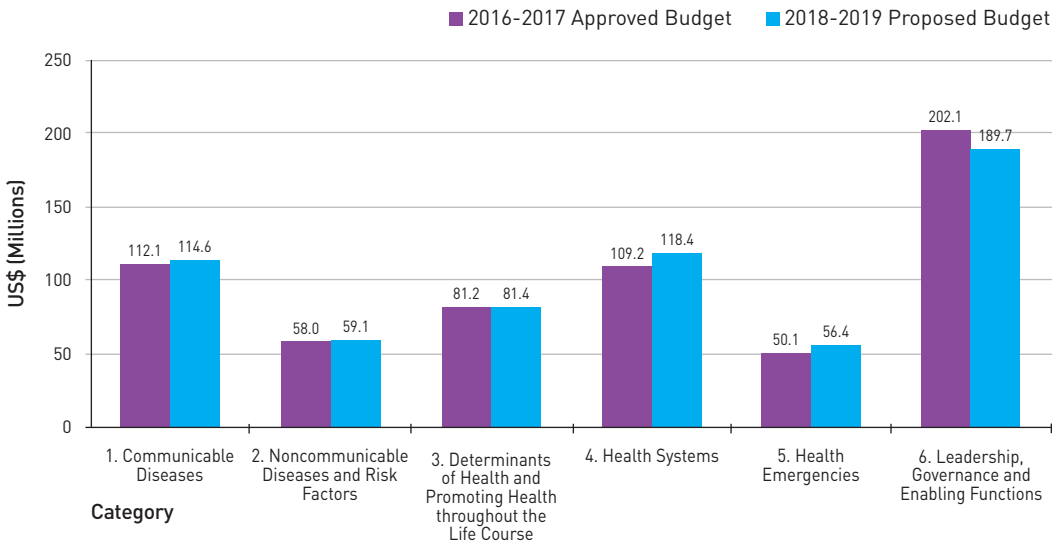
16. The proportion of the proposed PB 2018-2019 that is expected to come from WHO is $190.1 million (31%) for base programs. This share, which is included in the WHO draft Proposed Programme Budget 2018-2019, includes a budget increase of $12.0 million over the WHA-approved budget allocation of $178.1 million to the Americas for 2016-2017. This increase includes higher budgets for WHO Emergencies Program reform and Antimicrobial Resistance (AMR). The increase is also part of the implementation of the Strategic Budget Space Allocation methodology adopted by the 69th World Health Assembly in May 2016 (ref. document EB137/6).

17. The overall proposed 1.1% budget increase is tantamount to a budget reduction in inflation-adjusted US dollars. The average annual inflation rate was 3% in 2016, according to the United States Bureau of Labor Statistics. This means that the nominal budget of $612.8 million, approved in 2015 for the 2016-2017 biennium, is equivalent to $621 million in constant dollars at the end of 2016 and $628 million at the end of 2017 (the amounts needed to maintain the same purchasing power). However, the PASB will continue to absorb the effects of inflation through efficiency savings.

Budget by Category and Program Area

18. Figure 1 shows the total PAHO proposed budget for 2018-2019 by category and compares it to the approved budget for 2016-2017.

Figure 1. Proposed Budget 2018-2019 by Category, with 2016-2017 Comparison



19. Table 1 provides a breakdown of the proposed budget by category and program area for base programs. It also includes the budget for specific programs and for Outbreak and Crisis Response.

Table 1. Proposed Budget 2018-2019 by Category and Program Area, with 2016-2017 Comparison (in US$)

Category/Program Area	2016-2017 Approved Budget [a]	2018-2019 Proposed Budget [b]	Increase (Decrease) [c] = [b]–[a]
1. Communicable Diseases	**112,070,000**	**114,600,000**	**2,530,000**
1.1 HIV/AIDS, STIs, and viral hepatitis	15,511,000	13,800,000	(1,711,000)
1.2 Tuberculosis	7,266,000	9,100,000	1,834,000
1.3 Malaria and other vector-borne diseases	19,452,000	24,100,000	4,648,000
1.4 Neglected, tropical, and zoonotic diseases	13,428,000	15,400,000	1,972,000
1.5 Vaccine-preventable diseases	46,732,000	41,600,000	(5,132,000)
1.6 Antimicrobial resistance	4,659,000	5,600,000	941,000
1.7 Food safety	5,022,000	5,000,000	(22,000)
2. Noncommunicable Diseases and Risk Factors	**58,028,000**	**59,100,000**	**1,072,000**
2.1 Noncommunicable diseases and risk factors	29,944,000	32,500,000	2,556,000
2.2 Mental health and psychoactive substance use disorders	7,260,000	8,300,000	1,040,000
2.3 Violence and injuries	6,183,000	6,500,000	317,000
2.4 Disabilities and rehabilitation	5,432,000	3,500,000	(1,932,000)
2.5 Nutrition	9,209,000	8,300,000	(909,000)
3. Determinants of Health and Promoting Health throughout the Life Course	**81,242,000**	**81,400,000**	**158,000**
3.1 Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	44,854,000	42,600,000	(2,254,000)
3.2 Aging and health	2,671,000	4,100,000	1,429,000
3.3 Gender, equity, human rights, and ethnicity	9,204,000	10,200,000	996,000
3.4 Social determinants of health	12,034,000	12,000,000	(34,000)
3.5 Health and the environment	12,479,000	12,500,000	21,000
4. Health Systems	**109,196,000**	**118,400,000**	**9,204,000**
4.1 Health governance and financing; national health policies, strategies, and plans	17,401,000	19,300,000	1,899,000
4.2 People-centered, integrated, quality health services	13,661,000	17,300,000	3,639,000
4.3 Access to medical products and strengthening of regulatory capacity	24,725,000	28,400,000	3,675,000
4.4 Health systems information and evidence	33,267,000	35,400,000	2,133,000
4.5 Human resources for health	20,142,000	18,000,000	(2,142,000)
5. Health Emergencies	**50,130,000**	**56,400,000**	**6,270,000**
5.1 Infectious hazard management	12,400,000	13,800,000	1,400,000
5.2 Country health emergency preparedness and the International Health Regulations (2005)	17,730,000	16,600,000	(1,130,000)
5.3 Health emergency information and risk assessment	5,000,000	6,500,000	1,500,000
5.4 Emergency operations	8,200,000	8,200,000	0
5.5 Emergency core services	4,000,000	6,300,000	2,300,000
5.6 Disaster risk reduction and special projects	2,800,000	5,000,000	2,200,000
6. Leadership, governance, and enabling functions	**202,134,000**	**189,700,000**	**(12,434,000)**
6.1 Leadership and governance	46,500,000	46,100,000	(400,000)
6.2 Transparency, accountability, and risk management	8,252,000	10,000,000	1,748,000
6.3 Strategic planning, resource coordination, and reporting	24,034,000	17,300,000	(6,734,000)
6.4 Management and administration	110,837,000	103,300,000	(7,537,000)
6.5 Strategic communications	12,511,000	13,000,000	489,000
Subtotal - Base Programs (Categories 1-6)	**612,800,000**	**619,600,000**	**6,800,000**
Foot and Mouth Disease Eradication Program	11,800,000	9,000,000	(2,800,000)
Smart Hospitals		25,000,000	25,000,000
Outbreak and crisis response	22,000,000	22,000,000	0
Polio eradication maintenance	1,200,000		(1,200,000)
Total - Program and Budget	**647,800,000**	**675,600,000**	**27,800,000**

Explanations for Budget Shifts

20. Consistent with the addition of two programmatic areas (antimicrobial resistance and food safety), the proposed budget for Category 1 (Communicable Diseases) was increased by $2.5 million compared to the approved budget for this category in the 2016-2017 biennium. This budget also considers the need to protect achievements and gains in immunization and in the fight against vaccine-preventable diseases such as measles, poliomyelitis, and rubella, as well as a reduction in the transmission of HIV/AIDs.

21. The proposed budget for Category 2 (Noncommunicable Diseases and Risk Factors) increased by $1.0 million due to the high priority program area of Noncommunicable diseases. The proposed budget for Category 3 (Determinants of Health and Promoting Health throughout the Life Course) remains virtually unchanged with respect to 2016-2017. These two categories have high-priority program areas and require investments to address the burden of noncommunicable diseases and maternal mortality, among other issues. Rather than proposing major budget increases, efforts will be made to fully fund the proposed budget in these areas, which have historically been underfunded due to the difficulty in raising voluntary contributions for them.

22. The proposed budget for Category 4 (Health Systems) represents a $9.2 million increase over the 2016-2017 approved budget. The increase is required to boost the work with countries for building resilient health systems and to speed up implementation of the Strategy for Universal Access to Health and Universal Health Coverage, adopted by Member States at the 53rd Directing Council in October 2014. Four of the five program areas in Category 4 are high priorities for PAHO countries collectively, according to the results of the prioritization exercise conducted using the refined PAHO-Hanlon methodology.

23. The proposed budget for Category 5 (Health Emergencies) for 2018-2019 is $6.3 million higher than for 2016-2017. This budget increase is largely a result of the WHO Health Emergencies Program reform, adopted by the 69th World Health Assembly in May 2016. The budget increase is also needed to support implementation of the regional arbovirus strategy approved by the 55th Directing Council in September 2016, enhance infection prevention and control, expand cholera prevention and control in Haiti, and improve critical standing capacity to respond to country needs. The first five program areas in health emergencies are fully aligned with WHO's new structure, while "Disaster Risk Reduction and Special Projects" is a PAHO-specific program area, as described in the amended Strategic Plan.

24. The proposed budget for Category 6 (Leadership, Governance, and Enabling Functions) for 2018-2019 is $12.4 million lower than 2016-2017. With this reduction, cost increases in this category must continue to be absorbed through additional efficiency savings. The introduction of the PASB Management Information System (PMIS) enables the Organization to review and reorganize or consolidate transaction processing and back office functions in a single location to reduce costs, rather than performing the same processing functions across the Organization. PASB will continue to improve its use of information and communications technologies to reduce costs—a major example being virtual instead of face-to-face meetings that require air tickets and per diem. Increased use of consultants, service providers, and other short-term contracts to deliver specific products and services is also less expensive than maintaining a large cadre of fixed-term staff.

25. The budget reduction in Category 6 is also the result of taking capital investment and information technology cost components out of the program and budget. Therefore, in 2018-2019, activities financed from the Master Capital Investment Fund (MCIF) will be budgeted, and related expenditure recorded, outside of the Program and Budget. This approach brings PAHO in alignment with the WHO, where MCIF expenditures are also recorded outside of the Programme Budget. Likewise, additional cost components from security and information technology services that will be financed from the PAHO Post Occupancy Charge (POC) Fund have been costed outside of the Program and Budget 2018-2019, in alignment with WHO practice.

26. The analysis presented in Section VI provides additional programmatic details by category and program area.

Budgets by Country and Functional Level

27. The indicative budget in Table 2 shows the preliminary distribution among countries and across the three levels of the Organization (country, subregional, and regional). The objective is to ensure that a minimum of 40% of the total budget is allocated to the country and subregional levels. The country budgets take into consideration *a)* the overall budget envelopes, and *b)* completed prioritization exercises at country level.

Table 2. Indicative budget by country/territory and functional level (US Dollars)

Country/Territory	Code	Proposed Budget
Anguilla	AIA	400,000
Antigua and Barbuda	ATG	600,000
Argentina	ARG	6,330,000
Aruba	ABW	120,000
Bahamas	BHS	2,700,000
Barbados	BRB	600,000
Belize	BLZ	2,200,000
Bermuda	BMU	590,000
Bolivia	BOL	10,200,000
Bonaire, Saint Eustatius, Saba	BES	120,000
Brazil	BRA	22,900,000
British Virgin Islands	VGB	200,000
Canada	CAN	550,000
Cayman Islands	CYM	670,000
Chile	CHL	4,300,000
Colombia	COL	10,000,000
Costa Rica	CRI	3,100,000
Cuba	CUB	6,900,000
Curacao	CUW	120,000
Dominica	DMA	600,000
Dominican Republic	DOM	6,590,000
Dutch Sint Maarten	SXM	120,000
Ecuador	ECU	5,400,000
El Salvador	SLV	5,500,000
French Departments in the Americas	FDA	300,000
Grenada	GRD	600,000
Guatemala	GTM	12,900,000
Guyana	GUY	6,000,000
Haiti	HTI	40,630,000
Honduras	HND	10,800,000
Jamaica	JAM	4,800,000
Mexico	MEX	10,800,000
Montserrat	MSR	100,000
Nicaragua	NIC	13,000,000
Office of the Eastern Caribbean Countries	ECC	6,000,000
Panama	PAN	5,700,000
Paraguay	PRY	8,900,000
Peru	PER	11,250,000
Puerto Rico	PRI	340,000
Saint Kitts and Nevis	KNA	500,000
Saint Lucia	LCA	600,000
Saint Vincent and the Grenadines	VCT	700,000
Suriname	SUR	4,800,000
Trinidad and Tobago	TTO	4,100,000
Turks and Caicos	TCA	220,000
United States of America	USA	490,000
Uruguay	URY	4,200,000
Venezuela	VEN	7,230,000
Total - Country level		245,770,000
Regional Level		351,130,000
Subregional level		22,700,000
Total – Base Programs		**619,600,000**
Region-specific programs and response to emergencies		**56,000,000**
PROGRAM AND BUDGET - TOTAL		**675,600,000**

Increased Efficiency: Doing More with Less

28. PAHO has implemented several important efficiency measures, including implementation of the PASB Management Information System (PMIS), reduction in staff cost, implementation of Service Level Agreements (SLAs), and application of innovative technologies and communication platforms to facilitate and expand technical cooperation with Member States and work with partners. The implementation of the PMIS has streamlined workflows and reduced administrative burden on general service staff. The PMIS was fully rolled out at the start of 2016, and as always with such rollouts there have been many challenges; nonetheless, by the start of the 2018-2019 biennium PAHO expects to realize significant efficiency gains due to PMIS implementation.

29. Staff cost was reduced by 9%, from $123 million per year in 2014-2015 to $112 million in 2016. This reduction was due to the use of non-staff contractual mechanisms to effectively implement programs as well as use of external resources (e.g., experts from countries and reference centers).

30. Implementation of Service Level Agreements with Key Performance Indicators improved the efficiency of administrative and support services such as financial resources management, human resources management, information technology services, procurement and supply services, and general services operations. Positive results include a reduction in the time between receipt of a purchase authorization and issuance of a purchase order by the Procurement and Supply Management Department; shortening of the response time needed by the Information Technology Services Department to resolve service requests; an increase in the number of first-time human resources transactions that were processed without error; and a lowering of utility and other operating costs by 2% to 3% during the biennium. The latter was achieved through office consolidations, upgraded and more efficient building materials, and more careful scheduling of utility usage.

31. Application of innovative technologies and communication platforms included the use of virtual conferencing, reducing the need to print material for meetings (including Governing Bodies meetings), as well as increased distribution of materials through the website. Digital communication and user engagement were expanded through use of social media networks such as Facebook, Flickr, Twitter, and YouTube. Media outreach has also been stepped up through targeted messaging and direct responses to press queries. Consolidated efforts in both media outreach and website view development have contributed to stronger positioning and ranking of the Organization within the international community.

III. Financing the Program and Budget

32. The Program and Budget 2018-2019 will be financed through *a)* assessed contributions from Member States, Participating States, and Associate Members, *b)* budgeted miscellaneous revenue, *c)* PAHO other sources of financing, including voluntary contributions and special funds, and *d)* funding allocated from the World Health Organization to the Region of the Americas. Assessed contributions and miscellaneous revenue are made available for use on the first day of the biennium, based on the assumption that Member States will pay their quota contributions on a timely basis; PAHO other sources of financing, such as voluntary contributions, are made available when the agreement is fully executed; funding from WHO is made available upon receipt of award distributions or a communication from the Director General. The share of each source of financing is as follows: assessed contributions 31%, miscellaneous revenue 3%, PAHO other sources of financing 35%, and WHO allocation to the Americas 31%. Table 3 shows the expected financing of PB 2018-2019 compared to that of PB 2016-2017.

Table 3. Proposed Budget 2018-2019 by Sources of Financing, with 2016–2017 Comparison (in US$)

Source of financing	2016-2017	2018-2019	Increase (Decrease)
PAHO assessed contributions	210,640,000	210,640,000	0
Adjustment for tax equalization	(17,905,000)	(16,340,000)	1,565,000
PAHO budgeted miscellaneous revenue	25,000,000	20,000,000	(5,000,000)
PAHO voluntary contributions and other sources	216,965,000	215,200,000	(1,765,000)
WHO allocation to the Americas	178,100,000	190,100,000	12,000,000
TOTAL	**612,800,000**	**619,600,000**	**6,800,000**

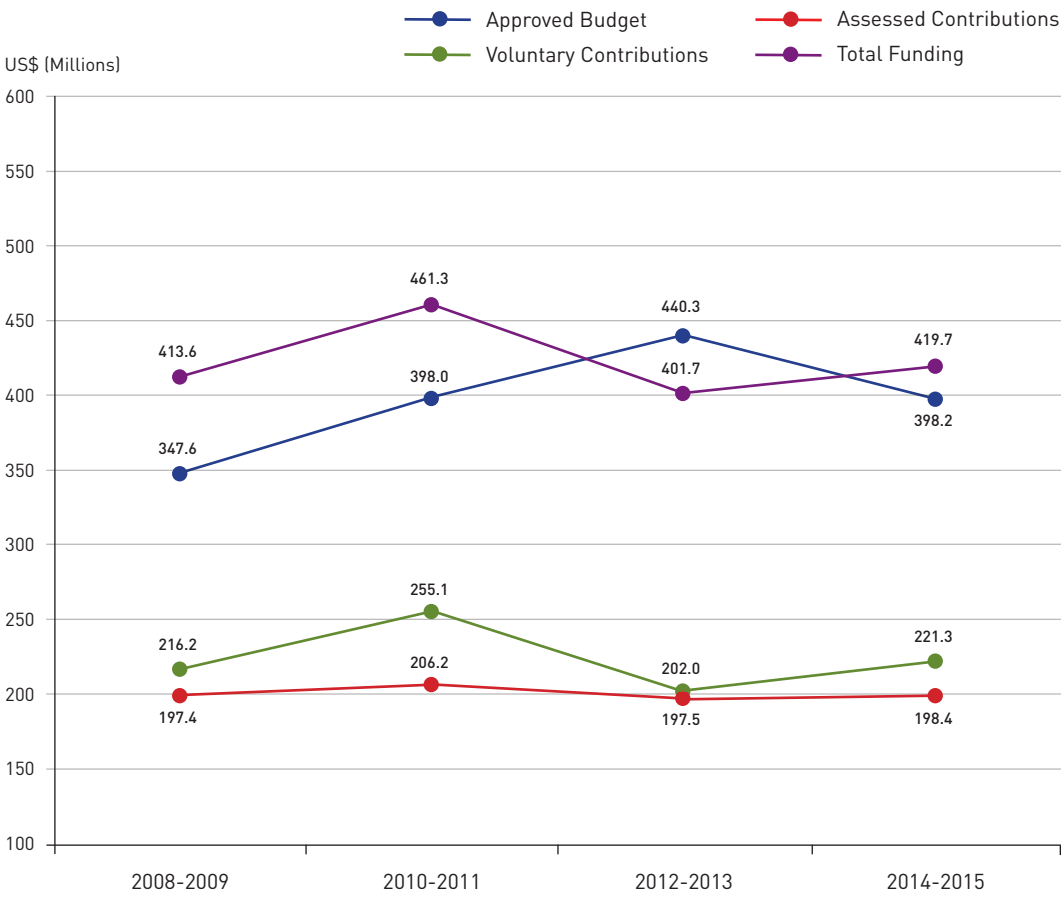
PAHO Financing

33. The proposed level of assessed contributions for 2018-2019 is $210,640,000, reflecting zero nominal growth. Biennium 2018-2019 is the third consecutive budgetary period in which the PASB has presented a budget proposal with no increase in assessed contributions. The assessments of Member States, Participating States, and Associate Members are adjusted as per the provisions of Resolution CD18.R7 on tax equalization. For this reason, the net assessments total $194.3 million in 2018-2019, up by $1.5 million from $192.7 million in 2016-2017 due to higher vacancy rates. Assessed contributions make up the core funding of the Organization, allowing it to implement its priority programs with a high level of certainty regarding revenue streams. It is therefore essential that assessed contributions be paid in full and on time.

34. Budgeted miscellaneous revenue is an estimate of interest to be earned from the Organization's investments. Miscellaneous revenue is projected and budgeted at $20 million for the 2018-2019 biennium, down by $5 million from the 2016-2017 biennium. The estimate of budgeted miscellaneous revenue is based on market behavior in the fiscal period prior to the presentation of the budget proposal, or two years prior to the budgetary period under consideration. In the past three biennia, the PASB has conservatively budgeted miscellaneous revenue, resulting in revenue surpluses. In 2014-2015, budgeted miscellaneous revenue was $6 million while actual revenue was $13.9 million. Budgeted miscellaneous revenue for 2016-2017 was $25 million, and projected actual revenue is likely to exceed that amount, according to 2016 fiscal year revenue figures.

35. PAHO other sources of financing include voluntary contributions and revenue generated from special cost recovery mechanisms such as charges to procurement funds. In 2016-2017, voluntary contributions, including Program Support Costs (PSC), constitute over 70% of PAHO other sources of financing; the remaining 30% is shared among special funds established on the basis of various Governing Bodies resolutions. Based on current projections, of the $215 million required from other sources of financing, as much as $100 million is expected to be available from the sources described; the remaining $115 million must be raised through resource mobilization efforts. Voluntary contributions are sourced from national, state, or local governments, as well as from international and nongovernmental organizations that support public health interventions. One of the main budgetary challenges with voluntary contributions is that they are often highly specified, earmarked for specific projects or geographic locations. Figure 2 shows approved budgets and level of financing for the PAHO component of the Program and Budget by funding source in millions of US dollars.

Figure 2. Level of financing the PAHO Component of the Program and Budget from 2008-2009 through 2014-2015 (US$ Millions)



36. The PASB will continue its efforts to widen the donor base to increase voluntary contributions in terms of volume and flexibility as required to finance the Program and Budget, especially priority program areas that have historically been underfunded. The PASB will propose the creation of a PAHO flexible voluntary contribution (FVC) fund, where such donations can be pooled and used to finance priority programs across the Organization, similar to the way core voluntary contributions are managed in WHO.

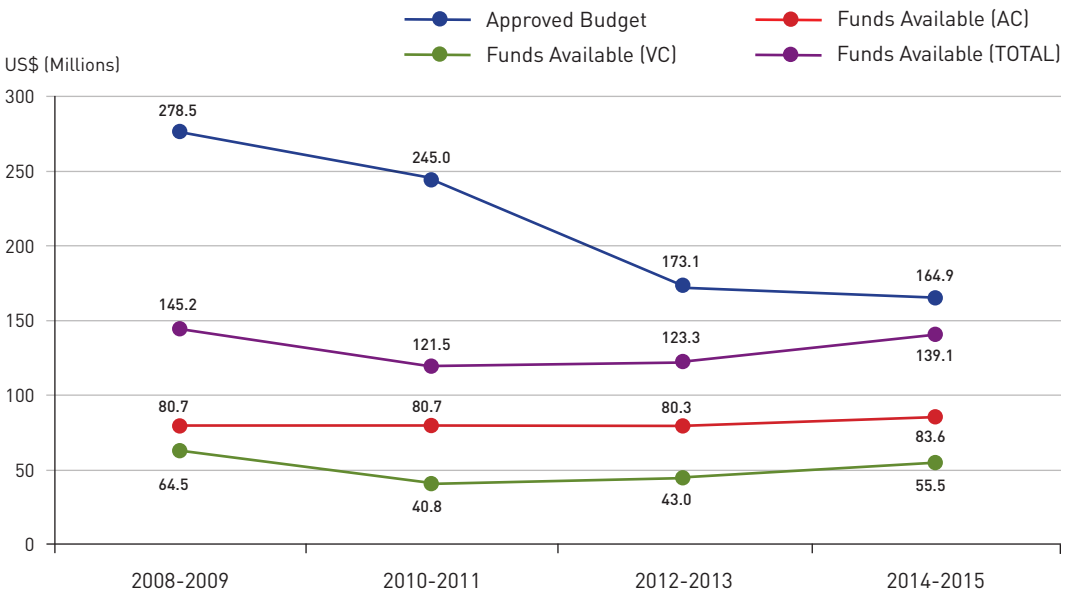
37. Many PAHO Member States are already donating significant amount of financial resources to the PASB, above and beyond their quota contributions to the Organization, to either support operational costs at country level or to finance Program and Budget activities within and beyond their national borders. The PASB will work with its Member States and others outside the Region to broaden and diversify the flow of funding to effectively finance the Program and Budget.

WHO Financing

38. The funding allocation from WHO to the Region of the Americas is budgeted at $190.1 million, or 31% of the proposed PAHO PB 2018-2019. This allocation is expected to be financed from both assessed and voluntary contributions from WHO. The allocation of WHO assessed contributions (AC) to the Americas had been consistent up until the 2016-2017 biennium, averaging $81 million per biennium in prior periods. In recent biennia the AC allocation has been doled out by WHO in tranches, with no guarantee of the final total that will be distributed during the biennium. For 2014-2015 the AC level increased 4% to $83.6 million; however for 2016-2017, WHO has provided only $72.2 million in AC to the Region of the Americas, and has indicated that no further AC funds will be forthcoming. This represents a 14% decrease in AC funding for the Region vs 2014-2015 (although this was largely compensated by increased PSC funding from WHO, this is not a sustainable solution). It is therefore essential that PAHO Member States advocate for a sustained and fair distribution of assessed contributions to the Region of the Americas. The allocation of WHO voluntary contributions and other sources of financing averaged $51 million per biennium in the period from 2008 to 2015, a partial fraction of the program budget allocation for that period, which averaged $134 million (net of AC). Overall, for 2016-2017 as of 31 March 2017, 71%[6] of the WHO budget for the Region of the Americas was already funded, compared to 84% in 2014-2015.

39. Figure 3 shows approved budgets and levels of financing of the WHO allocation to the Americas in the period from 2008-2009 to 2014-2015.

Figure 3. WHO budget and funding allocations to the Americas, 2008-2015



6 Barring any unforeseen future donations from WHO to the Region of the Americas during 2017.

Specific Programs and Outbreaks and Crisis Response

40. This budget segment includes specific programs that are time-limited initiatives funded from earmarked voluntary contributions, such as Smart Hospitals and the Hemispheric Program for the Eradication of Foot-and-Mouth Disease. The budget of $25 million for Smart Hospitals is already fully funded from a specified voluntary contribution from the United Kingdom's Department for International Development (DFID). The budget of $9 million for the foot-and-mouth disease eradication program is expected to be financed from voluntary contributions.

41. This segment also includes Outbreak and Crisis Response (OCR), for which the Organization is proposing a budget of $22 million as a placeholder. Actual funding for OCR is event-driven, responding to declared epidemic outbreaks and natural disaster emergencies. Funding consists largely of voluntary contributions for PAHO and WHO.

National Voluntary Contributions outside the Program and Budget

42. National Voluntary Contributions (NVCs) are funds provided by national governments to finance specific initiatives. These are country-specific and fall outside the governance mechanisms of the PAHO Program and Budget. While these initiatives and their financing are not included in the present budget proposal, they contribute to national priorities in line with PAHO's strategic scope. These funds are managed in accordance with PAHO financial rules and regulations and are accounted for in PAHO's financial reports. In addition, large projects are subject to additional audit scrutiny to ensure fiduciary integrity and compliance.

43. In 2016-2017, 12 Member States contributed NVCs totaling $172 million. This figure excludes the Mais Médicos project, which totals $520 million.

IV. Context

Overview

44. As noted above, the PB 2018-2019 is the last of the three Program and Budgets corresponding to the PAHO Strategic Plan 2014-2019. It is also the first PB to be developed in the period covered by the new Sustainable Development Goals (SDGs) under the United Nations 2030 Agenda for Sustainable Development. This PB is being developed at the same time as the Region develops its new Sustainable Health Agenda for the Americas 2018-2030. The recent WHO Health Emergencies Program reforms and their implementation in PAHO have also entailed changes that are reflected in the new Program and Budget.

45. Development of this PB placed emphasis on country priorities and delivery of results at country level; continuity of programs to address current health challenges and close gaps; response to new and emerging health challenges; and follow-up to recent mandates (i.e., regional health strategies and plans) approved by Member States.

46. The Program and Budget 2018-2019 is based on the programmatic structure and results chain approved by Member States for implementation of the PAHO Strategic Plan 2014-2019 and its Program and Budget (Figure 4), with the understanding and commitment that the PASB and Member States are jointly responsible for the achievement of results at the output, outcome, and impact levels. While the impact goals and outcomes remain constant over the six-year life of the PAHO Strategic Plan, with the exception of the changes to outcomes in Category 1 (Communicable Diseases) and Category 5 (Health Emergencies), the outputs are defined in each Program and Budget that implements the Strategic Plan.

47. The specific programmatic changes in 2018-2019 include:

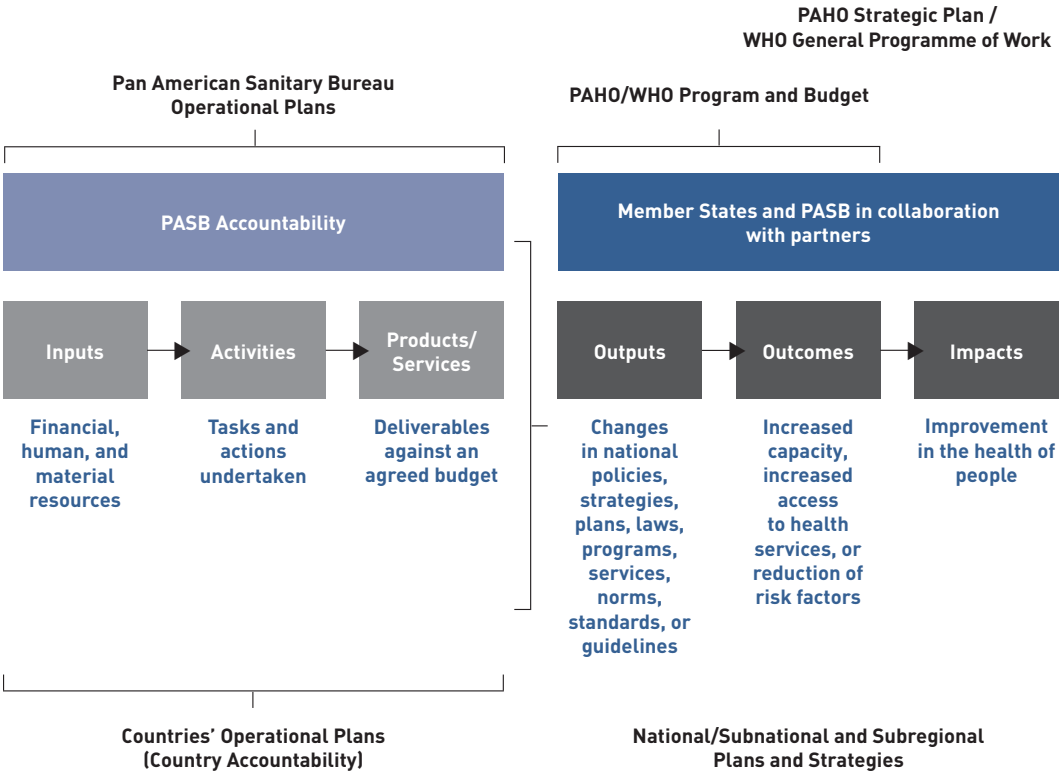
a. A complete restructuring of Category 5, which has become Health Emergencies, with seven program areas. Six of these are fully aligned with the WHO Health Emergencies Program: Infectious Hazard Management, Country Health Emergency Preparedness and the International Health Regulations (2005), Health Emergency Information and Risk Assessment, Emergency Operations, Emergency Core Services, and Outbreak and Crisis Response. One program area, Disaster Risk Reduction and Special Projects, reflects a specific priority for the Region.

b. Expansion of Category 1 (Communicable Diseases). The category now includes Antimicrobial Resistance as a separate program area to address the emerging challenges in this domain. Food Safety, formerly Program Area 5.4, was also moved to Category 1. Program Area 1.1 was also retitled to incorporate viral hepatitis in view of the growing problems related to these diseases.

48. As a result of these changes, the number of program areas increased from 30 in PB 2016-2017 to 34 in PB 2018-2019. The revised program structure is presented to the SPBA as an amendment to the Strategic Plan 2014-2019 under a separate agenda item.

49. The PB 2018-2019 encompasses 132 outputs overall, of which 27 are new and 21 are updated from PB 2016-2017; 84 remained unchanged. There are 171 output indicators to measure achievement of the outputs for 2018-2019. Baselines and targets for these indicators are still under development, based on the latest available information and analysis, and will be included in the version of this document to be submitted to the Executive Committee in June 2017. To the extent feasible, PAHO's outputs and indicators are aligned with those in WHO's Programme Budget 2018-2019 in order to facilitate reporting and document the Region's contribution to globally agreed results. Products and services (deliverables), inputs, and activities for the biennium will be defined during the PASB operational planning process in the second half of 2017.

Figure 4. PAHO Results Chain



50. Building on the experience and lessons learned from the development and implementation of the PAHO Strategic Plan 2014-2019, as well as of Program and Budgets 2014-2015 and 2016-2017, the elaboration of this PB followed a combined bottom-up and corporate approach, with the following elements:

a. Development of programmatic contents and definition of biennial outputs and indicators by the PASB Category Networks (CANs);
b. Identification of priorities with national health authorities facilitated by the PAHO/WHO Representative Offices and the Planning and Budget Department;
c. Costing of outputs by PASB entities;
d. Review of consolidated costing by category and program area and functional level by the CAN; and
e. Review of proposed budget to be submitted to the SPBA by the PASB Executive Management (EXM).

51. The review by the CAN and EXM took into consideration the public health situation and programmatic scope of each program area, as well as the approved budgets, funding levels, and implementation rates in previous and current biennia. Special consideration was given to country-level prioritization results, described below.

52. It is hoped that the participatory and consultative process for the development of this PB will further enhance the joint commitment and responsibility of Member States and the PASB to successfully implement the Program and Budget 2018-2019. Consultations with Member States will continue through PAHO Governing Bodies as well as through the PAHO/WHO Representative Offices for development of the PB to be presented to the Executive Committee and subsequently to the Pan American Sanitary Conference.

Prioritization

53. Consistent with the principles of the proposed PB 2018-2019 and Member States' request to focus the Organization's efforts on areas where its technical cooperation clearly adds value, prioritization exercises were conducted with the national health authorities in countries and territories across the Region. The purpose of these exercises is to identify the priority program areas requiring additional emphasis from PAHO's technical cooperation in the new biennium. The exercises are done using the refined PAHO-Hanlon methodology to inform the development and implementation of PAHO's Program and Budget (see document CD55.R2 [2016]).

54. Table 4 shows the regional results consolidated from the prioritization exercises conducted with 47 countries and territories. In accordance with the methodology, 27 program areas are grouped into three levels or tiers of priority: 1 – high; 2 – medium; and 3 – low. The results show that Member States collectively prioritize technical cooperation largely in program areas that are oriented toward health system and public health interventions. It is noteworthy that program areas in the top tier — namely, 2.1 (NCDs and Risk Factors); 3.1 (Women, Maternal, Newborn, Child, and Adolescent Health, and Sexual and Reproductive Health); 1.3 (Malaria and Other Vector-borne Diseases); 4.1, 4.2, 4.4, and 4.5 (all dealing with health systems and services); 1.1 (HIV/AIDS, STIs, and Viral Hepatitis); and 5.2 (Country Health Emergency Preparedness and the International Health Regulations [2005]) — are broad in scope and inherently support other program areas with more specific coverage in tiers 2 and 3.

55. The priority tier does not indicate the intrinsic importance, whether greater or lesser, of any particular program area. Rather, it indicates the level of technical cooperation expected by Member States, taking into consideration the health situation, PAHO's capacity, and the work of other partners in the country. Thus, program areas in tier 1 should be prioritized by PAHO during 2018-2019. However, the proposed budget takes into consideration the need to maintain established health gains, reflect a more realistic costing, and the fact that the Organization has a mandate to respond to and work with Member States in all approved program areas. Moreover, individual country prioritization results will guide PAHO's specific technical cooperation with each country.

56. While it was not expected to have a full correlation of the budget levels with the priority tiers, the proposed budget levels by program area are generally aligned with the prioritization results, as depicted in Table 4. Most importantly, the priority tiers should inform the allocation of resources to ensure that higher level priority program areas are assigned the required funds during implementation of the PB 2018-2019. The program areas that show a shift in budget that appears inconsistent with the programmatic priority tiers are mainly due to the factors outlined above.

Table 4. Stratification of Programmatic Priorities and Budget – Regional Perspective

Priority Tier	No.	Program Area	Budget Level 2018-2019	% change 2016-2017 to 2018-2019
High (1)	2.1	Noncommunicable diseases and risks factors	High	9%
	3.1	Women, maternal, newborn, child, and adolescent health, and sexual and reproductive health	High	– 5%
	4.5	Human resources for health	High	– 11%
	1.3	Malaria and other vector-borne diseases (including dengue and Chagas)	High	24%
	4.4	Health systems information and evidence	High	6%
	1.1	HIV/AIDS, STIs, and viral hepatitis	Medium	– 11%
	4.1	Health governance and financing, national health policies, strategies and plans	High	11%
	4.2	People-centered, integrated, quality health services	High	27%
	5.2	Country health emergency preparedness and the International Health Regulations (2005)	Medium	n/a
Medium (2)	5.6	Disaster risk reduction and special projects	Low	n/a
	3.4	Social determinants of health	Medium	0%
	2.5	Nutrition	Medium	– 10%
	2.2	Mental health and substance use disorders	Medium	14%
	2.3	Violence and injuries	Low	5%
	3.5	Health and the environment	Medium	0%
	1.5	Vaccine-preventable diseases (including maintenance of polio eradication)	High	– 11%
	1.6	Antimicrobial resistance	Low	n/a
	4.3	Access to medical products and strengthening regulatory capacity	High	15%
Low (3)	5.1	Infectious hazard management	Medium	n/a
	5.4	Emergency operations	Medium	n/a
	5.3	Health emergency information and risk assessment	Low	n/a
	3.2	Aging and health	Low	54%
	1.7	Food safety	Low	0%
	2.4	Disabilities and rehabilitation	Low	– 36%
	1.2	Tuberculosis	Medium	25%
	3.3	Gender, equity, human rights, and ethnicity	Medium	11%
	1.4	Neglected tropical and zoonotic diseases	Medium	15%

Source: Program and Budget 2018-2019 programmatic priorities stratification exercises conducted with ministries of health using the refined PAHO-Hanlon methodology.
Note: Table excludes Program Areas 5.5 (Emergency Core Services), 5.7 (Outbreak and Crisis Response), and the program areas under Category 6 (Leadership, Governance and Enabling Functions, 6.1-6.5) due to the nature of these program areas; n/a refers to not applicable.

Risks and Opportunities

57. Risk management is an important pillar of good organizational stewardship and contributes to results-based planning and program management. With that in mind, the PASB adopted a risk management policy with the aim of identifying and mitigating risks that may negatively impact PAHO programs and performance.

58. Identifying and understanding the risks provides opportunities to the Organization to address potential threats. This in turn provides greater certainty and increased confidence to Member States and partners that PAHO will be able to fulfill its commitments. The process of identifying, assessing, and mitigating risks is a corporate function and part of the core decision-making process for the management of the PASB.

59. In this context, the purpose of including risks in the PB 2018-2019 is to create awareness among Member States of work that is underway to prevent, mitigate, and/or resolve potential risks.

60. Building on the risks identified by category in the PAHO Strategic Plan 2014-2019, the progress reported in the Report of the End-of-biennium Assessment of the Program and Budget 2014-2015, and the review of corporate risks[7] by PASB Executive Management, the risks below were identified as most relevant to the PB 2018-2019. Relevant mitigation actions and controls are also noted.

61. Main corporate risks identified for 2018-2019:

a. Shift in health priorities at the global, regional, or national level results in diminished political and financial support for specific programs that may affect health outcomes.
b. Political and economic changes in Member States and/or partners negatively affect the successful implementation as well as the sustainability of programs.
c. The variety of policies and legal norms in place across the Region limits access to and/or utilization of health care systems and programs.
d. Emergencies, civil unrest, and other social disruptions affect PAHO operations.
e. Exchange rate variations negatively impact availability of resources.
f. Insufficient flexibility of resources to fund programmatic activities affects the financing of prioritized yet underfunded categories and program areas.
g. Cyber-attacks on PAHO affect the integrity of data and availability of systems to support operations, communications, and collaboration with Member States.
h. Fragmentation in health systems hinders efficiency in health care delivery and efforts to reduce inequities in health.
i. Rotation and market forces affect the sustainable availability of qualified human resources for health, making it difficult to provide quality programs and services, especially in isolated areas.
j. Weak health information systems and data analysis capacity hinder the capacity of countries to develop evidence-based policies and actions to improve health outcomes.
k. Potential conflicts of interest with private partners affect the image and reputation of the Organization, in the context of global implementation of the WHO Framework of Engagement with Non-State Actors (FENSA).

7 The identification, classification, validation, monitoring, and mitigation of corporate risks are functional activities established in PAHO's enterprise risk management policy. Risk management refers to a process by the PASB, leading to a decision to take measures to mitigate, control, transfer, or terminate risks in accordance with the level of tolerance of the Organization.

62. Mitigating actions for 2018-2019 corporate risks:

a) Increase advocacy for health as a pillar of social and economic development, in line with global and regional mandates and commitments by Member States (including the 2030 Agenda for Sustainable Development and the Health Agenda for the Americas, among others).
b) Implement new modalities for technical cooperation such as South-South cooperation, Cooperation among Countries for Health Development (CCHD), and triangular cooperation, to better respond to country priorities and needs at all levels of the Organization.
c) Promote and adopt intersectoral and multisectoral approaches to address health conditions that are beyond the influence of the health sector.
d) Increase inter-programmatic work and integrated approaches, making use of varied skill sets and competences, across the Organization to improve performance for results.
e) Advocate for increased funding and more flexible resources with partners to fund the PB.
f) Implement information security measures in collaboration with WHO and the UN Information Security Group in accordance with international standards.
g) Monitor internal control measures within the PASB and enforce compliance to maintain the good reputation of the PASB.
h) Enhance monitoring, assessment, and reporting for results in accordance with the accountability and transparency processes established by PAHO Governing Bodies and those agreed with partners.
i) Strengthen strategic allocation of resources according to the programmatic priorities defined with Member States.
j) Collaborate with Member States to build national capacities to strengthen health information systems to monitor the health situation and health outcomes, including the health-related SDG targets, and to inform policy, programming, and financing for health.
k) Identify, document, and promote implementation of good practices in public health to promote innovation and effectiveness in public health programs.

PAHO/WHO Cross-Cutting Themes

63. Critical to the achievement of the SDGs in the Americas, as well as to PAHO's Strategic Plan 2014-2019, is the focus on leaving no one behind, achieving universal health coverage and access, and addressing the determinants of health. Although there has been collective progress in improving health across the Americas in recent decades, significant inequalities and inequities in health remain.

64. In all countries of the Region the wealthiest live longer and healthier lives, while others suffer unnecessary and avoidable ill-health and lower life expectancies. Particular groups face different forms of inequality and inequity related to structural inequalities, such as those related to gender and ethnicity, which affect access to health services and health outcomes. For example, data from 12 of 15 Latin American and Caribbean countries with available information show that women 65 and older are overrepresented in the non-pensioned population, significantly affecting their access to health. Indigenous people face significant disadvantages with respect to the social determinants of health; they currently represent about 14% of all people living in poverty and 17% of people living in extreme poverty in Latin America, despite constituting less than 8% of the population. Such avoidable inequalities profoundly affect the right to health and can be significantly reduced through demonstrably effective, human rights-based actions to address health equity and the social determinants of health. For example, gender analysis, and gender-sensitive programs formulated on this basis, can help ensure that the health of men and women is equitably

addressed. Similarly, intercultural approaches provide a fundamental means of reducing ethnic inequalities in health, which particularly affect indigenous and Afro-descendent populations in the Region. Human rights instruments provide a legal framework by which accountability and responsibility of different stakeholders can be measured and evaluated in terms of how they have addressed all inequalities and inequities.

65. The PASB has already taken steps to ensure that all PAHO programs address these inequalities and inequities. Significant among recent achievements has been the launch of the "Review of Equity and Health Inequalities in the Americas." PAHO supports implementation of the "Leave No One Behind" Innov8[8] approach for reviewing national health programs from the perspective of gender, equity, human rights, and the social determinants of health (with a component planned on ethnicity). PAHO also facilitates data collection for a report on access to health care and utilization of health services by LGBT persons.

66. The PASB will continue working in an integrated manner to ensure that all PAHO technical programs and PAHO/WHO Representative Offices identify, analyze, and address inequities and promote equity, as well as gender and ethnic equality, in health, and are based on human rights approaches to health. In order to achieve this aim, work will be intensified during 2018-2019 in the priority areas of evidence generation and evidence-based policy recommendations incorporating gender, equity, human rights, and ethnicity; capacity building; and institutional mechanisms for monitoring and accountability in organizational planning and reporting.

The Sustainable Development Goals

67. In September 2015 the UN General Assembly adopted Resolution A/RES/70/L1, Transforming our World: The 2030 Agenda for Sustainable Development. This resolution adopted the 2030 Agenda and the 17 Sustainable Development Goals (SDGs) contained therein. Each of these goals contains a set of specific, measurable targets that collectively cover a broad range of social and economic development areas. PAHO will support its Member States in efforts to fully achieve the targets set out in SDG 3, "Ensure healthy lives and promote well-being for all at all ages," as well as the health-related targets contained in other SDGs. PAHO will employ the 2030 Agenda as guidance for its work to improve regional health outcomes, using the opportunity presented by the SDGs to work across sectors and with multiple partners in a coordinated fashion. Although only SDG 3 is explicitly health-oriented, all of the goals directly or indirectly influence the determinants of health and well-being. The 2030 Agenda thus reflects a more nuanced understanding of the interconnectedness of factors and interventions that impact human development outcomes.

68. Equity is a core principle of both the SDGs and PAHO's Strategic Plan (SP) 2014-2019. Both promote multisectoral programming to address the breadth of conditions that produce negative health outcomes, in particular the social, economic, and environmental conditions in which people are born, live, are educated, and age. In doing so, they have the potential to fill gaps left by the Millennium Development Goals, which spurred broad government action to achieve national targets while at times obscuring inequalities within and across countries.

8 http://www.who.int/life-course/partners/innov8/en/.

69. By adopting an equity-based approach to support Member States in achieving the SDGs, PAHO seeks to fulfill the aspiration of the 2030 Agenda as a plan of action that will shift the world onto a sustainable and resilient path. The Sustainable Health Agenda for the Americas 2018-2030, currently under development, will provide an overarching framework for regional achievement of the SDGs related to health. Close collaboration between the PASB and Member States will help produce a public health response that is in full alignment with the 2030 Agenda, PAHO strategies and mandates, national priorities, national action plans, and existing global agreements. PAHO will continue to play a key role in creating synergies with other sectors and identifying areas where various agendas are harmonized so that Member States receive the support they need to surmount regional health challenges.

70. Data collection and analysis will play a critical role in the achievement of the SDGs. The Economic Commission for Latin America and the Caribbean (ECLAC) is the lead agency for monitoring and reporting on the SDG indicators as a whole for the Region, and PAHO is working closely with ECLAC on the health indicators. It will be especially important to build in equity-sensitive measuring techniques and indicators that show which populations are experiencing improvements and expansion of services, while also highlighting gaps that impede progress. Through early engagement with the measurement of regional and national progress toward health-related targets, Member States and PAHO will strengthen their ability to monitor the extent to which SDG-oriented activities are reaching more marginalized populations. Furthermore, PAHO has initiated an interagency alliance with the Organization of American States (OAS) to identify joint actions, commissioned a report on regional equities and inequalities to define concrete recommendations, and provided capacity training on Health in All Policies to promote multisectoral strategies.

71. Complementing the synergy between PAHO's existing commitments and those presented by the 2030 Agenda—and pending development of PAHO's Strategic Plan 2020-2025, in which the SDGs will figure prominently—PAHO has taken a series of concrete steps to actively participate and engage Member States in this new cycle of global commitment to sustainable development. Support is provided to countries to develop national health plans that incorporate the SDGs. PAHO has also conducted national consultations to further enhance the capacities of health ministries and other public institutions to achieve the SDGs. A cooperation exercise was conducted with Member States to compare and align SDG targets and PAHO mandates with current national health policies and programs, which led to the development of the document "Preparing the Region of the Americas to Achieve the Sustainable Development Goal on Health" (http://iris.paho.org/xmlui/handle/123456789/10016).

72. The vision and results structure of the PAHO Strategic Plan 2014-2019 are well aligned with the SDGs. Table 5 provides examples of explicit links between the SDG 3 targets and PAHO's impact goals and outcomes.[9] Additional information on how PAHO technical cooperation programs relate to and incorporate SDG 3 and other SDGs is provided under each category in Section VI.

9 In addition to the SDG 3 targets, other SDGs also contain health-related targets, such as: 1.5 – resilience/reduction of vulnerability; 2.2 – child stunting, wasting, and overweight; 5.2 – violence against women and girls; 6.1 – safe drinking water; 6.2 – sanitation for all; 7.1 – clean household energy ; 10.4 – social protection; 11.6 – ambient air pollution; 13.1 – natural disasters; 16.1 – violence and related deaths; and 17.18 – quality, timely, and reliable data.

Table 5. Links between SDG 3 Targets and the PAHO Strategic Plan Results

Group	SDG 3 targets	PAHO SP 2014-2019 impact goals (IMG) and outcomes (OCM)
Maternal, child, and adolescent health	3.1 Reduce maternal mortality 3.2 End preventable deaths of newborns and children under 5 years of age 3.7 Ensure universal access to sexual and reproductive health care services	IMG 3 Ensure safe motherhood IMG 2 Ensure a healthy start for newborns and infants OCM 3.1 Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults
Communicable diseases	3.3 End the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combat hepatitis, waterborne diseases, and other communicable diseases	IMG 6 Reduce mortality due to communicable diseases IMG 8 Eliminate priority communicable diseases in the Region OCM 1.1 Increased access to key interventions for HIV, STIs, and hepatitis prevention and treatment OCM 1.2 Increased number of TB patients successfully diagnosed and treated OCM 1.3 Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases
NCDs, risk factors, and determinants	3.4 Reduce premature mortality from NCDs, and promote mental health and well-being 3.5 Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol 3.6 Reduce deaths and injuries from road traffic accidents 3.a Implement the WHO Framework Convention on Tobacco Control in all countries 3.9 Reduce deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination	IMG 5 Improve the health of the adult population with an emphasis on NCDs and risk factors OCM 2.1 Increased access to interventions to prevent and manage NCDs and their risk factors OCM 2.2 Increased service coverage for mental health and psychoactive substance use disorders OCM 2.3 Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth OCM 2.5 Nutritional risk factors reduced OCM 3.4 Increased leadership of the health sector in addressing the social determinants of health OCM 3.5 Reduced environmental and occupational threats to health
Health systems and services	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all 3.b Provide access to affordable essential medicines and vaccines 3.c Increase health financing and the recruitment, development, training, and retention of the health workforce	IMG 4 Reduce mortality due to poor quality of health care OCM 4.1 Increased national capacity for achieving universal access to health and universal health coverage OCM 4.2 Increased access to people-centered, integrated, quality health services OCM 4.3 Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies OCM 4.5 Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce
Risk reduction and management	3.d Strengthen the capacity of all countries for early warning, risk reduction, and management of national and global health risks	IMG 9 Prevent death, illness, and disability arising from emergencies OCM 5.1 Countries' capacities strengthened to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics OCM 5.2 Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations OCM 5.6 Countries have an all-hazards health emergency and disaster risk reduction program for a disaster-resilient health sector OCM 5.7 All countries adequately respond to threats and emergencies with public health consequences

V. Accountability for Performance

73. PAHO will continue its commitment to the highest levels of accountability and transparency through improved monitoring, assessment, and reporting on the PB 2018-2019. Performance monitoring and assessment are essential for the proper management of the Program and Budget and to guide necessary revisions to policies and programs. The monitoring of the implementation of the PB 2018-2019 will be conducted as follows:

a. Internal monthly financial reviews by PASB Executive Management, and provision of monthly monitoring reports to entity managers at all levels;
b. Internal PASB performance monitoring and assessment (PMA) reviews at the end of each semester (six months);
c. Quarterly updating of the PAHO web portal (currently under development) to allow public access to information on PB 2018-2019 financing and implementation, disaggregated by country; and
d. Full assessment upon completion of the biennium (end-of-biennium assessment), to be reported to Member States via Governing Bodies in 2020.

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

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

76. The PAHO web portal is being developed to enhance information sharing with Member States and partners on the financing and implementation of the approved PB. In addition to providing comprehensive and timely financial information, the expanded portal is intended to become a single point of access to information on programmatic performance, technical cooperation priorities, and the status of health indicators in the Region, including the health-related SDGs. It is hoped that this level of information and transparency will motivate additional support for more predictable, flexible, and sustainable financing for the Organization's technical cooperation programs.

77. The end-of-biennium assessment provides a comprehensive appraisal of the Organization's performance during the biennium by assessing the progress toward achieving the outcomes in the PAHO Strategic Plan and the rate of achievement of the PB outputs. The first-ever joint assessment by the PASB and Member States took place for the 2014-2015 biennium. Joint assessment will be continued for subsequent biennia, including 2018-2019, and the PASB will continue to enhance the joint assessment process with Member States based on lessons learned and best practices. To this end, the necessary updates will be done to the compendium of indicators and enhancements to the PAHO Strategic Plan Monitoring System (SPMS) to facilitate accurate and timely joint assessments involving all Member States, PAHO/WHO Representative Offices, and Category and Program Area Networks. The end of 2018-2019 will also include the final assessment of the PAHO Strategic Plan 2014-2019. Thus, the assessment will include the impact goals in addition to the outcomes and outputs.

Category 1 - Communicable Diseases

Reducing the burden of communicable diseases, including HIV/AIDS, sexually transmitted infections, and viral hepatitis; tuberculosis; malaria and other vector-borne diseases; neglected, tropical, and zoonotic diseases; vaccine-preventable diseases; and foodborne diseases, as well as the impact of antimicrobial resistance.

Regional Situation Analysis and Collective Approaches

78. Communicable diseases that affect developing countries contribute to poor health, poverty, and inequity; in developed nations, these diseases place an unnecessary burden on health systems and economies. Although important progress has been made toward the elimination, control, and reduction of the burden of communicable disease in the Americas, challenges remain to reach populations in conditions of vulnerability through the implementation of integrated, inter-programmatic, and intersectoral interventions at the primary health care level and through intersectoral actions to tackle the social determinants of health. In 2018-2019 efforts will continue to build on the work of the last four years to improve the technical aspects of programs, protect achievements, close existing gaps, and address emerging challenges. These collective efforts strive to control and eliminate diseases of poverty, protect the most at-risk and vulnerable populations, reduce disability, and prevent deaths. Investment in building country capacity across all program areas will continue in 2018-2019.

79. Existing regional mandates will guide the work of this category during the 2018-2019 biennium. These mandates are summarized in key documents, such as the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021; Plan of Action for the Prevention and Control of Viral Hepatitis 2016-2019; Plan of Action for the Prevention and Control of Tuberculosis, 2016-2019; Plan of Action for Malaria Elimination 2016-2020; Strategy for Arboviral Disease Prevention and Control; Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022; Global Leprosy Strategy 2016-2020: Accelerating towards a leprosy-free world; Plan of Action on Immunization; Plan of Action on Antimicrobial Resistance 2015-2020; and the Plan of Action 2011-2020 of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease.

80. Attention will be directed to ongoing challenges, such as the limited funding to implement national plans of action for the elimination of mother-to-child transmission (MTCT) of HIV and congenital syphilis, an effort that will become increasingly complex with the expansion of the initiative to include transmission of Chagas disease and hepatitis B. Other challenges include setbacks in implementing and monitoring national strategies for the prevention and control of sexually transmitted infections; insufficient health services for treatment and prevention of neglected infectious diseases (NIDs); and limited high-level commitment by some national authorities to pursue rabies control and/or elimination. Additional areas of emphasis include maintaining sustained commitment to the elimination of malaria; ensuring access to diagnosis and treatment for viral hepatitis; reaching underserved areas to achieve high vaccination coverage rates (>95%) at the municipal and local levels; confronting the increasing threat of antimicrobial resistance (AMR); integration of food safety into broader national nutrition and NCD strategies and plans; and preventing the reintroduction of foot-and-mouth disease (FMD) into FMD-free countries or zones while supporting national programs to achieve FMD-free without vaccination status.

81. Technical cooperation on HIV and STIs will be guided by the four strategic lines of the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021: *a)* strengthened stewardship, governance, strategic planning, and information; *b)* strengthened normative framework for health promotion, HIV/STI prevention, diagnosis, care, and treatment; *c)* expanded and equitable access to comprehensive and quality HIV/STI services; and *d)* increased and improved financing of HIV/STI response with equity and efficient use of resources for sustainability.

82. Regarding tuberculosis (TB), efforts will continue to integrate basic health programs and services to facilitate access to early TB diagnosis and treatment, combined with community, civil society, and private sector engagement. This is intended to ensure the effective use of new diagnostics and medicines for the prevention and treatment of tuberculosis, multidrug-resistant tuberculosis (MDR-TB), and HIV-associated tuberculosis. The regional situation calls for comprehensive, integrated, patient-centered TB care that addresses the social determinants of TB and prioritizes prevention and control for people living in situations of vulnerability. There is also a need for implementation and scaling up of innovations and new initiatives, as well as strengthening the TB research agenda. These activities will be implemented in the context of the WHO End TB Strategy and PAHO's Plan of Action for the Prevention and Control of Tuberculosis 2016-2019.

83. The work toward malaria elimination will continue based on the Plan of Action for Malaria Elimination 2016-2020, which calls for: *a)* further reduction of malaria morbidity by 40% or more (based on 2015 official figures); *b)* further reduction of malaria-related deaths by 40% or more (based on 2015 official figures); *c)* implementation of efforts to eliminate malaria in 18 of the 21 endemic countries and attainment of malaria-free status in at least four countries; *d)* implementation of innovative approaches to address challenges in countries where progress has been limited; and *e)* prevention of the reestablishment of malaria in countries that have been declared malaria-free. Aligned with the global technical strategy for malaria control and elimination (2016-2025), PAHO's work in this area will guide countries and other stakeholders in sustaining and building on the successes of the past decade. Support to malaria-endemic countries will include efforts that enable: *a)* universal access to goodquality malaria prevention interventions, integrated vector management, and malaria diagnosis and treatment; *b)* reinforcement of malaria surveillance for evidencebased decision making and response; *c)* strengthening of health systems, strategic planning, monitoring and evaluation, operational research, and country-level capacity building; *d)* strategic advocacy, communications, and partnerships and collaborations; and *e)* implementation of focused efforts and tailored approaches to facilitate malaria elimination and prevent reestablishment in malaria-free areas.

84. With respect to dengue, emphasis will be placed on strengthening national capacities for comprehensive surveillance, patient care, and early detection, preparedness, and control of outbreaks within the framework of the Strategy for Arboviral Disease Prevention and Control and the Global Strategy for Dengue Prevention and Control 2012-2020.

85. Further effort is needed to strengthen public health entomology and the implementation of integrated vector management (IVM) at all levels. Aligned with regional and national priorities, the work in this area will aim to: *a)* strengthen and implement public health entomology practice and vector control, including expansion of educational and career opportunities for entomologists and entomological technicians; *b)* revise, update, and implement integrated vector management in the countries; *c)* develop an entomological surveillance system and vector control monitoring and evaluation, including insecticide resistance surveillance; and *d)* strengthen inter-programmatic and intersectoral actions in vector control and prevention.

86. Implementation of the Plan of Action for the Elimination of Neglected Infectious Diseases and Post-elimination Actions 2016-2022 will continue to work toward the regional elimination, where feasible, or the reduction of the disease burden of NIDs. This will be achieved through the implementation of comprehensive, inter-programmatic public health interventions in a cross-cutting manner and involving intersectoral collaborations that can address the health needs and social determinants of health of neglected populations in the Region. The goals of the plan of action include the interruption of transmission and elimination of eight NIDs for which there are existing cost-effective tools: trachoma, Chagas disease, dog-mediated human rabies, leprosy (Hansen's disease, already eliminated as a public health problem), human taeniasis/cysticercosis, lymphatic filariasis, onchocerciasis (river blindness), and schistosomiasis. The plan proposes six strategic lines of action that are consistent with the six interventions of WHO's Accelerating Work to Overcome the Global Impact of Neglected Tropical Diseases: A Roadmap for Implementation (2012).

87. The Region has achieved the elimination of smallpox, polio, rubella, and measles; immunization coverage rates that are among the highest in the world; rapid advances in the introduction of new vaccines; innovation in promoting evidence-based decision making; the procurement of quality affordable vaccines through the PAHO Revolving Fund; the development and use of computerized immunization registries; and the expansion of Vaccination Week in the Americas to become World Immunization Week. Additionally, as part of a globally coordinated effort, between February 2015 and April 2016 all 32 countries in the Region of the Americas that previously used only oral polio vaccine (OPV) introduced at least one dose of inactivated polio vaccine (IPV) into their routine immunization schedule. Between 17 April and 1 May 2016, 36 countries and territories in the Americas switched from the trivalent oral polio vaccine (tOPV) to the bivalent vaccine (bOPV).

88. In 2018-2019, emphasis will be placed on areas where stronger efforts are needed to increase vaccination coverage, such as planning, analysis of inequities in vaccination, data quality, strengthening of information systems and health services, monitoring and evaluation, and financial sustainability for the procurement of vaccines and operational aspects of the program. Efforts will be made to identify interventions where an interprogrammatic approach can be applied to improve access to immunization services and coverage rates, as well as to concentrate efforts in countries reporting lower coverage rates. These efforts will be aligned with the concepts of life course and universal coverage and will be framed by the Plan of Action on Immunization. The sustainable introduction of new vaccines (e.g., malaria and dengue) presents a challenge requiring substantial budget increases and expansion of the cold chain.

89. In order to address the growing challenges regarding antimicrobial resistance, Member States have committed to develop multisectoral national action plans on antimicrobial resistance in line with the WHO global action plan on the issue. Endorsing a concerted "One Health" approach, which linked various sectors and actors in defense of human, animal, and environmental health, they also agreed to mobilize adequate, predictable, and sustainable resources to implement those programs, and pledged to raise awareness of the phenomenon around the world. PAHO will focus on ensuring full-scale implementation of the regional action plan, as well as the national action plans of Member States; improving surveillance of antimicrobial resistance; fostering evidence-based interventions for its containment; and collaborating with the Food and Agriculture Organization (FAO) and World Organisation for Animal Health (OIE) to ensure that risks of the development and spread of antimicrobial resistance at the human-animal interface are minimized.

90. In the area of food safety, PAHO will continue to *a)* provide technical cooperation to countries for building riskbased food safety systems, from farm to fork, using new information and communication technologies; *b)* coordinate international and regional networks such as the International Food Safety Authorities Network (INFOSAN) and the Inter-American Network of Food Analysis Laboratories (INFAL) to strengthen the capacity of country food safety systems, including for the rapid national and international response to food safety emergencies and outbreaks of foodborne diseases; *c)* lead advocacy and health education efforts in food safety; *d)* promote international norms, standards, and recommendations through the FAO/WHO Codex Alimentarius Commission, with enhanced participation by Member States; and *e)* strengthen collaboration with other regional and international organizations such as the FAO, the OIE, the Inter-American Institute for Cooperation on Agriculture (IICA), and the International Regional Organization for Plant Protection and Animal Health (OIRSA), as well as with other relevant stakeholders in the agricultural, animal health, and human health sectors, including on aspects of antimicrobial resistance related to the food chain.

91. In regard to foot-and-mouth disease, work will continue toward full implementation of the Plan of Action 2011-2020 of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease. Steps will be taken to address the remaining challenges in countries without FMD-free status and to further advance national programs to achieve FMD-free without vaccination status, as well as to prevent reintroduction in FMD-free countries or zones and strengthen disease surveillance, emergency preparedness, and response.

Addressing the Health-related Sustainable Development Goals

92. The 2030 Agenda for Sustainable Development envisages a world free of disease. The explicitly health-related Sustainable Development Goal, SDG 3, calls for efforts to ensure healthy lives and promote well-being for all at all ages. Target 3.3 calls for ending epidemics such as malaria, HIV/AIDS, tuberculosis, and neglected tropical diseases, as well as combating viral hepatitis, waterborne diseases, and other communicable diseases.

93. Some specific examples of how Category 1 programs will contribute to accomplishing SDG 3 include: *a)* application of the new PAHO/WHO dengue classification by severity to reduce dengue case fatality rates in all populations, aligned with SDG targets 3.1 and 3.2; *b)* implementation of interventions to control, further reduce, and where possible eliminate the disease burden caused by NIDs, aligned with target 3.3; *c)* the organization of health services for vaccination, including the strengthening of operative aspects and human resource capacities to positively affect morbidity and mortality caused by vaccine-preventable diseases (VPDs); and *d)* strengthening food safety control systems based on risk analysis in order to prevent foodborne diseases.

94. Although antimicrobial resistance is not specifically included in the SDGs, it is generally agreed that failure to effectively treat diseases greatly affects the prospects for achieving not only SDG 3, but also the goals related to people's livelihoods, food production, and the environment. Furthermore, through its work on FMD and zoonotic and foodborne diseases, the Organization directly contributes to the achievement of SDG 1 and SDG 2, which seek to end poverty and hunger by fostering effective collaboration between agriculture and health through a One Health approach.[10]

10. Pan American Health Organization, 17th Inter-Ministerial Meeting on Health and Agriculture (RIMSA 17), "One Health and the Sustainable Development Goals," Asunción, Paraguay, 21-22 July 2016. Accessed at http://www.panaftosa.org/rimsa17/.

Addressing the Cross-Cutting Themes

95. The cross-cutting themes of gender, equity, human rights, and ethnicity are incorporated into Category 1 to improve health outcomes, as follows:

a. Interventions to combat communicable diseases are tailored to respond to issues of gender by building upon an understanding of men and women across all ages and the factors that influence their health situation. This work also includes the collection and reporting of data disaggregated by age, sex, and other relevant variables.
b. The focus on the prevention, treatment, and control of communicable diseases, particularly in areas of greatest need, supports ideals of equity in health and poverty reduction to advance toward universal health coverage and reach vulnerable populations with integrated health interventions that prevent extreme misfortune when illness occurs.
c. A human rights approach is particularly relevant to the program areas on HIV/AIDS, STIs, and viral hepatitis; tuberculosis; neglected, tropical, and zoonotic diseases; and foodborne diseases. Interventions that combat stigma and discrimination, often an undesired and unjustifiable consequence of these diseases, are prioritized in activities related to this category. Emphasis is also placed on addressing environmental risk factors to control vector-borne and foodborne diseases through measures in water and sanitation, waste management, and urban planning, among others.
d. In regard to ethnicity, the work of the category aims to overcome identified cultural, financial, and language barriers to accessing health services, a safe food supply, and security, with a view to improving the health of key vulnerable populations such as indigenous people, Afro-descendants, migrants, and refugees, among others.

Risks

96. Main programmatic risks that may affect the achievement of results under Category 1 include:

a) Political unrest, elections, and/or changing political establishments affect the climate in which technical cooperation activities are carried out.
b) A shift in health priorities at the global, regional, or national level results in diminished financial support for communicable disease and immunization programs.
c) Parallel, uncoordinated health agendas compete for priority and resources and jeopardize the attainment of regional, subregional, and country goals.
d) Mobility of people across borders contributes to the complexity of disease prevention, control, and elimination.
e) Stigma and discrimination increase toward persons with HIV/AIDS.
f) Insufficient investments in the operational aspects of national immunization programs affect program sustainability, with potential negative impacts on vaccination coverage.
g) Insufficient regional and local capacity affects public health entomology, including support for vector control tools and resources.
h) NIDs continue to be given low priority in the government agendas of certain countries and partners.
i) The existing trend of increasing costs and limited production of vaccines contributes to inequities in health.
j) Inefficient surveillance of foodborne diseases makes it difficult to perform adequate food safety risk analysis.
k) Occurrence of emerging zoonotic, vector-borne, and foodborne hazards related to climate change may increase.
l) It is difficult to establish effective partnerships and governance initiatives needed to promote and protect the health of people, animals, and the environment in an integrated manner.

Budget by program area (US$)

Program Area		Proposed Budget	Priority Tier
1.1	HIV/AIDS, STIs, and viral hepatitis	13,800,000	1 - High
1.2	Tuberculosis	9,100,000	3 - Low
1.3	Malaria and other vector-borne diseases	24,100,000	1 - High
1.4	Neglected, tropical, and zoonotic diseases	15,400,000	3 - Low
1.5	Vaccine-preventable diseases	41,600,000	2 - Medium
1.6	Antimicrobial resistance	5,600,000	2 - Medium
1.7	Food safety	5,000,000	3 - Low
	Category - Total	**114,600,000**	

Key Interventions, Outcomes, and Outputs

1.1 HIV/AIDS, STIs, and Viral Hepatitis

Key Technical Cooperation Interventions			
1.1.A	Provide guidance and implement technical cooperation strategies to support achievement of the objectives of the four lines of action of the regional plan: a) strengthened stewardship, governance, strategic planning, and information; b) strengthened normative framework for health promotion, HIV/STI prevention, diagnosis, care, and treatment; c) expanded and equitable access to comprehensive and quality HIV/STI services; d) increased and improved financing of HIV/STI response with equity and efficient use of resources for sustainability.		
1.1.B	Provide guidance and implement technical cooperation strategies to strengthen countries' capacity in the development of a national response to viral hepatitis according to the five lines of action of the regional plan: *a)* promoting an integrated comprehensive response; *b)* fostering equitable access to preventive care; *c)* fostering equitable access to clinical care; *d)* strengthening strategic information; e) strengthening laboratory capacity to support diagnosis, surveillance, and a safe blood supply.		
Outcome (OCM)			
1.1	Increased access to key interventions for HIV, STIs, and hepatitis prevention and treatment		
Outputs (OPT)			
1.1.1	**Countries enabled to deliver and expand coverage of key HIV interventions through active engagement in policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation**		
	OPT Indicator: Number of countries with national HIV strategies and plans incorporating regional prevention and 90-90-90 targets and implementing fast-track actions in line with the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 and PAHO Regional Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021.	Baseline (2017) 25	Target (2019) 28
1.1.2	**Countries enabled to deliver and expand coverage of key hepatitis interventions through active engagement in advocacy and policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation**		
	OPT Indicator: Number of countries with national strategies and/or national plans for prevention and control of viral hepatitis that are in line with the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 and PAHO Regional Plan for Viral Hepatitis 2015-2019	Baseline (2017) 15	Target (2019) 20
1.1.3	**Countries enabled to deliver and expand coverage of key STI interventions through active engagement in policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation**		
	OPT Indicator: Number of countries with national strategies and/or plans (integrated in HIV plans) for prevention and control of STIs that are in line with the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021 and PAHO Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections 2016-2021	Baseline (2017) 5	Target (2019) 20
1.1.4	**Countries enabled to implement and expand coverage of interventions for prevention of mother-to-child transmission, including for HIV, syphilis, and hepatitis B virus, through active engagement in policy dialogue; adaptation of normative guidance and development of implementation tools; generation, analysis, and dissemination of strategic information; and provision of technical cooperation**		
	OPT Indicator: Number of countries that are progressing toward goals and targets for elimination of MTCT as indicated in the WHO Global Guidance on Criteria and Processes for Validation: Elimination of Mother-to-Child Transmission of HIV and Syphilis (2015)	Baseline (2017) 5	Target (2019) 16

1.2 Tuberculosis

Key Technical Cooperation Interventions			
1.2.A	Continue strengthening TB case detection, early diagnosis, implementation of new rapid diagnostic tools, adequate treatment, MDR-TB control, TB-HIV collaborative activities, community participation, and advocacy for additional national resources committed to TB, with emphasis on populations living in situations of vulnerability.		
1.2.B	Expand new initiatives, such as tuberculosis control in large cities, TB elimination, and specific strategies for high-risk populations.		
1.2.C	Provide guidance and tools for the adoption and implementation of the end-TB strategy.		
Outcome (OCM)			
1.2	Increased number of tuberculosis patients successfully diagnosed and treated		
Outputs (OPT)			
1.2.1	**Implementation of the regional plan and targets for tuberculosis prevention, care, and control after 2015 in line with the WHO Global Strategy**		
	OPT Indicator: Number of countries that have set targets, within national strategic plans, for reduction in tuberculosis mortality and incidence in line with the targets set in the regional tuberculosis plan	Baseline (2017) 15	Target (2019) 25
1.2.2	**Policy guidelines and technical tools updated to support implementation of the global strategy and targets for tuberculosis prevention, care, and control after 2015, covering the strategy's three pillars**		
	OPT Indicator: Number of countries that have adopted/adapted the technical tools for implementation of the global tuberculosis strategy	Baseline (2017) 18	Target (2019) 25
1.2.3	**Policy guidance and technical guidelines updated to strengthen country capacity for early diagnosis and treatment of MDR-TB patients**		
	OPT Indicator: Number of countries and territories implementing WHO guidelines for early diagnosis and treatment of MDR-TB	Baseline (2017) 32	Target (2019) 35
1.2.4	**Countries enabled to integrate TB-HIV care**		
	OPT Indicator: Number of countries and territories integrating TB-HIV care	Baseline (2017) 8	Target (2019) 15

1.3 Malaria and Other Vector-borne Diseases

Key Technical Cooperation Interventions			
1.3.A	Strengthen efforts to prevent, control, and/or eliminate malaria in areas where it is endemic and prevent reintroduction in malaria-free areas.		
1.3.B	Build national capacities in prevention, comprehensive surveillance, patient care, and early detection of dengue, as well as in the preparedness and control of outbreaks of the disease within the framework of the Strategy for Arboviral Disease Prevention and Control and the WHO Global Strategy for Dengue Prevention and Control 2012-2020.		
1.3.C	Sustain efforts to eliminate vector-borne Chagas disease and improve the identification, diagnosis, and treatment of infected patients.		
1.3.D	Strengthen public health entomology with an aim of generating evidence to better support the control, prevention, and elimination of priority vector-borne diseases.		
Outcome (OCM)			
1.3	Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control, and/or elimination of malaria and other vector-borne diseases		
Outputs (OPT)			
1.3.1	**Countries enabled to implement evidence-based malaria strategic plans, with a focus on effective coverage of vector control interventions and diagnostic testing and treatment, therapeutic efficacy, and insecticide resistance monitoring and surveillance through capacity strengthening for enhanced malaria reduction**		
	OPT Indicator: Number of malaria-endemic countries in which an assessment of malaria trends is being undertaken using routine surveillance systems	Baseline (2017) 21	Target (2019) 21
1.3.2	**Updated policy recommendations and strategic and technical guidelines on vector control, diagnostic testing, antimalarial treatment (including for hard-to-reach populations), integrated management of febrile illness, surveillance and disaggregation of data, epidemic detection, and response for accelerated malaria reduction and elimination**		
	OPT Indicator: Number of malaria-endemic countries and territories that are applying malaria strategies to move toward elimination based on WHO criteria	Baseline (2017) 18	Target (2019) 21
1.3.3	**Implementation of the new PAHO/WHO dengue classification to improve diagnosis and treatment within the framework of the regional Integrated Management Strategy (IMS) for Arboviral Disease Prevention and Control and the WHO Global Strategy for Dengue Prevention and Control 2012-2020**		
	OPT Indicator: Number of countries and territories implementing the "Dengue: Guidelines for Patient Care in the Region of the Americas (2nd edition)" and the Tool for the Diagnosis and Care of Patients with Suspected Arboviral Diseases	Baseline (2017) 0	Target (2019) 20
1.3.4	**Implementation of the Strategy and Plan of Action for Chagas Disease Prevention, Control and Care**		
	OPT Indicator: Number of countries and territories that have established integrated control programs for Chagas in the endemic territorial units where transmission is domiciliary	Baseline (2017) 19	Target (2019) 21
1.3.5	**Endemic countries enabled to strengthen their coverage and quality of care for patients infected with Trypanosoma cruzi**		
	OPT Indicator: Number of endemic countries and territories implementing national plans of action to expand coverage and quality of care for patients infected with T. cruzi	Baseline (2017) 19	Baseline (2019) 21
1.3.6	**Implementation of integrated vector management (IVM) with focus on improving or contributing to the achievement of global and regional targets for control, interruption, and elimination of vector-borne diseases**		
	OPT Indicator: Number of countries and territories that have established a system for monitoring resistance to insecticides used in public health in accordance with the PAHO/WHO guidelines	Baseline (2017) 3	Baseline (2019) 8

1.4 Neglected, Tropical, and Zoonotic Diseases

Key Technical Cooperation Interventions			
1.4.A	Strengthen innovative and intensified disease surveillance, diagnosis, and clinical case management of NIDs.		
1.4.B	Strengthen preventive chemotherapy and increase access to basic health care for NIDs.		
1.4.C	Strengthen integrated management of vectors, including through public health entomology		
1.4.D	Strengthen the prevention of select neglected zoonoses through a veterinary public health/One Health approach.		
1.4.E	Adopt intersectoral approaches to reduce the risk of NID transmission through increased access to safe water, basic sanitation, hygiene, and improved housing conditions.		
1.4.F	Incorporate innovative approaches supported by operational research and implementation science to eliminate disease transmission and address NID post-elimination actions and new priorities.		
1.4.G	Implement sound strategies for the prevention, control, and elimination of human rabies transmitted by dogs.		
1.4.H	Establish and/or strengthen intersectoral coordination mechanisms for managing zoonotic disease risks.		
Outcome (OCM)			
1.4	Increased country capacity to develop and implement comprehensive plans, programs, or strategies for the surveillance, prevention, control and/or elimination of neglected, tropical, and zoonotic diseases		
Outputs (OPT)			
1.4.1	**Implementation and monitoring of the WHO roadmap to overcome the impact of neglected tropical diseases through the regional Plan of Action for the Elimination of Neglected Infectious Diseases (NIDs) and Post-elimination Actions 2016-2022**		
	OPT Indicator: Number of endemic countries and territories implementing a national or subnational plan, program, or strategy to reduce the burden of priority NIDs according to their epidemiological status in line with the WHO roadmap for NTDs	Baseline (2017) 14	Target (2019) 19
1.4.2	**Endemic countries enabled to establish integrated surveillance of leishmaniasis in human population**		
	OPT Indicator: Number of endemic countries and territories that have integrated surveillance of human leishmaniasis	Baseline (2017) 13	Target (2019) 17
1.4.3	**Implementation of the WHO Global Strategy for Further Reducing the Disease Burden Due to Leprosy 2016-2020**		
	OPT Indicator: Number of endemic countries for leprosy in the Americas applying the Global Leprosy Strategy 2016-2020, "Accelerating towards a leprosy-free world"	Baseline (2017) 10	Target (2019) 22
1.4.4	**Countries enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies**		
	OPT Indicator: Number of countries and territories implementing plans of action to strengthen rabies prevention, prophylaxis, surveillance, control, and elimination	Baseline (2017) 30	Target (2019) 37
1.4.5	**Countries enabled to implement plans of action for strengthening zoonotic disease prevention, surveillance, and control programs**		
	OPT Indicator: Number of countries and territories implementing plans of action to strengthen zoonosis prevention, surveillance, and control programs according to international standards	Baseline (2017) 14	Baseline (2019) 19

1.5 Vaccine-Preventable Diseases

Key Technical Cooperation Interventions			
1.5.A	Provide guidance to Member States in their efforts to improve access to vaccination services and achieve →95% coverage in all municipalities, in the context of health services provision.		
1.5.B	Sustain efforts to maintain the Region free of polio, measles, rubella, and congenital rubella syndrome.		
1.5.C	Strengthen all levels of managerial and operational capacity of Member States' national immunization programs in the framework of the Regional Immunization Action Plan.		
1.5.D	Strengthen VPD epidemiological surveillance, laboratory capacity, and immunization information systems to promote evidence-based decision making at all levels.		
1.5.E	Ensure timely and uninterrupted access to good-quality and affordable vaccines and vaccine-related supplies.		
Outcome (OCM)			
1.5	Increased vaccination coverage for hard-to-reach populations and communities and maintenance of control, eradication, and elimination of vaccine-preventable diseases		
Outputs (OPT)			
1.5.1	**Implementation and monitoring of the Regional Immunization Action Plan aligned with the WHO Global Vaccine Action Plan 2011-2020 to reach unvaccinated and under-vaccinated populations** OPT Indicator: Number of countries and territories with DTP3 (diphtheria-tetanus-pertussis) immunization coverage less than 95% that are implementing strategies within their national immunization plans to reach unvaccinated and under-vaccinated populations	Baseline (2017) 27	Target (2019) 31
1.5.2	**Implementation of the Plan of Action for Maintaining Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Region of the Americas** OPT Indicator: Number of countries that have met the annual notification rate of 2 suspected cases of measles and rubella per 100,000 population, in addition to three of the five measles and rubella surveillance targets	Baseline (2017) 6	Target (2019) 15
1.5.3	**Countries enabled to generate evidence on the introduction of new vaccines** OPT Indicator: Number of countries and territories generating evidence to support decisions on the introduction of new vaccines	Baseline (2017) 16	Target (2019) 18
1.5.4	**Maintenance of regional surveillance systems for monitoring of acute flaccid paralysis (AFP)** OPT Indicator: Number of countries and territories that comply with monitoring three specified surveillance indicators of AFP	Baseline (2017) 2	Target (2019) 12
1.5.5	**Implementation of the Polio Eradication and Endgame Strategic Plan (PEESP)** OPT Indicator: Number of countries that have complied with the Regional Certification Commission (RCC) requirements for the containment of all wild poliovirus/vaccine-derived poliovirus and Sabin type 2 viruses	Baseline (2017) 10	Baseline (2019) 44

1.6 Antimicrobial Resistance

Key Technical Cooperation Interventions			
1.6.A	Implement the regional Plan of Action on Antimicrobial Resistance 2015-2020 under the One Health approach and in a manner complementary to the work being carried out in disease-specific programs on HIV, tuberculosis, malaria, essential medicines, and quality of care. The action plan will also address regional AMR surveillance, prudent use of antibiotics, and the development, implementation, and monitoring of multisectoral national action plans in the countries.		
Outcome (OCM)			
1.6	Increased national capacity to decrease the risk and prevent the spread of multidrug-resistant infections		
Outputs (OPT)			
1.6.1	**Countries enabled to improve awareness and understanding of antimicrobial resistance through effective communication, education, and training**		
	OPT Indicator: Number of countries that have campaigns on antimicrobial resistance and rational use aimed at the general public and professional sectors	Baseline (2017) 11	Target (2019) 20
1.6.2	**Development and implementation facilitated of integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance**		
	OPT Indicator: Number of countries that annually provide laboratory-based data on antimicrobial resistance	Baseline (2017) 20	Target (2019) 25
1.6.3	**Countries enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infection through effective sanitation, hygiene, and infection prevention measures**		
	OPT Indicator: Number of countries with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities	Baseline (2017) 11	Target (2019) 20
1.6.4	**National strategies in place to monitor the rational use of antibiotics, including strengthening the role of antibiotics committees**		
	OPT Indicator 1.6.4a: Number of countries with an intersectoral, national special group that has produced reports and recommendations to promote the appropriate use of antimicrobials and prevent the spread of infections in the last two years	Baseline (2017) 6	Target (2019) 11
	OPT Indicator 1.6.4b: Number of countries in which antibiotics are sold and acquired only with a prescription	Baseline (2017) 2	Baseline (2019) 6
1.6.5	**Development facilitated of the economic case for sustainable and increased investment in new medicines, diagnostic tools, vaccines, and other interventions**		
	OPT Indicator: Number of countries that are advancing in the development of agreements or new regulatory measures to evaluate new antimicrobial drugs, diagnostic tools, and vaccines	Baseline (2017) 6	Target (2019) 10
1.6.6	**High-level political commitment sustained and effective coordination in place at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals**		
	OPT Indicator: Number of countries with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance	Baseline (2017) 7	Target (2019) 15

1.7 Food Safety

Key Technical Cooperation Interventions	
1.7.A	Work with countries to establish efficient food safety systems to prevent and reduce food safety risks and promote consumer safety. PAHO will work toward the strengthening of risk-based, integrated national food safety systems, the provision of scientific advice on and implementation of food safety standards and guidelines, and the promotion of multisectoral collaboration for reducing food safety risks, including those arising from the human-animal-environment interface. Special attention will be paid to aspects of antimicrobial resistance related to the food chain.
1.7.B	Promote international norms, standards, and recommendations through the FAO/WHO Codex Alimentarius Commission; support international and regional food safety and food analysis networks; build capacity in food safety risk management by providing technical support to countries; and further strengthen collaboration with other regional and international organizations, as well as other relevant stakeholders of the agriculture, animal, and human health sectors.
1.7.C	Implement the final phase of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA) by providing technical cooperation to countries or areas that are free of foot-and-mouth disease (FMD) with vaccination in order for them to achieve FMD-free without vaccination status, and to countries that have no official FMD designation in order for them to achieve FMD-free status. Additionally, technical cooperation will be provided for strengthening strategies and mechanisms for FMD prevention and emergency preparedness and response.
Outcome (OCM)	
1.7	All countries have the capacity to mitigate risks to food safety and respond to outbreaks
Outputs (OPT)	
1.7.1	**Countries and territories enabled to implement national food safety plans of action, aligned with global and regional strategies** OPT Indicator: Number of countries and territories with a regulatory framework that enables the effective implementation of food control objectives, in harmonization with international standards, guidelines, and recommendations — Baseline (2017) 12 — Target (2019) 23
1.7.2	**International standards set, scientific advice provided, and a regional information exchange platform, as well as multisectoral collaboration, in place for effectively managing foodborne risks** OPT Indicator: Number of countries and territories with a mechanism for multisectoral collaboration on reducing foodborne public health risks that takes into account social determinants — Baseline (2017) 23 — Target (2019) 35
1.7.3	**Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)** OPT Indicator: Number of countries and territories implementing prevention, control, and elimination programs for foot-and-mouth disease (FMD) in accordance with the timeline and expected results established in the PHEFA Plan of Action 2011-2020 — Baseline (2017) 12 — Target (2019) 12

Category 2 - Noncommunicable Diseases and Risk Factors

Reducing the burden of noncommunicable diseases, including cardiovascular diseases, cancers, chronic lung diseases, diabetes, and mental health disorders, as well as disability, violence, and injuries, through health promotion and risk reduction, prevention, treatment, and monitoring of noncommunicable diseases and their risk factors.

Regional Situation Analysis and Collective Approaches

97. Noncommunicable diseases (NCDs) and their related risk factors, mental health disorders, injuries, violence, and disabilities are leading causes of ill health and premature death in the America. Three of every four deaths in the Region are attributable to NCDs, and 36% of these deaths occur prematurely in people aged 30 to 70 years, disproportionately affecting the most economically productive population groups and their families. The underlying lifestyle risk factors such as tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity continue to be a significant challenge, while increasing childhood obesity rates are setting the stage for the continued epidemic of chronic disease and ill health in later life. Moreover, in the Americas, mental, neurological, and substance use disorders have become the leading cause of disability-adjusted life years (DALYS).

98. Member States are suffering the consequences of this silent epidemic through loss of productivity, increased costs for health systems and services, as well as direct costs borne by those affected through out-of-pocket expenses and lost workdays. Health systems continue to be focused on treatment and care rather than on prevention, and rising costs threaten to make this model unsustainable. Additionally, the Region faces the challenge of inequity in access to care, particularly for those living in conditions of vulnerability. Therefore, NCDs represent both a complex public health challenge and a threat to social and economic development.

99. Because the epidemic of NCDs is driven by globalization, urbanization, demographic trends, and socioeconomic conditions, interventions are required not only from the health sector but from other government sectors such as agriculture, education, transport, labor, environment, and trade, as well as from civil society and the private sector. Cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases are major problems in the Region of the Americas, and with an aging and growing population, the overall situation is expected to worsen. Thus, policies and services to reduce the major risk factors and promote health in communities, workplaces, school, and other settings are urgently needed. And to better prevent and control NCDs, health systems and services need to be strengthened, particularly at the primary care level for screening, early detection, and management of NCDs and risk factors, while ensuring access to medicines, technologies, and sustained quality care.

100. Experiences in recent years point to the fact that capacity-building, better infrastructure, and more funding are needed to meet the NCD targets and goals by 2019. There is an urgent need to build intersectoral networks to tackle NCDs and risk factors, as many of the underlying drivers of the epidemic exist outside the health sector. While risk factor prevention remains a key pillar of the effort to tackle NCDs, it is also clear that there must be more emphasis on chronic disease management, given that countries that have reported the greatest declines in premature mortality (principally cardiovascular disease reduction) have done so through improved delivery of acute care and secondary prevention. The development and strengthening of effective surveillance systems is critical to allow for timely monitoring of the health situation in order to respond with effective prevention and control programs, as well as to inform adequate public policies. Ultimately, strong engagement and leadership are key to advancing the agenda to reduce NCDs and risk factors. Legislative frameworks exist in some cases, notably the Framework Convention on Tobacco Control (FCTC), but political will is required for full implementation and ongoing monitoring and enforcement.

101. Mental, neurological, and psychoactive substance abuse disorders represent an important cause of morbidity, mortality, and disability. These disorders have become the leading cause of disease burden, accounting for 19% of DALYs (disability-adjusted life years), and the largest source of disability, accounting for 34% of YLDs (years lived with disability). Depression has a 12-month prevalence rate of 5.3% and a lifetime prevalence of 12%, and represents 8% of YLDs. In the Region, the suicide-related mortality rate is 7.3 per 100,000 population. With more people reaching an advanced age, dementia constitutes a significant concern, with a projected increase of 47% by 2030 in the prevalence of dementia affecting people aged 60 years and over. Latin America and the Caribbean will be the most affected region, with an expected increase from 3.4 million people with dementias in 2010 to 7.6 million in 2030. The PAHO Plan of Action on Mental Health 2015-2020 sets out a strategy of integrating mental health and substance use components into primary care to reduce the existing treatment gaps and address substance use disorders, and technical cooperation will continue in this area in 2018-2019.

102. Limited progress has been made on meeting the alcohol use targets set out in 2014. In response, PAHO has established a Technical Advisory Group to provide guidance on strategies to advance technical cooperation and identify priority actions to catalyze political commitment to implement cost-effective policies and interventions at national level. The objective is to help countries reduce the harmful use of alcohol in a significant way.

103. Political will to tackle violence and injuries exists in the Region, as reflected in the Brasilia Declaration on Road Safety; the PAHO Strategy and Plan of Action on Strengthening the Health Systems to Address Violence Against Women; the "Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls and against children," approved by the World Health Assembly in 2016; the Global Plan for the Decade of Action for Road Safety 2011-2020; and the participation of Member States in the WHO Global Status Report on Violence Prevention and in the Global Status Report on Road Safety. With respect to violence prevention, the regional and global mandates give priority to addressing violence against children and against women. They provide clear guidance aimed at improving the availability and use of evidence, strengthening health system leadership and governance, strengthening the capacity of health systems to respond to violence, and strengthening prevention efforts. There is a particular need to strengthen human, technical, and financial capital, develop strong intersectoral partnerships, and implement interventions at community level. Policies and legal frameworks should promote the right to live without fear and misery, and with dignity. They should be evidence-based and should promote the development of people-centered, context-specific, comprehensive, and prevention-oriented plans and programs to reduce risks of injuries and violence and promote protective factors, emphasizing the importance of a protection-empowerment equilibrium.

104. In keeping with the projections of the WHO World Report on Disability, in the Americas, an estimated 150 million persons are living with some form of disability in 2016. This number is expected to increase due to population growth, aging, an increasing burden of NCDs, accidents, disasters, violence, poor diet, and psychoactive substance use. Limited resources, inappropriate policies, limited access to health services and rehabilitation, and inaccessible transportation represent significant challenges for people with disabilities. Ocular, hearing, and oral health need to be addressed, given that about 80% of the blindness is avoidable, and dental caries affect more than 90% of the Region's population.

105. In order to achieve universal health access and coverage, it is necessary to strengthen public services that include services for people with disabilities, as well as to refine evaluation tools to measure improvement in access to services. Evidence on best practices should also serve as the basis for advocacy and planning.

106. Poor nutrition results in stunted child growth and contributes to overweight and obesity throughout the life course. Nutrition plays a role in three of the four major NCDs: cardiovascular diseases, cancers, and diabetes. Conditions related to undernutrition and overweight/obesity impose a burden on individuals, communities, and the health system, and impede human development and equity; preventing these conditions is central to the achievement of regional and global development goals. Optimal nutrition is critical in early childhood, particularly in the first 1,000 days of life. Therefore, PAHO supports regional targets that have been set for exclusive breastfeeding and for reduction of child stunting, overweight, and anemia in women.

107. Although political will exists in the Region, and steps have been taken to improve environments to prevent obesity and promote breastfeeding, healthy meals, and recreation in schools, powerful economic interests are working against implementing the relevant legislation. Regulations need to encourage consumers to make healthy choices, particularly when it comes to processed food products and beverages. There is a need to improve the countries' institutional capacity to develop legislation and to establish strong monitoring and evaluation frameworks.

108. Tackling NCDs and regulating risk factors requires not only recognition of their importance, but also the scaling up of intersectoral collaboration as well as the ability to successfully implement and enforce sound policies and effective legislation. Therefore, during the 2018-2019 biennium, PAHO will continue to focus on translating political commitments into evidence-based strategic technical interventions that Member States can implement in order to improve the health and well-being of their populations. PAHO will also continue to promote and engage in multisectoral collaboration and coordination; support the implementation and operationalization of national plans; develop institutional capacity for the implementation of health-protecting policies and regulations; build human capacity; implement cost-effective interventions; provide guidance on restructuring and integrating health services that focus on prevention as well as treatment and care; and focus on integrating prevention and control of NCDs, their risk factors, and mental health into primary health care using a life course approach. These actions will be supported by establishing or strengthening surveillance systems that can provide the evidence needed to monitor advances at country and regional levels and to assess the achievements, impacts, and remaining gaps of the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019.

Addressing the Health-related Sustainable Development Goals

109. Improving the health of populations, including by preventing and controlling NCDs, is key to ensuring economic growth, social equity, and environmental protection, which underpin the achievement of sustainable development. Numerous UN declarations, resolutions, and international agreements, including the 2030 Agenda for Sustainable Development, demonstrate that governments recognize the interconnections between health and sustainable development. The 2030 Agenda emphasizes improving health and well-being for all at all ages through SDG 3. Health is therefore recognized as both a precondition for and an outcome of sustainable human development. Three targets under SDG 3 are focused on NCDs, and these conditions are also relevant to many other SDGs and targets beyond the explicitly health-oriented SDG 3.

110. The adverse impact of the NCD epidemic on economic growth demonstrates a direct link between health and economic development and affirms the need for more holistic approaches to development. Preventing and controlling NCDs is not only critical for economic growth and poverty alleviation, but also central to addressing social and economic inequity and accelerating sustainable development. During the 2018-2019 biennium, PAHO will contribute to efforts to achieve the following specific healthrelated SDGs through the work performed in the context of Category 2:

- SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture (targets 2.1, 2.2)
- SDG 3: Ensure healthy lives and promote well-being for all at all ages (3.2, 3.4, 3.5, 3.6, 3.8, 3.a, 3.d)
- SDG 5: Achieve gender equality and empower all women and girls (5.2, 5.3, 5.b, 5.c)
- SDG 11: Make cities and human settlements inclusive, safe, resilient and sustainable (11.2, 11.7)
- SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (16.1, 16.2).

111. PAHO will strengthen the implementation of very cost-effective and affordable interventions (those identified as "best buys") that are aimed at reducing tobacco use and the harmful use of alcohol, promoting healthy diet and physical activity, and improving the prevention, management, and control of cardiovascular diseases, diabetes, and cancer. These interventions contribute to the achievement of SDG 2 and SDG 3. For instance, PAHO will continue supporting Member States in their efforts to reduce tobacco consumption by increasing tobacco excise taxes, adopting legislation creating smoke-free environments in all indoor workplaces, public places, and public transport, and banning all forms of tobacco advertising, promotion, and sponsorship. PAHO will also continue to support restrictions or bans on alcohol advertising and promotion and advocate for the use of pricing policies such as excise tax increases on alcoholic beverages. During the biennium, PAHO will implement programs aimed at reducing salt intake and raising public awareness of the benefits of healthy diets and physical activity, encouraging control and monitoring of hypertension, as well as early detection of cervical cancer through screening.

112. Additionally, PAHO will provide technical cooperation to its Member States in their efforts to reduce injuries, violence, and road traffic accidents, thus contributing to SDGs 3, 5, and 16.

Addressing the Cross-Cutting Themes

113. As with other priority health issues, prevailing social and economic conditions influence people's exposure and vulnerability to NCDs, as well as related health-care outcomes and consequences. The growing burden of NCDs in the Americas is not only accelerated by population aging, but is also driven by the negative effects of globalization, for example, unfair trade and irresponsible marketing. Rapid and unplanned urbanization and increasingly sedentary lives also contribute. Overall, vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions; the relevant social determinants of health include education, occupation, income, gender, and ethnicity. There is strong evidence of the links between poverty and lower life expectancy, and there are associations between a host of social determinants, especially education, and prevalent levels of NCDs. People in lower socioeconomic groups fare far worse than those at higher socioeconomic levels in countries at all levels of development. Therefore, addressing the social determinants of health plays a critical role in the response to the burden of NCDs, risk factors, and related conditions. Health promotion strategies are an essential component of NCD prevention and control, and are especially important in childhood and adolescence to inculcate healthy ways of living. Primary health care is the foundation of successful health systems, and integration of NCD prevention and control and mental health interventions into primary care is a key element in strengthening health systems. In addition to these thematic linkages, there are also technical innovations, including the use of digital technologies such as "mHealth" (mobile health), that will likely play an increasing role in support for Member States.

114. Cross-cutting themes are embedded in the work carried out in all program areas of Category 2. For instance, the FCTC recognizes that tobacco control is an integral component in the protection of the right to health, and the Convention directly obligates States to regulate tobacco. Failure to implement tobacco control measures not only obstructs countries' sustainable development, but is also a significant impediment to the right to health and life. The international community has begun to understand the links between tobacco control, noncommunicable diseases, and human rights, and the matter of human rights and tobacco use has recently come before the Inter-American Commission on Human Rights. PAHO will continue to fully support this human rights approach to health.

115. People with mental disorders are often at risk of being subject to human rights violations. PAHO's work in this area is well known, and has been built on collaboration between the Office of the Legal Counsel and the Mental Health Advisors. Similarly, human rights violations have also long been linked to ethnicity, and PAHO has been receiving increasing requests for related technical cooperation from Member States, particularly in the area of mental health of indigenous populations.

116. In the area of noncommunicable disease surveillance, data collection is disaggregated by sex and at least two other stratifiers (age, education, rural/urban), and to the extent possible, by socio-economic quintiles. Category 2 program areas include provisions for mitigating the differential exposure to risk factors, vulnerabilities (including lack of access to services), and consequences (including catastrophic expenditure and stigmatization) that marginalized populations in particular can experience.

Risks

117. Main programmatic risks that may affect the achievement of results under Category 2 include:

a) Competing national priorities such as arboviral outbreaks and natural disasters reduce the attention given to NCDs and their risk factors, as well as interventions for mental health and disabilities at all levels of the health system.
b) Insufficient investment at the national level for the prevention and control of NCDs, coupled with limited donor interest, constrains progress toward full implementation of the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019.
c) Powerful economic interests in the tobacco, alcohol, and processed food industries, combined with low regulatory capacity at the national level, interfere with and hinder progress in addressing NCDs.
d) The complexity of monitoring and reporting systems, including the variety of methodologies used, reduces the capacity of countries and territories to report their progress in addressing NCDs and risk factors.
e) Efforts to prevent and reduce violence and injury are hindered by limited enforcement of policies and regulations known to reduce injury and death, especially in the area of road safety, while data gaps limit reporting on evidence-based interventions.
f) Modalities of engagement in multisectoral collaboration in the context of the WHO Framework of Engagement with Non-State Actors (FENSA) have yet to be clearly defined.
g) Paradigm shifts leading to the decriminalization of psychoactive substances without the concomitant resources and regulatory tools in place to prevent unintended consequences such as increased uptake by youth, and without the ability to monitor and assess the impact of such changes, create new public health risks.

Budget by program area (US$)

Program Area		Proposed Budget	Priority Tier
2.1	Noncommunicable diseases and risk factors	32,500,000	1 - High
2.2	Mental health and psychoactive substance use disorders	8,300,000	2 - Medium
2.3	Violence and injuries	6,500,000	2 - Medium
2.4	Disabilities and rehabilitation	3,500,000	3 - Low
2.5	Nutrition	8,300,000	2 - Medium
	Category - Total	**59,100,000**	

Key Interventions, Outcomes, and Outputs

2.1 Noncommunicable Diseases and Risk Factors

Key Technical Cooperation Interventions			
2.1.A	Strengthen national capacities for implementing evidence-based and cost-effective policies, programs, and services for primary prevention, screening, early detection, diagnosis, and treatment of NCDs and risk factors.		
2.1.B	Improve country capacity for the surveillance and monitoring of NCDs and mental health conditions and risk factors to support reporting on progress toward global and regional commitments on NCDs and their risk factors, road safety, injuries, and mental health disorders.		
2.1.C	Incorporate NCDs and their risk factors within multisectoral national development plans and programs, and within the corresponding national UN development assistance frameworks.		
Outcome (OCM)			
2.1	Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors		
Outputs (OPT)			
2.1.1	**Countries and territories enabled to develop national multisectoral policies and plans to prevent and control noncommunicable diseases (NCDs) and risk factors, pursuant to the Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019**		
	OPT Indicator 2.1.1a: Number of countries and territories with at least one operational multisectoral national policy/strategy/action plan that integrates noncommunicable diseases and shared risk factors	Baseline (2017) 30	Target (2019) 38
	OPT Indicator 2.1.1b: Number of countries and territories that have set time-bound national noncommunicable disease targets and indicators based on the WHO NCD Global Monitoring Framework and regional NCD plan of action	Baseline (2017) 24	Target (2019) 34
2.1.2	**Countries and territories enabled to implement very cost-effective interventions ("best buys") to reduce four modifiable risk factors for noncommunicable diseases (tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol)**		
	OPT Indicator 2.1.2a: Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with the regional Plan of Action to Reduce the Harmful Use of Alcohol and the WHO Global Strategy to Reduce the Harmful Use of Alcohol	Baseline (2017) 9	Target (2019) 11
	OPT Indicator 2.1.2b: Number of countries and territories implementing policies to reduce physical inactivity and/or promote physical activity	Baseline (2017) 11	Target (2019) 15
	OPT Indicator 2.1.2c: Number of countries and territories implementing policies to reduce salt consumption in the population	Baseline (2017) 19	Target (2019) 22
	OPT Indicator 2.1.2d: Number of countries and territories implementing fiscal policies or regulatory frameworks on food marketing or front-of- package labeling norms to prevent obesity in children and adolescents, according to the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents	Baseline (2017) 7	Target (2019) 13
	OPT Indicator 2.1.2e: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (tobacco taxation, smoke-free environments, health warnings, and banning of advertising, promotion, and sponsorship) at the highest level of achievement as defined in the 2015 WHO Report on the Global Tobacco Epidemic	Baseline (2017) 6	Target (2019) 12

2.1 Noncommunicable Diseases and Risk Factors (continued)

Key Technical Cooperation Interventions			
2.1.3	**Countries and territories enabled to improve the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, and their risk factors, including in crises and emergencies**		
	OPT Indicator 2.1.3a: Number of countries and territories that have evidence-based national guidelines/protocols/ standards, recognized/approved by government, for the management of cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases	Baseline (2017) 13	Target (2019) 19
	OPT Indicator 2.1.3b: Number of countries and territories that have incorporated early detection, referral, and management of noncommunicable diseases into primary health care	Baseline (2017) 10	Target (2019) 14
	OPT Indicator 2.1.3c: Number of countries and territories where essential noncommunicable disease medicines (aspirin, statins, angiotensin-converting enzyme inhibitors, thiazide diuretics, long-acting calcium channel blockers, metformin, insulin, bronchodilators, and steroid inhalants) and technologies (blood pressure measurement devices, weighing scales, blood sugar and blood cholesterol measurement devices with strips, and urine strips for albumin assay) are generally available in the public health sector	Baseline (2017) 9	Target (2019) 14
2.1.4	**Monitoring framework implemented to report on progress made on the commitments contained in the Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, and the regional Plan of Action for the Prevention and Control of Noncommunicable Diseases 2013-2019**		
	OPT Indicator: Number of countries and territories with noncommunicable disease surveillance and monitoring systems in place to enable reporting against the nine voluntary global NCD targets	Baseline (2017) 23	Target (2019) 33
2.1.5	**Countries and territories enabled to improve their chronic kidney disease (CKD) surveillance**		
	OPT Indicator: Number of countries and territories with a national high-quality, population-based registry for dialysis and kidney transplantation	Baseline (2017) 20	Target (2019) 24

2.2 Mental Health and Psychoactive Substance Use Disorders

Key Technical Cooperation Interventions			
2.2.A	Strengthen national capacities for the elaboration and implementation of mental health, alcohol, and substance use policies and plans that aim to integrate mental health care into general health, including operational planning, capacity building, and attention to special programs such as suicide prevention.		
2.2.B	Protect and promote the human rights of people with mental health conditions.		
Outcome (OCM)			
2.2	Increased service coverage for mental health and psychoactive substance use disorders		
Outputs (OPT)			
2.2.1	**Capacity of countries and territories strengthened to develop and implement national policies, plans, and information systems in line with the PAHO Plan of Action on Mental Health 2015-2020 and the WHO Comprehensive Mental Health Action Plan 2013-2020**		
	OPT Indicator: Number of countries and territories with a national policy and/or plan for mental health that is in line with the PAHO Plan of Action on Mental Health 2015-2020 and the WHO Comprehensive Mental Health Action Plan 2013-2020.	Baseline (2017) 30	Target (2019) 35
2.2.2	**Countries and territories with technical capacity to develop integrated mental health services across the continuum of promotion, prevention, treatment, and recovery**		
	OPT Indicator: Number of countries and territories that have established a program to integrate mental health into primary health care using the mhGAP (Mental Health Gap Action Programme) Intervention Guide.	Baseline (2017) 28	Target (2019) 32
2.2.3	**Countries and territories enabled to expand and strengthen strategies, systems, and interventions for disorders due to alcohol and other psychoactive substance use**		
	OPT Indicator: Number of countries and territories with expanded prevention and treatment strategies, systems, and interventions for substance use disorders and associated conditions	Baseline (2017) 10	Target (2019) 16

2.3 Violence and Injuries

Key Technical Cooperation Interventions	
2.3.A	Strengthen Member States' capacity to develop road safety legislation and improve its enforcement in order to address risk and preventive factors for road traffic injuries.
2.3.B	Improve Member States' data quality on road traffic injuries so that mortality and morbidity information reflects victim characteristics.
2.3.C	Strengthen the capacity of countries and territories to implement evidence-based policies and programs to prevent and respond to violence against women, children, and youth.
2.3.D	Improve the quality and use of data on violence to generate evidence-based policies and programming.
Outcome (OCM)	
2.3	Reduced risk factors associated with violence and injuries with a focus on road safety, child injuries, and violence against children, women, and youth.
Outputs (OPT)	
2.3.1	**Development and implementation of multisectoral plans and programs to prevent injuries, with a focus on achieving the targets set under the United Nations Decade of Action for Road Safety 2011-2020** OPT Indicator: Number of countries and territories with funded road safety strategies — Baseline (2017): 10 — Target (2019): 15
2.3.2	**Countries and territories enabled to mainstream the human security approach in existing health plans as a mechanism to prevent violence and injuries (including youth violence) in accordance with global and regional mandates** OPT Indicator: Number of countries and territories that have assessed the level of mainstreaming of the human security approach in at least one existing health program, following PAHO's 2015 guidelines for assessing the incorporation of the human security approach in plans — Baseline (2017): 5 — Target (2019): 9
2.3.3	**Development and implementation of policies and programs to address violence against children and violence against women facilitated** OPT Indicator: Number of countries and territories that create or adjust national standard operating procedures/protocols/guidelines for the health system response to violence against children or violence against women, consistent with WHO's guidelines — Baseline (2017): 6 — Target (2019): 12

2.4 Disabilities and Rehabilitation

Key Technical Cooperation Interventions			
2.4.A	Strengthen capacity at the country level to improve access to health services by people with disabilities, including access to rehabilitation/habilitation services and assistive devices, investment in programs to meet specific needs of people with disabilities and data collection on disabilities, and adoption of national disability plans.		
2.4.B	Strengthen Member States' capacity to develop evidence-based, national policies, plans, and programs on eye, ear, and oral health, and to increase service coverage as part of wider health systems.		
Outcome (OCM)			
2.4	Increased access to social and health services for people with disabilities, including prevention		
Outputs (OPT)			
2.4.1	**Implementation of the WHO Global Disability Action Plan 2014–2021 and the PAHO Plan of Action on Disabilities and Rehabilitation 2014-2019, in accordance with national priorities**		
	OPT Indicator: Number of countries and territories implementing comprehensive programs on health and rehabilitation pursuant to the WHO Global Disability Action Plan 2014–2021 and the PAHO Plan of Action on Disabilities and Rehabilitation 2014-2019	Baseline (2017) 16	Target (2019) 20
2.4.2	**Countries and territories enabled to strengthen prevention and management of eye diseases in the framework of health systems**		
	OPT Indicator: Number of countries and territories that have completed a national eye care health service assessment according to PAHO/WHO recommendations	Baseline (2017) 10	Target (2019) 14
2.4.3	**Countries and territories enabled to strengthen prevention and management of ear diseases and hearing loss in the framework of health systems**		
	OPT Indicator: Number of countries implementing ear and hearing care strategies in collaboration with PAHO/WHO	Baseline (2017) 5	Target (2019) 9

2.5 Nutrition

Key Technical Cooperation Interventions			
2.5.A	Strengthen the evidence base for effective nutrition interventions and the development and evaluation of policies, regulations, and programs; provide the necessary leadership, practical knowledge, and capacity required to scale up actions; and promote multisectoral approaches involving key actors such as ministries of education, agriculture, and the environment.		
2.5.B	Strengthen the effective implementation of PAHO's Plan of Action for the Prevention of Obesity in Children and Adolescents, with emphasis on four lines of action: health care and promotion of breastfeeding and healthy eating; improvement of school food and physical activity environments; fiscal policies and regulation of food marketing and labeling; and other multisectoral actions.		
Outcome (OCM)			
2.5	Nutritional risk factors reduced		
Outputs (OPT)			
2.5.1	**Countries and territories enabled to develop and monitor implementation of action plans to tackle malnutrition in all its forms, and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals**		
	OPT Indicator 2.5.1a: Number of countries and territories that are implementing national policies consistent with the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals	Baseline (2017) 17	Target (2019) 19
	OPT Indicator 2.5.1b: Number of countries and territories that implement policies to protect, promote, and support optimal breastfeeding and complementary feeding practices	Baseline (2017) 12	Target (2019) 13

Category 3 - Determinants of Health and Promoting Health throughout the Life Course

Promoting good health at key stages of life, taking into account the need to address the social determinants of health (societal conditions in which people are born, grow, live, work, and age), and implementing approaches based on gender equality, ethnicity, equity, and human rights.

Regional Situation Analysis and Collective Approaches

118. Despite considerable progress in improving health and reducing inequalities across the Region, difficult issues remain unresolved. New challenges such as the outbreak of Zika virus and its consequences for women's, reproductive, and infant health have highlighted the remaining gaps in terms of prevention, surveillance, and quality of care, based on a rights approach. Furthermore, over the next decade the Region will experience the accelerated aging of its population. This will have a major impact on health needs and on how services must be delivered.

119. During the 2018-2019 biennium, work in Category 3 will focus on intensifying efforts to promote health through an integrated life course approach, from preconception to old age, with a focus on equity and within a rights framework. The life course approach considers the ways in which multiple determinants interact and affect health throughout life and across generations. Work in the biennium will emphasize a stronger application of this approach, primarily through the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 and the Health in All Policies framework, as well as through inter-programmatic work. These efforts will support the application of the cross-cutting themes across the Organization's work and will promote adequate investments that could make aging a positive factor that helps advance development in our countries. More broadly, PAHO will also continue to focus on the determinants of health, build new strategic alliances and strengthen existing ones that contribute to SDG achievement, and continue to strengthen institutional capacity and professional competency across all programmatic areas in order to protect gains already made, close existing gaps, and effectively confront new challenges.

120. Key to human health and well-being will be ensuring healthy environments, including functioning and thriving ecosystems and universal access to water and sanitation. Disruption of these systems poses an important threat to human health, though what is specifically needed to ensure healthy environments will differ according to country context. Additionally, economic objectives and industry demands will continue to be important factors. Finally, social and environmental indicators that go beyond SDG 3 should be prioritized to monitor the Region's progress toward guaranteeing that people can live, work, and thrive to their full potential throughout the life course.

121. Other key areas of collaboration between this category and the rest of PAHO include communicable diseases and vaccines, nutrition, food safety, and integrated, people-centered health services that provide primary health care throughout the life course, with a focus on the particular needs of diverse women and men. There are also links with programs concerning risk behaviors in adolescence as well as programs dealing with NCDs and occupational risks in adults. PAHO's response to the health needs of older populations is multifaceted and

involves all parts of the Organization. Particularly important will be close collaboration with health analysis, NCDs, and mental health along the life course, and access to health care and long-term care and prevention of disabilities. Equally important are efforts related to the health of women, children, and older persons during emergency situations.

122. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) sets out a bold vision for Category 3: "a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies."

Addressing the Health-related Sustainable Development Goals

123. A life course vision is consistent with many of the Sustainable Development Goals of the United Nations 2030 Agenda for Sustainable Development. The 2030 Agenda contains just one explicitly health-related goal out of 17, namely SDG 3, to "ensure healthy lives and promote well-being for all at all ages." However, many if not all of the other SDGs also include targets related to health. These include, notably, SDG 5 (achieve gender equality and empower all women and girls) and SDG 10 (reduce inequality within and among countries). Other relevant goals relate to poverty (SDG 1), hunger (SDG 2), education (SDG 4), water and sanitation (SDG 6), energy (SDG 7), economic growth and employment (SDG 8), cities and human settlements (SDG 11), consumption and production (SDG 12), climate change (SDG 13), and strengthening the means of implementation (SDG 17). While not explicitly included in SDG 3, these themes are among the most immediate determinants of health and well-being. To achieve these goals, it is critical to promote health within the frameworks of human rights, social and environmental determinants of health, and health equity, all of which are central to PAHO's work and regional efforts more broadly.

124. Recognizing many lessons learned, the 2030 Agenda builds on the successes of the Millennium Development Goals while also setting a new course for countries aimed at ensuring sustainable development for all. Above all, the 2030 Agenda articulates a critical political and conceptual shift in the development paradigm and encourages innovative intersectoral initiatives with systems and institutions that fall outside the traditional understanding of health. This new course of development is not predefined, nor has it been modeled by any country. There is thus a need for interpretation and collective reflection to assess how to best achieve the SDGs as an integrated set of goals.

Addressing the Cross-Cutting Themes

125. Category 3 serves as the hub of the cross-cutting themes of PAHO's Strategic Plan: equity, gender, human rights, and ethnicity. As mainstreamed approaches, these necessarily imply inter-programmatic collaboration. Thus, work under this category will include technical support to ensure that initiatives in all PAHO's program areas identify, analyze, and address health inequities, promote gender and ethnic equalities in health, and are based on human rights approaches to health. In addition, work in this category will promote intersectoral collaboration to provide evidence and address the social, cultural, and environmental determinants of health.

Risks

126. Main programmatic risks that may affect the achievement of results under Category 3 include:

a) Competing priorities, disasters and epidemics, political turmoil, or civil unrest limit the resources for program areas in this category, compromising the achievement of results.
b) There is an erosion of political will to support work on the social determinants of health and limited capacity to integrate the social determinants into health programs.
c) Interventions at the primary health level are undermined by frequent rotation of personnel and lack of a critical mass of health care providers.
d) Information systems produce limited disaggregated data and scarce data on the social determinants of health.
e) There is limited engagement of key stakeholders at all stages of decision making around family planning, from policies to program implementation, for social and religion reasons. The multisectoral approach is not used to ensure access to family planning. Most countries do not have adequate monitoring and evaluation systems to identify the major barriers to family planning and the groups with least access to these services, such as teenagers, indigenous people, and rural dwellers.
f) The health workforce is not prepared for the development of new active aging programs.
g) There is limited use of evidence-based programs that have been adapted to local contexts and are relevant to local populations.
h) Although health priorities at the global, regional, and national levels prioritize the cross-cutting themes, they are easily overshadowed or sidestepped when challenged by national and international interest groups. There is limited knowledge and consensus among partners on definitions, frameworks, and strategies for the cross-cutting themes.
i) Harmful laws and policies based on gender identities, gender expressions, age, ethnicity, and/or sexual orientation impede initiatives to respect, promote, and protect human rights in the context of health.
j) Outdated policies and laws, and limited enforcement of existing policies and laws, make it difficult to effectively address environmental and workers' health.
k) Limited consideration of human rights with respect to water and sanitation makes it difficult to effectively achieve the SDG targets on water and sanitation.

Budget by program area (US$)

Program Area		Proposed Budget	Priority Tier
3.1	Women, maternal, newborn, child, adolescent, and adult health, and sexual and reproductive health	42,600,000	1 - High
3.2	Aging and health	4,100,000	3 - Low
3.3	Gender, equity, human rights, and ethnicity	10,200,000	3 - Low
3.4	Social determinants of health	12,000,000	2 - Medium
3.5	Health and the environment	12,500,000	2 - Medium
	Category - Total	**81,400,000**	

Key Interventions, Outcomes, and Outputs

3.1 Women, Maternal, Newborn, Child, Adolescent, and Adult Health, and Sexual and Reproductive Health

Key Technical Cooperation Interventions			
3.1.A	Implement integrated and multisectoral actions on women, maternal, newborn, child, adolescent, and adult health in accordance with global and regional mandates.		
3.1.B	Improve strategic information, with an emphasis on universal and quality care for women, children, and adolescents; implementing guidelines and standards; and building capacity in human resources. Information systems will be strengthened to monitor and evaluate the quality of care and the prevalence of the use of cost-effective interventions in the care of women, mothers, and neonates. Operational research in local and regional networks will be promoted and supported in order to improve the epidemiological surveillance of sentinel events and the management of plans, strategies, and programs.		
3.1.C	Identify topics to be included in the regional health agenda and policies and legislation to facilitate universal access in health, and build and strengthen strategic alliances to contribute to the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health.		
3.1.D	Update national action plans based on the SDGs and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030); implement and evaluate evidence-based interventions in order to reduce preventable morbidity and mortality and promote health and well-being; and advocate for including a care along the life course approach in policies and legislation.		
Outcome (OCM)			
3.1	Increased access to interventions to improve the health of women, newborns, children, adolescents, and adults		
Outputs (OPT)			
3.1.1	**Countries enabled to improve maternal health through further expansion of access to, and improvement in the quality of, effective interventions for ending preventable maternal deaths (from pre-pregnancy to postpartum) and perinatal deaths (stillbirths and early neonatal), with a particular focus on the 24-hour period around childbirth**		
	OPT Indicator: Number of countries that are implementing the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 with inclusion of the Survive, Thrive, Transform objectives	Baseline (2017) 0	Target (2019) 6
3.1.2	**Implementation of the regional Strategy and Plan of Action for Integrated Child Health, with an emphasis on the most vulnerable populations**		
	OPT Indicator: Number of countries and territories implementing a national integrated child health policy, strategy, or plan consistent with legal frameworks and regulations	Baseline (2017) 20	Target (2019) 30
3.1.3	**Implementation of the WHO Reproductive Health Strategy, focusing on addressing unmet needs**		
	OPT Indicator: Number of countries that have incorporated modern methods to solve the unsatisfied demand for family planning	Baseline (2017) N/A*	Target (2019) 7
3.1.4	**Research undertaken and evidence generated and synthesized to design key interventions in reproductive, maternal, newborn, child, adolescent, and adult health, and on other related conditions and issues**		
	OPT Indicator 3.1.4a: Number of studies conducted to inform the design of new or improved interventions for reproductive, maternal, newborn, child, adolescent, and adult health	Baseline (2017) N/A	Target (2019) 5
	OPT Indicator 3.1.4b: Number of scientific publications and reports on solutions and strategies in sexual and reproductive health	Baseline (2017) N/A	Target (2019) 10
3.1.5	**Implementation of the regional Plan of Action on Adolescent and Youth Health**		
	OPT Indicator: Number of countries and territories implementing national health-related policies or plans on comprehensive adolescent health	Baseline (2017) 37	Target (2019) 45

* N/A = Not available.

3.2 Aging and Health

Key Technical Cooperation Interventions	
3.2.A	Implement the regional Plan of Action on the Health of Older Persons, Including Active and Healthy Aging and the WHO Global Strategy and Action Plan on Ageing and Health focusing specifically on the following priorities: (a) Promote integration of the health of older persons into national public policies, and adapt health systems to respond to the challenges associated with aging; (b) Support Member States in the development of a strategy for long-term care, (c) Retrain human resources working in primary health care and public health to deal with issues of aging; and (d) Build the information capabilities necessary in order to implement and evaluate interventions in the area of aging and health.
Outcome (OCM)	
3.2	Increased access to interventions for older adults to maintain an independent life
Outputs (OPT)	
3.2.1	**Implementation of the regional Plan of Action on the Health of Older Persons, including strategies to promote active and healthy aging**
	OPT Indicator 3.2.1a: Number of countries with national health policies, strategies, and plans that explicitly include actions to address the health needs of older people — Baseline (2017) 15 — Target (2019) 18
	OPT Indicator 3.2.1b: Number of countries with at least one municipality implementing the WHO Age-friendly Environments Programme — Baseline (2017) 8 — Target (2019) 12
	OPT Indicator 3.2.1c: Number of countries that have ratified and are implementing the Inter-American Convention on Protecting the Human Rights of Older Persons — Baseline (2017) 0 — Target (2019) 5
3.2.2	**Countries enabled to deliver integrated, people-centered services across the continuum of care that respond to the needs of older women and men in low-, middle-, and high-income settings**
	OPT Indicator: Number of countries and territories with at least one evidence-based self-care program for older adults (60 and over) living with multiple chronic conditions — Baseline (2017) 12 — Target (2019) 16
3.2.3	**Evidence base strengthened and monitoring and evaluation mechanisms established to address key issues relevant to the health of older people**
	OPT Indicator: Number of countries and territories that have national research that addresses key issues relevant to the health of older people — Baseline (2017) 15 — Target (2019) 18

3.3 Gender, Equity, Human Rights, and Ethnicity

Key Technical Cooperation Interventions			
3.3.A	Integrate gender, equity, human rights, and ethnicity into policies, programs, and laws.		
3.3.B	Build capacity to address inequities in health, including those related to gender and ethnicity, and to ensure human rights-based approaches to health, using existing and new modalities.		
3.3.C	Generate and publish evidence, methodologies, and other technical documents on gender, equity, human rights, and ethnicity in relation to health.		
Outcome (OCM)			
3.3	Increased country capacity to integrate gender, equity, human rights, and ethnicity in health		
Outputs (OPT)			
3.3.1	**Gender, equity, human rights, and ethnicity integrated into PAHO program areas**		
	OPT Indicator: Proportion of PAHO program areas integrating gender, equity, human rights, and ethnicity into operational planning	Baseline (2017) 85%	Target (2019) 90%
3.3.2	**Countries enabled to implement and monitor health policies/plans and/or laws that address gender equality**		
	OPT Indicator: Number of countries and territories implementing health policies/plans that address gender equality	Baseline (2017) 14	Target (2019) 20
3.3.3	**Countries enabled to implement health policies/plans and/or laws to address human rights needs**		
	OPT Indicator: Number of countries and territories using human rights norms and standards to formulate policies, plans, or legislation	Baseline (2017) 33	Target (2019) 35
3.3.4	**Countries enabled to implement health policies/plans and/or laws to address equity in health**		
	OPT Indicator: Number of countries and territories implementing health policies/plans or laws that address health equity	Baseline (2017) 25	Target (2019) 27
3.3.5	**Countries enabled to implement health policies/plans and/or laws to address ethnicity**		
	OPT Indicator: Number of countries and territories implementing health policies/plans or laws that address ethnicity	Baseline (2017) 23	Target (2019) 33

3.4 Social Determinants of Health

Key Technical Cooperation Interventions			
3.4.A	Implement the Regional Plan of Action on Health in All Policies (HiAP).		
3.4.B	Strengthen the Inter-American Healthy Habitat Network.		
3.4.C	Develop a regional strategy on health promotion to be adopted by Member States.		
3.4.D	Support Member States in establishing national and international networks of Healthy Cities to support implementation of the Regional Plan of Action on HiAP.		
3.4.E	Strengthen healthy settings networks of schools, universities, and urban parks.		
3.4.F	Implement PAHO's corporate strategy on the Sustainable Development Goals agenda.		
3.4.G	Monitor health inequalities and generate updated country health equity profiles.		
3.4.H	Strengthen national institutional capacity to implement the PAHO Plan of Action on Workers' Health 2015-2025.		
Outcome (OCM)			
3.4	Increased leadership of the health sector in addressing the social determinants of health		
Outputs (OPT)			
3.4.1	**Country capacity improved to develop policies and intersectoral actions for addressing the social determinants of health by using the Health in All Policies and Sustainable Development Goals frameworks**		
	OPT Indicator: Number of countries and territories implementing the Health in All Policies Framework for Country Action	Baseline (2017) 16	Target (2019) 20
3.4.2	**Countries enabled to generate equity profiles to address the social determinants of health under the Sustainable Development Goals framework**		
	OPT Indicator: Number of countries and territories producing equity profiles that address at least two social determinants of health	Baseline (2017) 17	Target (2019) 20
3.4.3	**Countries enabled to scale up local experiences using health promotion strategies to reduce health inequity and enhance community participation of health promoting networks**		
	OPT Indicator: Number of countries and territories implementing health promotion strategies to reduce health inequities and increase community participation of health promoting networks	Baseline (2017) 20	Target (2019) 24
3.4.4	**Countries enabled to address the 2030 Agenda for Sustainable Development, responding to the social determinants of health**		
	OPT Indicator: Number of countries and territories integrating the Sustainable Development Goals into their national planning processes	Baseline (2017) 16	Target (2019) 22
3.4.5	**PAHO enhanced capacity for measuring and monitoring equity, gender equality, human rights, ethnicity and social determinants**		
	OPT Indicator 3.4.5a: Number of PAHO program areas (with a programmatic orientation) using health inequality monitoring instruments for reporting disaggregated data	Baseline (2017) 2	Target (2019) 3
	OPT Indicator 3.4.5b: Number of PAHO reports on regional trends in social determinants of health and in the actions to address them, and on the progress made therewith	Baseline (2017) 2	Target (2019) 4

3.5 Health and the Environment

Key Technical Cooperation Interventions	
3.5.A	Increase institutional capacities and professional competencies in environmental and occupational health, particularly on climate change mitigation and adaptation, ambient and indoor air pollution, and chemical safety.
3.5.B	Build capacity to address the risk for water and sanitation management through the promotion of water safety and sanitation safety plans.
3.5.C	Monitor the implementation of the PAHO Plan of Action on Workers' Health, the Strategy and Plan of Action on Climate Change, chemical agreements, and other related World Health Assembly resolutions.
3.5.D	Monitor progress toward the environmental, water and sanitation, and occupational health targets of the SDGs and strengthen capacity at country level.
3.5.E	Improve environmental health surveillance systems; strengthen national policies, plans, and programs on environmental health; strengthen the capacity for environmental health risk assessments, including for emergencies and disease outbreaks; and implement the WHO Resolution WHA68.8, Health and the environment: addressing the health impact of air pollution.
3.5.F	Implement Resolution WHA69.4, The Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 Goal and Beyond; disseminate and implement the PAHO Plan of Action on Workers' Health; report on implementation of the Regional Strategy and Plan of Action on Climate Change.
3.5.G	Provide training to countries on global environmental change; strengthen country capacity to promote clean energy use in households and in health facilities; develop a course on pesticides for the PAHO Virtual Campus on Public Health; and produce reports on the Minamata Convention on Mercury and the Global Alliance to Eliminate Lead Paint.
Outcome (OCM)	
3.5	Reduced environmental and occupational threats to health
Outputs (OPT)	
3.5.1	**Countries enabled to assess health risks and develop and implement policies, strategies, and regulations for the prevention, mitigation, and management of the health impact of environmental risks** OPT Indicator: Number of countries with national monitoring systems in place to evaluate, control, and monitor health risks from inadequate water and sanitation — Baseline (2017) 20 — Target (2019) 24
3.5.2	**Countries enabled to develop and implement norms, standards, and guidelines for environmental health risks and benefits associated with air quality and chemical safety** OPT Indicator 3.5.2a: Number of countries and territories implementing WHO Resolution WHA68.8, Health and the environment: addressing the health impact of air pollution — Baseline (2017) 5 — Target (2019) 8 OPT Indicator 3.5.2b: Number of countries and territories with policies, strategies, plans, and/or programs that address Resolution WHA69.4, The Role of the Health Sector in the Strategic Approach to International Chemicals Management towards the 2020 Goal and Beyond — Baseline (2017) 4 — Target (2019) 8
3.5.3	**Countries enabled to implement the PAHO Plan of Action on Workers' Health 2015-2025** OPT Indicator 3.5.3a: Number of countries and territories developing and implementing national policies, plans, and programs on workers' health with emphasis on critical sectors as defined in the Plan of Action — Baseline (2017) 5 — Target (2019) 10 OPT Indicator 3.5.3b: Number of countries and territories with an occupational carcinogen exposure (CAREX) matrix and active national information systems on occupational injuries and diseases — Baseline (2017) 9 — Target (2019) 16

3.5 Health and the Environment (continued)

Outputs (OPT)			
3.5.4	**Implementation of the PAHO Strategy and Plan of Action on Climate Change**		
	OPT Indicator: Number of countries and territories implementing the PAHO/WHO strategy, plan of action, and adaptation plans on climate change	Baseline (2017) 16	Target (2019) 18
3.5.5	**Countries enabled to develop and implement national policies, plans, or programs to reduce the use of solid fuels for cooking**		
	OPT Indicator: Number of countries with active policies, plans of action, and programs to replace traditional cookstoves and heaters with cleaner technologies and fuels to reduce household emissions from the use of solid fuels for cooking and heating in compliance with the WHO indoor air quality guidelines	Baseline (2017) 6	Target (2019) 8
3.5.6	**Countries enabled to meet their public health-related obligations in the implementation of multilateral agreements, conventions, or initiatives on the environment**		
	OPT Indicator 3.5.6a: Number of countries that have included public health considerations within their national strategies to support the ratification and implementation of the Minamata Convention, based on PAHO/WHO input	Baseline (2017) 3	Target (2019) 12
	OPT Indicator 3.5.6b: Number of countries that have included public health considerations in relation to mitigation within their nationally determined contributions to the implementation of the Paris Agreement	Baseline (2017) 6	Target (2019) 13

Category 4 - Health Systems

Strengthening health systems based on primary care; focusing health governance and financing toward progressive realization of universal access to health and universal health coverage; organizing people-centered, integrated service delivery; promoting access to and rational use of health technologies; strengthening health information and research systems and the integration of evidence into health policies and health care; facilitating transfer of knowledge and technologies; and developing human resources for health.

Regional Situation Analysis and Collective Approaches

127. Countries have made significant improvement in this category in alignment with the Strategy for Universal Access to Health and Universal Health Coverage adopted by the 53rd PAHO Directing Council in 2014. This includes the development of national roadmaps toward universal access to health and universal health coverage ("universal health") that expand access to services through primary care within Integrated Health Service Delivery Networks; the development of comprehensive financing strategies in countries; the realignment of policies on human resources for health that meet the existing needs of health systems and services; and access to safe, efficacious, and quality medicines and health technologies, according to the health needs of the population. However, despite progress made in this regard, many challenges remain.

128. Millions of people in the Americas lack access to comprehensive health services that would allow them to live healthy lives and prevent disease. Currently, some 30% of people in the Americas are unable to access health care for financial reasons, and 21% are unable to do so because of geographic barriers. Those most affected by this lack of access include people living in conditions of vulnerability, children, women, older adults, members of the LGBT community, migrants, ethnic minorities, and people living in poverty.

129. Noncommunicable diseases, principally cardiovascular diseases, cancer, diabetes, and chronic respiratory disease, together with their four shared risk factors of tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol, are responsible for more than 80 percent of all deaths in the Americas. In addition, mortality and prolonged disability associated with NCDs have a significant economic impact on households, industries, and societies because of health services expenditures as well as losses in income, productivity, and capital. It has been estimated that NCDs will lead to a $7 trillion loss to the economies of low- and middle-income countries globally during 2011-2025, constituting an average of $500 billion per year, equivalent to 4% of the current annual output of these countries. NCD treatment, characterized by intensive consumption of health services and technologies, including high-cost medicines, represents a challenge to health systems sustainability. This epidemic poses a very real threat of overwhelming our health systems. Equity considerations persist, as evidence suggests that mortality rates for these conditions are higher among the poor. The likely explanation is twofold: the poor have less access to comprehensive health services, including health promotion services, and the health and well-being of the poor is disproportionately affected by other social determinants of health.

130. In most countries of the Region, health care models often do not respond appropriately to the different health needs of people and communities. The model of care in some countries is based on episodic care of acute conditions in hospital centers, often

with excessive use of technologies and specialized physicians. In general, response capacity and the organization of services, especially at the first level of care, continue to be limited, despite advances. For the most part they do not respond to emerging health needs, especially the ever-growing needs of an aging population and the growing burden of noncommunicable diseases throughout the Region.

131. Addressing these challenges is the main goal of the universal health strategy. This strategy defines the conditions that will enable countries to focus and evaluate their policies and measure their progress toward universal access to health and universal health coverage. It recognizes that each country has the capacity to establish its own action plan, considering its own context and future health challenges. Ensuring full implementation of these national actions plans constitutes the core priority area of work for Category 4 during the 2018-2019 biennium.

132. Countries need to review their national laws in order to build or strengthen adequate frameworks to sustain universal health, including the overall legal frameworks for health governance and financing; national health policies, strategies, and plans; and the regulatory framework used to evaluate the fulfillment of their commitments set out in international human rights instruments and PAHO/WHO resolutions, in accordance with the lines of action of the Strategy on Health-Related Law (Resolution CD54.R9 [2015]).

133. Governments increasingly recognize that incorporating digital health is a priority for health systems development. Additional complementary key inputs for all levels of the health system include scientific evidence and other forms of knowledge, such as health information, and their integration into decision-making processes (e.g., evidence-based health care, evidence-informed policy making).

134. The effectiveness of health information systems needs to be reviewed and updated to guarantee robust and consistent underlying mechanisms for data governance and supporting policies and legislation designed to facilitate the collection and use of health-related data collected from the health sector and from other sources. Countries' capacities vary in terms of how effectively they utilize data to identify the causes of health problems and exacerbating factors in order to formulate appropriate policy options and effective and efficient strategies in response to these challenges. Non-State stakeholders are increasingly recognized as joint partners in endeavors to build a more complete understanding of the current health situation at different levels within each country and territory. Community partners will need to play a more active role in the generation and dissemination of evidence to better guide actions.

135. Given the emergence of new information and communication technologies (ICT), together with the rapid growth in the quantity and diversity of health-related data, countries need better capacities and systems for data management. These systems must be able to harness newly available data of the traditional structured kind as well as unstructured data from previously untapped sources. The adoption of digital health services in the Americas has led to major advances, including creation of knowledge networks and development of information sources, establishment of eHealth sustainability models, provision of support for the development of electronic health records, promotion of standards on health data and related technologies that optimize exchange of information, increased use of mobile devices to improve health, and improvement in the quality of care through telemedicine. The development and implementation of national eHealth strategies will continue to be critical for realizing the health benefits offered by new information technologies.

136. The health workforce is also a key political actor, with enough power to change the way health policies are formulated and applied. Investing in human resources for health should be considered as an investment for development, employment, and economic growth. There can be no effective health care system that provides high-quality services without an adequate supply of trained staff to deliver them.

137. Category 4 is focused on the following areas for 2018-2019: development of national plans, policies, and strategies aligned with the strategic lines of action of the regional universal health strategy; strengthening information systems to increase countries' capacity to monitor and evaluate progress toward universal health; improving the response capacity of the first level of care articulated within Integrated Health Service Delivery Networks and quality of care and patient safety; promotion of access to and rational use of safe, effective, and quality medicines, medical products, and health technologies; advances in the development and implementation of the regional strategy on human resources for health; and advocacy, strategic alliances, and leading research agendas to support Member States in efforts to achieve the Sustainable Development Goals and universal health and to integrate health in all policies.

Addressing the Health-related Sustainable Development Goals

138. The Sustainable Development Goals present the Region with an opportunity to continue its progress toward universal health, as highlighted in SDG 3. In particular, target 3.8 speaks to the need to achieve universal health coverage, including financial protection, access to quality essential health-care services, and access to essential medicines. In addition, SDG 3 recognizes that the current and growing epidemic of NCDs will undermine efforts to advance toward universal health; target 3.4 calls on countries to "reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being." Universal, comprehensive services must encompass health promotion and prevention as well as early diagnosis, treatment, and rehabilitation services for NCDs. Beyond the explicitly health-related SDG 3, a focused effort on all 17 goals is necessary if we are to advance toward universal access to health and universal health coverage. The PASB will continue to work with Member States to build capacity within countries to support the achievement of universal health and to ensure healthy lives for all at all ages through a concerted effort to address the social determinants of health, including by strengthening health systems.

139. The global community has recognized that countries require better and disaggregated data to meet the 13 targets for SDG 3. Accordingly, the PASB will support Member States in their efforts to build health information systems that are more robust and better managed, with greater interoperability. Traditional health data should be complemented by information from nontraditional sources that may not necessarily be directly health-related. The aim is to produce data that is "high-quality, accessible, timely, reliable and disaggregated by income, sex, age, race, ethnicity, migration status, disability and geographic location and other characteristics relevant in national contexts," as detailed in UN Resolution A/RES/70/1, which ushered in the 2030 Agenda for Sustainable Development.

140. This will require an intensification of the PASB's current technical cooperation for strengthening information systems for health that will enable Member States to collect, process, and analyze health data for better decision- and policy-making, as well as resource allocation. This support will encompass support for improving the quality and coverage of vital and health statistics, reinforcing information systems for health through better policy, processes, and other areas, among other interventions aimed to facilitate the monitoring of targets set for the health-related SDGs.

Addressing the Cross-Cutting Themes

141. Health systems and services are the means to combat disease, promote physical and mental health, and lengthen life. They must guarantee the right to health without discrimination of any kind. They are also a means to promote social and economic development. Building and maintaining strong health systems, with comprehensive and integrated quality health services based on primary health care, is the way to achieve and sustain better health outcomes. Inter-programmatic work and intersectoral collaboration are inherent parts of the universal health strategy. Constraints at the system and service levels can make it difficult to improve health outcomes, and understanding and addressing these constraints requires dialogue and collaboration with experts in all other areas of work. Improving health outcomes with equity requires application of the human rights, gender, and cultural diversity approaches in the development of health systems and above all in assessing their performance.

142. Integration of services across the whole health care continuum and better links between medical, social, and long-term care offer significant benefits in addressing communicable and noncommunicable diseases, maternal and child health, and the health of aging populations. The growing burden of noncommunicable diseases will have devastating health consequences for individuals, families, and communities and threatens to overwhelm health systems.

143. Recent disease outbreaks of public health concern, such as the spread of Zika and Ebola virus disease, have demonstrated the acute impact that such outbreaks can have on the health system, and in particular the demand for integrated and emergency health services. Public health emergencies, disasters, neglected diseases, and emerging threats to population health require responsive health systems. Multisectoral actions are needed to ensure that health systems can respond to future health emergencies, absorb shocks, and adapt to changing demands. Countries need to take action and make the necessary investments to build health systems that are strong and resilient.

144. Human migration poses one of the greatest public health challenges worldwide. In the Americas, there are approximately 61.4 million international migrants; more than 85% of them (about 53 million) live in North America, with the remaining 15% residing in Latin America and the Caribbean. The relationship between migration and health conditions varies from one migratory group to another as a function of differing vulnerability, ethnicity, gender, place of origin, and destination. Various factors expose migrants to greater risk of work-related injury, sexual abuse, violence, drug abuse, and psychological disorders, as well as infectious diseases such as sexually transmitted diseases, HIV/AIDS, tuberculosis, and hepatitis. Inter-programmatic and intersectoral work is critical to reduce migrants' health risks.

Risks

145. Main programmatic risks that may affect the achievement of results under Category 4 include:

a). Reduction of external funding from donors, and/or a slowing of national economic growth rates resulting in limited fiscal space to increase public health expenditure, compromise the sustainability of equity-enhancing public policies. Innovative papers and a proposal on the expansion of fiscal space and financing efficiencies are moving forward as a result of high-level dialogue on health financing and fiscal space with the OAS, the International Monetary Fund, and the World Bank, among others.

b). The persistence of segmentation continues to hinder the efficiency of the health care delivery system and erodes its potential to reduce exclusion. Even though a number of countries are taking important steps to reduce segmentation within health systems, the impact of these actions will not be seen for a number of years, given the complexity of the processes involved.

c). The persistence of fragmentation in health services limits the achievement of more equitable health results better aligned with people's needs and expectations.

d). Investments in technology and infrastructure continue to be made without proper assessments and evaluation of needs, despite efforts to strengthen governance and actions in evidence-based decision making. A number of new and high-cost strategic health products have been introduced into the Region, which when incorporated within health system will impact health care costs significantly.

e). Countries continue to be affected by shortages of human resources for health. However, countries are taking steps to strengthen planning and programming in this area, ensuring a more effective articulation of the planning process with other sectors such as labor and education. As costs within health care systems continue to increase, in particular because of requirements for secondary and tertiary care, countries are beginning to shift focus toward investment in the primary care level. Skilled human resources for primary care, including community health workers, will be critical to continue mitigation in this regard.

Budget by program area (US$)

Program Area		Proposed Budget	Priority Tier
4.1	Health governance and financing; national health policies, strategies, and plans	19,300,000	1 - High
4.2	People-centered, integrated, quality health services	17,300,000	1 - High
4.3	Access to medical products and strengthening of regulatory capacity	28,400,000	2 - Medium
4.4	Health systems information and evidence	35,400,000	1 - High
4.5	Human resources for health	18,000,000	1 - High
	Category - Total	**118,400,000**	

Key Interventions, Outcomes, and Outputs

4.1 Health Governance and Financing; National Health Policies, Strategies, and Plans

Key Technical Cooperation Interventions			
4.1.A	Work with countries to strengthen their health systems with a focus on stewardship and governance. This support will target the revision or development of national health policies, strategies, and plans, including the financing component, in a manner consistent with the progressive realization of universal health; facilitate social dialogue, intersectoral action, and advocacy with ministries of finance and other financial institutions, the private sector, and society at large; strengthen public health functions; and support the monitoring and evaluation of progress toward universal health.		
4.1.B	Strengthen legislative and regulatory frameworks required to support reforms that are consistent with countries' efforts to advance toward universal health. Particular attention will be given to countries' efforts to advocate and develop actions to increase fiscal space for health. The PASB will also help strengthen legislative and regulatory frameworks required to support reforms or consolidate achievements that are consistent with countries' efforts to advance toward universal health.		
4.1.C	Develop tools, capacities, and evidence, and promote the exchange of experiences, to address implementation issues identified by countries in key areas of health system strengthening, such as the definition, costing, and implementation of comprehensive services to be expanded progressively; the integration of policy options to reduce segmentation and fragmentation; the increase in public financing and efficiencies; and the improvement of financial protection in health.		
4.1.D	Promote comparative legal analysis and exchange of best practices between Member States to help them advance toward achievement of universal health, using tools such as manuals, model legislation, and databases, among others, and build capacities on health-related law in the national authorities, including the legislative branch, on these subjects.		
Outcome (OCM)			
4.1	Increased national capacity for achieving universal access to health and universal health coverage		
Outputs (OPT)			
4.1.1	**Countries enabled to develop comprehensive national health policies, strategies, and/or plans, including for universal access to health and universal health coverage**		
	OPT Indicator: Number of countries and territories that have a national health sector plan or strategy with defined goals/targets revised within the last five years	Baseline (2017) 25	Target (2019) 30
4.1.2	**Countries enabled to develop and implement financial strategies for universal access to health and universal health coverage**		
	OPT Indicator: Number of countries and territories that have financial strategies for universal access to health and universal health coverage	Baseline (2017) 20	Target (2019) 25
4.1.3	**Countries enabled to develop and implement legislative and regulatory frameworks for universal access to health and universal health coverage**		
	OPT Indicator: Number of countries and territories that have legislative or regulatory frameworks to support universal access to health and universal health coverage	Baseline (2017) 23	Target (2019) 27
4.1.4	**Countries enabled to monitor and evaluate health systems and service indicators related to universal access to health and universal health coverage**		
	OPT Indicator: Number of countries and territories that have analyzed and reported progress toward universal access to health and universal health coverage using the framework for monitoring and evaluation	Baseline (2017) 9	Target (2019) 16
4.1.5	**Countries enabled to develop and implement HRH policies and/or plans and health workforce strategies to achieve universal access to health and universal health coverage**		
	OPT Indicator: Number of countries and territories with an HRH action plan or strategy aligned with policies for universal access to health and universal health coverage	Baseline (2017) 14	Target (2019) 20

4.2 People-Centered, Integrated, Quality Health Services

Key Technical Cooperation Interventions	
4.2.A	Continue to focus on increasing access to people-centered, integrated services, with special attention to unmet needs and groups in conditions of vulnerability. This will be done by providing support for the implementation of the Integrated Health Service Delivery Networks (IHSDNs) initiative and the Regional Agenda for Hospitals in IHSDNs, as well as updating the Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety, which was approved by the 27th Pan American Sanitary Conference in 2012. Emphasis will be given to interventions aimed at increasing the resolution capacity of the first level of care, the integration of priority programs (NCDs, HIV, TB, maternal and child health, and Expanded Program on Immunization) in health care delivery, and the development of programs and interventions that allow individuals to better understand their rights and responsibilities in health and empower them to take an active part in their health care.
4.2.B	Develop tools, capacities, and evidence, and promote the exchange of experiences, for the implementation of changes to or reorientation of health care delivery to address critical issues such as model of care, management of service delivery, and payment mechanisms.
4.2.C	Build capacities for health system preparedness and response to outbreaks and natural disasters, thus increasing the resilience of the health system. Support will be provided for the integration of actions in the core policy areas of health system strengthening, social determinants of health, risk reduction, public health surveillance, and disease outbreak management, implemented within the framework of national sustainable development objectives.
Outcome (OCM)	
4.2	Increased access to people-centered, integrated, quality health services
Outputs (OPT)	
4.2.1	**Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery and strengthening of public health approaches** OPT Indicator: Number of countries and territories implementing Integrated Health Service Delivery Networks (IHSDNs) — Baseline (2017) 25 — Target (2019) 30
4.2.2	**Countries enabled to improve quality of care and patient safety in accordance with PAHO/WHO guidelines** OPT Indicator: Number of countries and territories implementing national strategies and/or plans for quality of care and patient safety — Baseline (2017) 21 — Target (2019) 26

4.3 Access to Medical Products and Strengthening of Regulatory Capacity

Key Technical Cooperation Interventions			
4.3.A	Promote access to and rational use of quality, safe, and cost-effective medicines and other health technologies, including those of high cost, through integrated health services based on primary health care (PHC). Efforts will focus on strengthening governance and the development, implementation, monitoring, and evaluation of national policies on access, quality, and use of medicines and other health technologies. Moreover, cooperation for the strengthening of country and subregional regulatory capacity will be provided. In addition, countries will also be able to access quality, affordable health technologies through regional procurement mechanisms.		
4.3.B	Implement the WHO Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, based on the global evaluation of this strategy. This program area will support the development of processes and mechanisms for assessment, incorporation, management, and rational use of medicines and other health technologies. The overall technical cooperation approach will be comprehensive, aimed at strengthening national health systems' capacities to manage and oversee the entire health technologies life cycle, from development of policy and legal frameworks to activities to improve supply chain management practices and use.		
Outcome (OCM)			
4.3	Improved access to and rational use of safe, effective, and quality medicines, medical products, and health technologies		
Outputs (OPT)			
4.3.1	**Countries enabled to develop/update, implement, monitor, and evaluate national policies for better access to medicines and other health technologies**		
	OPT Indicator: Number of countries and territories with national policies on access, quality, and use of medicines and other health technologies updated within the last five years	Baseline (2017) 10	Target (2019) 13
4.3.2	**Implementation of the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property**		
	OPT Indicator: Number of countries and territories reporting access and innovation indicators through the PAHO Regional Platform on Access and Innovation for Health Technologies (PRAIS) Observatory	Baseline (2017) 6	Target (2019) 18
4.3.3	**Countries enabled to assess their national regulatory capacity for medicines and other health technologies**		
	OPT Indicator: Number of countries and territories that have conducted an assessment of their regulatory functions for at least three of the following: medicines, medical devices, radiation safety, blood safety, and organ transplantations	Baseline (2017) 14	Target (2019) 17
4.3.4	**Countries enabled to implement processes and mechanisms for health technologies assessment, incorporation, and management, and for rational use of medicines and other health technologies**		
	OPT Indicator: Number of countries and territories with mechanisms for health technologies assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies	Baseline (2017) 12	Target (2019) 17

4.4 Health Systems Information and Evidence

Key Technical Cooperation Interventions			
4.4.A	Support countries in developing and/or reinforcing their information systems for health, in areas ranging from data management to recommended policies and other considerations for utilizing health data from all relevant sectors. Efforts will also entail support to strengthen capacities and standards relevant for analysis and research in areas related to health. The PASB will base its work and technical support on the best available research evidence and produce evidence-informed guidelines and recommendations. Results from public health practice will continue to be monitored and assessed through the selected Strategic Plan 2014–2019 impact indicators.		
4.4.B	Develop guidelines and tools to adopt and implement digital services that will make it possible to improve access to, expand coverage of, and increase financial efficiency for health care systems in the Region. Among other topics, progress will continue on issues related to digital health governance, mHealth, unique patient identifiers that incorporate all electronic services, and a proposal for a common framework for a standard or minimum dataset to facilitate the exchange of information between systems.		
Outcome (OCM)			
4.4	All countries have functioning health information and health research systems		
Outputs (OPT)			
4.4.1	**Comprehensive monitoring of the global, regional, and country health situation, trends, inequalities, and determinants, using global standards, including data collection and analysis to address data gaps and system performance assessment**		
	OPT Indicator: Number of countries that have produced a comprehensive health situation and trends assessment during 2018-2019	Baseline (2017) 35	Target (2019) 35
4.4.2	**Implementation of the regional Strategy and Plan of Action on eHealth**		
	OPT Indicator: Number of countries and territories implementing an eHealth strategy	Baseline (2017) 19	Target (2019) 25
4.4.3	**Implementation of the regional Strategy and Plan of Action on Knowledge Management and Communications**		
	OPT Indicator: Number of countries and territories implementing the regional Strategy and Plan of Action on Knowledge Management and Communication	Baseline (2017) 14	Target (2019) 19
4.4.4	**Countries enabled to address priority ethical issues related to public health and research for health**		
	OPT Indicator: Number of countries and territories with accountability mechanisms to review research or incorporate ethics into public health	Baseline (2017) 12	Target (2019) 16
4.4.5	**Implementation of the PAHO Policy on Research for Health**		
	OPT Indicator: Number of countries and territories implementing the PAHO Policy on Research for Health	Baseline (2017) 18	Target (2019) 21
4.4.6	**Countries enabled to strengthen their capacity to generate and apply scientific evidence**		
	OPT Indicator: Number of countries and territories integrating scientific evidence into practice, programs, or policies using standardized methodologies	Baseline (2017) 12	Target (2019) 15
4.4.7	**PAHO health information systems enhanced to facilitate analysis of information from Member States and the PASB to facilitate monitoring of regional and national targets in line with the Organization's commitments and mandates**		
	OPT Indicator: Platforms in place to facilitate monitoring and reporting of the Strategic Plan impact indicators and the Sustainable Development Goals health targets.	Baseline (2017) Yes	Target (2019) Yes

4.5 Human Resources for Health

Key Technical Cooperation Interventions	
4.5.A	Develop and implement human resources for health (HRH) policies and plans in order to advance toward universal health and address the population's current and future health needs. The Regional Strategy on Human Resources for Universal Health will be presented during the 28th Pan American Sanitary Conference in order to provide technical guidance to countries on the governance and stewardship of HRH; on developing capacities to expand access and health coverage that incorporates equity and quality considerations; and on reorienting the education sector to respond to the needs of health systems, aligned with the universal health strategy.
4.5.B	Work with the health sector and the educational sector, including academic institutions, to reorient health professions education toward improved social accountability and primary health care. Countries will receive support for developing and implementing innovative strategies to improve working conditions of the public health, managerial, and clinical health workforce.
Outcome (OCM)	
4.5	Adequate availability of a competent, culturally appropriate, well regulated, well distributed, and fairly treated health workforce
Outputs (OPT)	
4.5.1	**Countries that are developing an HRH information system integrated into their health information system with distribution of health personnel, particularly at the primary health care level** OPT Indicator: Number of countries and territories that are developing an integrated HRH information system — Baseline (2017) 14 — Target (2019) 18
4.5.2	**Countries that promote national policies oriented to the transformation of health education aligned with universal access to health and universal health coverage and the social mission of academic institutions** OPT Indicator: Number of countries with national policies and incentives for academic institutions to define social missions or/and offer study programs oriented toward universal access to health and universal health coverage — Baseline (2017) 18 — Target (2019) 23
4.5.3	**Countries and territories enabled to develop and implement innovative strategies and technologies for development of lifelong-learning education programs that include inter-professional education to improve the skills of health personnel in public health and clinical management areas** OPT Indicator: Number of countries and territories that have continuing education strategies and programs for health personnel oriented toward public health and clinical management areas through the Virtual Campus on Public Health or equivalent e-learning networks — Baseline (2017) 18 — Target (2019) 23

Category 5 - Health Emergencies

Reducing mortality, morbidity, and societal disruption resulting from emergencies and disasters through the detection, management, and mitigation of high-threat pathogens, together with all-hazards risk reduction, preparedness, response, and early recovery activities that build resilience and use a multisectoral approach to contribute to health security.

Regional Situation Analysis and Collective Approaches

146. Climate change, urbanization, globalization, and an intensification of civil conflicts are increasing the frequency and severity of emergencies with health consequences. An outbreak of even a limited number of cases can spark high levels of concern and activity, while large-scale emergencies cause widespread death and suffering. Irrespective of the hazard, emergencies disproportionately affect the poorest and most vulnerable people. The resulting economic cost averages billions of dollars per year, and the vast majority of health emergencies and disease outbreaks with high morbidity and mortality occur in less developed countries with limited capacity to prepare for and respond effectively to them. The appropriate and timely management of risk requires effective national and international capacities and collaboration.

147. This category focuses on strengthening capacities to carry out prevention, risk reduction, preparedness, surveillance, response, and early recovery for emergencies and disasters related to any hazard (natural, human-made, biological, chemical, radiological, and others), and, when national capacities are overwhelmed, to lead and coordinate the international health response to contain disasters, including outbreaks, and to provide effective relief and recovery to affected populations.

148. A pyramid conceptual framework provides a high-level vision for PAHO's support to Member Countries in this category. At its foundation are strong health systems in the most vulnerable countries. These provide the base on which to build all-hazards emergency mitigation, preparedness, and response capacities; develop long-term interagency strategies to prevent and control infectious diseases; and utilize a strong, resourced, and efficient detection, risk assessment, and response arm that projects PAHO and partner capacities for maximum impact in support of national health authorities.

Addressing the Health-related Sustainable Development Goals

149. Category 5 makes particularly strong contributions to SDG 3, specifically target 3.3, which calls for combating communicable diseases. The surveillance and control of these diseases is a major aspect of PAHO's response to humanitarian emergencies and of its mandates under the International Health Regulations (IHR) of 2005. The Organization's contribution includes expert guidance on the surveillance, prevention, and control of high-risk diseases of pandemic and epidemic potential (e.g., viral hemorrhagic fevers, influenza and coronaviruses, arthropod-borne viruses, and bacterial diseases) through forecasting, characterization of diseases /infectious risks, and development of evidence-based strategies to predict, prevent, detect, and respond to infectious hazards. Expert guidance is also provided on the management of diarrheal diseases, vaccine-preventable diseases, malaria, dengue, viral hepatitis, tuberculosis, and HIV infection in humanitarian disaster settings.

150. Fundamentally, SDG 11 on safe, resilient, and sustainable cities and settlements, specifically target 11.5 on reducing number of deaths and number of people affected by disasters, is the underlying goal of the PAHO Health Emergencies Program. The entire program of work to increase the health sector's resilience to emergencies and disasters therefore contributes to this SDG. Specifically, the Organization's contribution includes technical cooperation to strengthen the health sector's capacities in prevention, risk reduction, preparedness, surveillance, response, and early recovery for emergencies and disasters related to any hazard (natural, human-made, biological, chemical, radiological, and others) and, when national capacities are overwhelmed, to lead and coordinate the international health response to contain disasters, including outbreaks, and to provide effective relief and recovery to affected populations.

151. The work in this category around disaster risk management makes particularly significant contributions to SDG targets 9.4 (sustainable infrastructure), 13.1 (resilience and adaptive capacity to climate-related hazards and natural disasters), 13.2 (national climate change policies, strategies, and planning), and 13.3 (climate change mitigation, adaptation, impact reduction, and early warning). The activities implemented for risk reduction and for disaster preparedness, response, and recovery, and to comply with the IHR, directly strengthen the countries' resilience and capacity to adapt to climate-related hazards and natural disasters. The Safe Hospitals initiative and Smart Hospitals project, both of which had their genesis in PAHO, have now taken on global relevance as key innovative approaches for disaster risk reduction and climate change adaptation in the health sector.

Addressing the Cross-Cutting Themes

152. The principles of human rights, equity, gender and ethnic equality, sustainable development, human security, and accountability inform all of the Organization's emergency work. In times of disaster, collaboration is required with program areas addressing the life course, especially with respect to protection and continuous care of pregnant women, children, and the elderly. Elderly populations, in particular, may have reduced mobility and capacity to adapt. Gender roles require explicit consideration in emergency plans and programs. Moreover, risks are distributed along a social gradient, and interventions should especially consider those populations that are marginalized, culturally different, or in situations of vulnerability. The building of community resources to address emergencies is part of the participatory process that must inform a coherent State protection action.

Risks

153. Main programmatic risks that may affect the achievement of results under Category 5 include:

a). Weaknesses in verification mechanisms make it difficult to assess the actual achievement of the IHR core capacities, and States Parties have limited ability to maintain these capacities.
b). Insufficient priority is given by countries to this category of work, contributing to loss of funding, commitment and support by partners and stakeholders.
c). There is an inability to recruit strong technical staff at national and subnational levels to implement plans and apply the required information-gathering tools.
d). There is a failure to establish strong partnerships with other agencies involved in country-level emergency preparedness, alert, and response mechanisms.
e). Lack of consensus impedes the completion of an emergency and disaster risk management framework for health.
f). Political instability and deterioration in the security situation constrain operations within the health sector.
g). There is limited contribution by other categories of work and technical departments to surge and readiness activities.
h). There is confusion between short-term emergency preparedness/readiness interventions and longer-term development of core response capacities.
i). Ongoing planning and implementation efforts are derailed by the occurrence of health emergencies or disasters.
j). Different grades of preparedness across the Region jeopardize overall health security.
k). There is ineffective communication during times of emergency due to competing and conflicting messages between the political and technical levels.

Budget by program area (US$)

Program Area		Proposed Budget	Priority Tier
5.1	Infectious hazard management	13,800,000	3 - Low
5.2	Country health emergency preparedness and the International Health Regulations (2005)	16,600,000	1 - High
5.3	Health emergency information and risk assessment	6,500,000	3 - Low
5.4	Emergency operations	8,200,000	3 - Low
5.5	Emergency core services	6,300,000	N/A
5.6	Disaster risk reduction and special projects	5,000,000	2 - Medium
	Category - Total	**56,400,000**	

Key Interventions, Outcomes, and Outputs

5.1 Infectious Hazard Management

Key Technical Cooperation Interventions			
5.1.A	Improve the sharing of available knowledge and information on emerging and reemerging high-threat infectious hazards; enhance surveillance and response to epidemic diseases and work through networks to contribute to global mechanisms and processes, in accordance with IHR provisions. The PASB will also manage regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.		
5.1.B	Support countries in developing and maintaining the relevant components of their multi-hazard national preparedness plans designed to respond to major epidemics, including epidemiological surveillance, laboratory strengthening and networking, case management and infection control, and intersectoral coordination to address the needs of marginalized populations and those in vulnerable situations.		
5.1.C	Improve capacities for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface, to monitor their level of occurrence and enable a more effective response.		
5.1.D	Establish and maintain expert networks and interventions for epidemic surveillance and response: laboratory networks (viral and bacterial diseases, biosafety and biosecurity), clinical management networks, infection prevention and control networks, and epidemiological surveillance networks.		
Outcome (OCM)			
5.1	Countries' capacities strengthened to build resilience and adequate preparedness to mount a rapid, predictable, and effective response to major epidemics and pandemics		
Outputs (OPT)			
5.1.1	**Countries enabled to strengthen capacity to prevent and control high-threat infectious hazards**		
	OPT Indicator 5.1.1a: Number of strategies in place at PAHO for deployment and use of the most effective package of control measures, including management and logistics for stockpiles	Baseline (2017) 5	Target (2019) 10
	OPT Indicator 5.1.1b: Number of countries and territories with strategies in place to detect and respond to high-threat infectious hazards, with a focus on arboviruses	Baseline (2017) 14	Target (2019) 23
5.1.2	**Expert networks enabled to detect, characterize, and manage new or emerging high-threat infectious hazards**		
	OPT Indicator: Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to emerging and high-threat pathogens	Baseline (2017) 5	Target (2019) 10
5.1.3	**Countries enabled to improve capacities for surveillance, preparedness, and response to epidemic and pandemic threats, with a specific focus on implementing the Pandemic Influenza Preparedness Framework**		
	OPT Indicator: Number of countries and territories with an operational surveillance and response system for influenza and other respiratory viruses	Baseline (2017) 19	Target (2019) 23
5.1.4	**PAHO capacity enhanced for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface**		
	OPT Indicator: Number of tools implemented for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface	Baseline (2017) 0	Target (2019) 1

5.2 Country Health Emergency Preparedness and the International Health Regulations (2005)

Key Technical Cooperation Interventions			
5.2.A	Coordinate with National IHR Focal Points to review, analyze, and ensure adequate annual reporting on the implementation of the IHR (2005), conduct simulation exercises and after-action reviews as part of country assessments for the implementation of the IHR, and coordinate the voluntary independent assessment of country core capacities and implementation of the IHR.		
5.2.B	Incorporate the human security concept into country health plans to address root causes of the multiple, interrelated, and widespread threats that endanger the survival, livelihood, and dignity of people. PAHO will work to increase consistency between national-level protective measures and other State policies, local health care, and the empowerment of individuals and communities, especially those in situations of greatest vulnerability.		
5.2.C	Support countries' efforts to implement their national IHR plans and maintain their capacities. Emphasis will be placed on strengthening the national leadership roles of preparedness, monitoring, and response within the ministries of health; promoting the adoption of benchmarks for disaster preparedness; supporting the development and implementation of national multi-hazard preparedness and response plans; and implementation of actions to increase operational readiness in PAHO and among high-risk, vulnerable countries and partners.		
5.2.D	Enhance the PASB's capacity to monitor and coordinate emergency response, with strong focus on strengthening the PAHO Emergency Operations Center (EOC) and ensuring its continued and optimal operation. Concerted efforts also will be directed toward strengthening PAHO's response capacity, including its surge capacity response mechanisms, such as the regional health response team, to allow implementation of WHO's critical functions in humanitarian emergencies.		
Outcome (OCM)			
5.2	Countries have an all-hazards health emergency risk management program for a disaster-resilient health sector, with emphasis on vulnerable populations		
Outputs (OPT)			
5.2.1	**Countries enabled to monitor and evaluate their capacities for health emergency preparedness and IHR**		
	OPT Indicator 5.2.1a: Number of states parties completing annual reporting on the International Health Regulations (2005)	Baseline (2017) 35	Target (2019) 35
	OPT Indicator 5.2.1b: Number of countries with core capacities evaluated	Baseline (2017) 4	Target (2019) 10
	OPT Indicator 5.2.1c: Number of countries with national action plans developed for strengthening capacities	Baseline (2017) 14	Target (2019) 20
5.2.2	**Countries enabled to strengthen capacities for all-hazards health emergency preparedness and IHR**		
	OPT Indicator 5.2.2a: Number of countries and territories having in place all-hazards emergency risk management and preparedness critical capacities	Baseline (2017) 3	Target (2019) 20
	OPT Indicator 5.2.2b: Number of countries and territories that have conducted simulation exercises or after-action review	Baseline (2017) 8	Target (2019) 14
5.2.3	**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: Number of PAHO/WHO Representative Offices that meet minimum readiness criteria	Baseline (2017) 12	Target (2019) 27
5.2.4	**Standing capacity to provide secretariat support for implementation of the International Health Regulations (2005)**		
	OPT Indicator: Number of national focal points supported in implementation of the International Health Regulations (2005)	Baseline (2017) 26	Target (2019) 35

5.3 Health Emergency Information and Risk Assessment

Key Technical Cooperation Interventions			
5.3.A	Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. The PASB will focus its efforts on improving the evidence base in order to inform national and international decision making, thus contributing to timely risk assessments, response monitoring, and field investigations through the development of public health indicators for emergency events and technical cooperation to build data management and epidemiology capacities for emergency events.		
5.3.B	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, the PASB will initiate an on-site risk assessment within 72 hours. The PASB will also publish risk assessments for all public health events requiring publication for National IHR Focal Points on the Event Information Site (EIS) within 48 hours of the completion of the assessment.		
5.3.C	Establish data collection mechanisms to ensure accurate and timely monitoring of health outcomes and response operations for all graded and protracted emergencies. The PASB will provide a data management, analytics, and reporting platform to produce and disseminate timely standardized information products for all events, which will include updated situational analysis, risk assessment, and mapping of available health resources and response capacities.		
Outcome (OCM)			
5.3	PAHO capacities strengthened for timely situation analysis, risk assessment, and response monitoring of all major health threats and events		
Outputs (OPT)			
5.3.1	**Standing capacity to detect, verify, and assess the risk of potential and ongoing health emergencies**		
	OPT Indicator: Average number of days between Event Management System (EMS) and Event Information Site (EIS) posting for detected acute events of international public health importance	Baseline (2017) 10 days	Target (2019) 48 hours
5.3.2	**Mechanisms in place to ensure organizational capacity to monitor all ongoing health emergency operations**		
	OPT Indicator: Percentage of events for which a core set of health indicators is agreed for monitoring (outcome, risk, or health coverage) and for which health service mapping has been initiated within two weeks of grading	Baseline (2017) 80%	Target (2019) 90%
5.3.3	**Mechanisms in place to ensure organizational capacity to report on all ongoing health emergency operations**		
	OPT Indicator: 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 the Event Information Site (EIS) posting	Baseline (2017) 75%	Target (2019) 90%

5.4 Emergency Operations

Key Technical Cooperation Interventions	
5.4.A	Continue to build institutional capacity to be able to establish comprehensive incident management systems and coordinate the action of health emergency partners on the ground within 72 hours of grading for all graded risks and events, including the development of a strategic response and joint operations plan to guide response operations.
5.4.B	Ensure that effective partner coordination mechanisms are in place for all graded and protracted events at national and subnational levels to strengthen coordination during emergency response. Work will therefore support increased capacities for interoperable health emergency response through expansion and strengthening of operational partner networks, including Global Outbreak Alert and Response Network (GOARN), Emergency Medical Teams (EMT), and other mechanisms, ensuring increased interoperability among networks.
5.4.C	Promote the coordination, monitoring, and implementation of the Plan of Action for the Coordination of Humanitarian Assistance through the integration of actions by PASB program areas and networks. It will, among other efforts, support the updating and establishment of coordination procedures based on current systems and partnerships (subregional, regional, and global) for humanitarian health assistance in order to contribute to the prevention of mortality, morbidity, and disability caused by emergencies and disasters. This includes establishing efficient and effective response teams and adapted tools for the coordination of international humanitarian assistance in the health sector.
5.4.D	Update and develop technical standards, promote their application, and monitor implementation against standards. PAHO will 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.
Outcome (OCM)	
5.4	Improved access of emergency-affected populations to an essential package of life-saving health services
Outputs (OPT)	
5.4.1	**Incident management established for coordinated action in all graded and protracted health emergencies**

OPT Indicator 5.4.1a: Percentage of graded health emergencies in which an incident management system is established at country level within 72 hours	Baseline (2017) 100%	Target (2019) 100%
OPT Indicator 5.4.1b: Percentage of graded health emergencies in which a strategic response plan is developed with partners within 30 days	Baseline (2017) 80%	Target (2019) 100%

5.4.2	**Standing capacity to assist and coordinate the implementation of health operations to agreed standards through partner and WHO operational networks**

OPT Indicator 5.4.2a: Percentage of newly graded events for which a joint operations plan is developed with partners within 30 days	Baseline (2017) 80%	Target (2019) 100%
OPT Indicator 5.4.2b: Number of GOARN partners supporting alert, risk assessment, and response to public health events and emergencies	Baseline (2017) 25	Target (2019) 30
OPT Indicator 5.4.2c: Number of standby partners available to provide deployments in support of emergency operations	Baseline (2017) 3	Target (2019) 5
OPT Indicator 5.4.2d: Percentage of country Health Clusters with a dedicated, full-time Health Cluster Coordinator	Baseline (2017) 50%	Target (2019) 100%
OPT Indicator 5.4.2e: Number of emergency medical teams verified and/or mentored at regional level	Baseline (2017) 5	Target (2019) 15

5.4 Emergency Operations (continued)

Outputs (OPT)			
5.4.3	**Standing capacity to provide supplies and logistical services and operational support for all graded and protracted health emergencies**		
	OPT Indicator: Percentage of emergency events for which operational support and supplies are provided within one week	Baseline (2017) 100%	Target (2019) 100%
5.4.4	**Country capacity improved to develop policies and intersectoral actions for addressing humanitarian response in health**		
	OPT Indicator: Number of guidance documents developed to address priority health humanitarian aid policy/technical gaps, in collaboration with partners	Baseline (2017) 0	Target (2019) 1

5.5 Emergency Core Services

Key Technical Cooperation Interventions			
5.5.A	Strengthen core services for emergencies to ensure that management decisions rapidly trigger the seamless provision of services that meet emergency performance standards and facilitate emergency program operations. This is achieved both through the establishment of standard operating procedures, policies, guidelines, and standardized templates (building on lessons learned from previous response efforts and best practice from other operational partners) and through the ongoing review and assessment of performance in this area. These efforts are expected to lead to continuous improvement and contribute to the overall goal of business process excellence.		
Outcome (OCM)			
5.5	PAHO Health Emergencies Program well-resourced and efficient to support national health emergency programs		
Outputs (OPT)			
5.5.1	**Standing capacity to effectively manage and administer the Health Emergencies Program**		
	OPT Indicator 5.5.1a: Percentage of core budget available at midpoint of biennium	Baseline (2017) 75%	Target (2019) 75%
	OPT Indicator 5.5.1b: Percentage of graded and protracted emergencies in which initial funding of up to $500,000 is made available within 24 hours of grading	Baseline (2017) 100%	Target (2019) 100%
	OPT Indicator 5.5.1c: Percentage of graded and protracted emergencies in which PAHO rapid response teams are deployed within 72 hours of decision to deploy	Baseline (2017) 75%	Target (2019) 75%
	OPT Indicator 5.5.1d: Percentage of roster targets filled with internal and external preapproved roster members	Baseline (2017) 50%	Target (2019) 75%
5.5.2	**Standing capacity to disseminate health emergencies communications and secure sustainable financing in an accurate and timely manner**		
	OPT Indicator: Number of donors financially supporting the PAHO Health Emergencies Program through voluntary contributions over $1 million per biennium	Baseline (2017) 4	Target (2019) 7
5.5.3	**Standing capacity to provide effective leadership, planning, and performance management of the Health Emergencies Program**		
	OPT Indicator: Percentage grade obtained in the annual Emergency Program Performance Assessment	Baseline (2017) Data not currently measured	Target (2019) 70%

5.6 Disaster risk reduction and special projects

Key Technical Cooperation Interventions			
5.6.A	Promote and support 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 situations of greatest vulnerability.		
5.6.B	Coordinate implementation of the Plan of Action for Disaster Risk Reduction 2016-2021, which aims to protect the lives of patients and health workers, shield health equipment and supplies from disasters, and ensure that the health services continue operating effectively during and after emergencies and disasters in order to save lives, reduce disabilities, and enable the health sector to fulfill its continuing responsibilities.		
5.6.C	Implement special project on Smart Hospitals in the Caribbean. The purpose of the project is the incorporation of the most feasible climate-smart and safety standards in selected health facilities in the Caribbean to improve their resilience and reduce their impact on the environment. Expected results include enhanced safety standards, a reduction in down time and damage to hospitals from natural hazards, and a reduction in operating expenditures for water and energy. Hospital clients and staff should indicate an improvement in health care provided.		
5.6.D	Work with national authorities to implement a) special projects related to internally displaced populations in Colombia and neighboring countries, and b) projects for highly vulnerable countries, currently for Haiti and the Dominican Republic.		
Outcome (OCM)			
5.6	Countries have an all-hazards health emergency and disaster risk reduction program for a disaster-resilient health sector		
Outputs (OPT)			
5.6.1	**Countries enabled to improve the safety and security of integrated health services networks**		
	OPT Indicator: Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services	Baseline (2017) 28	Target (2019) 32
5.6.2	**Countries enabled to strengthen capacities for all-hazards disaster and emergency risk reduction for health**		
	OPT Indicator 5.6.1a: Number of countries and territories that have evaluated disaster and emergency risk in the health sector	Baseline (2017) 0	Target (2019) 25
	OPT Indicator 5.6.1b: Number of countries and territories with full-time staff assigned to disaster and emergency risk reduction	Baseline (2017) 15	Target (2019) 23
	OPT Indicator 5.6.1c: Number of countries and territories that have a sectoral mechanism for coordination, implementation, and monitoring of disaster and emergency risk management for health	Baseline (2017) 9	Target (2019) 12
5.6.3	**Countries enabled to implement most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment**		
	OPT Indicator: Number of countries and territories that include criteria for disaster mitigation and for adaptation to climate change in the planning, design, construction, and operation of health services	Baseline (2017) 2	Target (2019) 7

5.7 Outbreak and Crisis Response

Key Technical Cooperation Interventions			
5.7.A	Work with countries to ensure that emergency-affected populations have access to an essential package of life-saving health services.		
5.7.B	Establish comprehensive incident management systems and coordinate the action of health emergency partners on the ground within 72 hours of grading for all graded risks and events.		
5.7.C	Develop, with national authorities and partners, a strategic response and joint operations plan to guide response operations for all graded and protracted emergencies. In such settings, the PASB will aim to provide gap-filling, life-saving activities as a "provider of last resort."		
5.7.D	Provide operational support (including fleet, accommodation, facilities, security, and information and communications technology), ensure availability of medical supplies and equipment through effective supply chain management, and provide critical specialized health logistics services, as required, for all graded and protracted emergencies.		
Outcome (OCM)			
5.7	All countries adequately respond to threats and emergencies with public health consequences		
Outputs (OPT)			
5.7.1	**Countries enabled to prevent and control outbreaks in all emergencies and disasters with public health consequences**		
	OPT Indicator: Percentage of grade 2 and 3 emergencies in which PASB meets the performance standards related to Infectious Hazard Management (IHM)	Baseline (2017) n/a	Target (2019) 70%
5.7.2	**Countries enabled to increase access to essential health services in all emergencies and disasters with public health consequences**		
	OPT Indicator: Percentage of grade 2 and 3 emergencies in which PASB meets the performance standards related to Country Health Emergency Preparedness and IHR (CPI)	Baseline (2017) n/a	Target (2019) 70%
5.7.3	**Countries enabled to strengthen surveillance and health information in all emergencies and disasters with public health consequences**		
	OPT Indicator: Percentage of grade 2 and 3 emergencies in which PASB meets the performance standards related to Health Emergencies Information and Risk Assessment (HIM)	Baseline (2017) n/a	Target (2019) 70%
5.7.4	**Effective coordination and health operations support provided in all emergencies and disasters with public health consequences**		
	OPT Indicator: Percentage of grade 2 and 3 emergencies in which PASB meets the performance standards related to Emergency Operations (EMO)	Baseline (2017) n/a	Target (2019) 70%
5.7.5	**Implementation of OCR programme management in all emergencies and disasters with public health consequences**		
	OPT Indicator: Percentage of grade 2 and 3 emergencies in which PASB meets the performance standards related to Emergency Core Services	Baseline (2017) n/a	Target (2019) 70%

Category 6 - Leadership, Governance, and Enabling Functions

Fostering organizational leadership and governance and implementing the enabling functions that are required to maintain the integrity and efficient functioning of the Organization to deliver effectively on its mandates.

Regional Situation Analysis and Collective Approaches

154. PAHO's role as the leading multilateral health institution in the Americas is well recognized by Member States, in particular by ministries of health. Similarly, PAHO has strong relationships with nongovernmental organizations (NGOs) and others working in the health sector. However, in order for PAHO to be effective in the SDGs era, it must position itself as the lead convening agency for health development with partners outside the health sector. These non-health-specific partners include key government entities (ministries or other government agencies covering finance, planning, education, social security, water and sanitation, and justice, among others) as well as NGOs, civil society, and the private sector.

155. The new Sustainable Health Agenda for the Americas (SHAA) 2018-2030, under development in 2017, will define Member States' shared vision for health and well-being in the Region. It represents an opportunity to position health development at the highest political level in the Region in line with the 2030 Agenda for Sustainable Development. To support implementation of the Agenda, the PASB will work with Member States to strengthen planning, coordination, monitoring, and reporting, building and optimizing on existing strategies/plans and making use of health information and communication platforms.

156. Member States continue to demand accountability for performance, something PAHO has advanced greatly in 2016 through the 2014-2015 End-of-Biennium Joint Assessment conducted with PAHO Member States (see CD55/5, Report of the End-of-biennium Assessment of the Program and Budget 2014-2015/First Interim Report on the PAHO Strategic Plan 2014-2019). PAHO's focus will continue to be its impact at country level. PAHO is again including country budgets and programmatic highlights in Program and Budget 2018-2019, contributing to enhanced transparency and accountability. The 2018-2019 biennium will also be the first in which PAHO has presented programmatic and financial information through a public web portal, bringing information that was previously available through Governing Bodies documents (including programmatic and financial reports) to the public on a timely basis.

157. The Organization will continue to reinforce its country presence to provide more effective support to national health authorities in their efforts to craft health development strategies and plans. A renewed country focus strategy will be developed and implemented. The Organization will also scale up development of Country Cooperation Strategies (CCS), using the 2016 guide that enables the CCS to more fully address SDG targets within the framework of countries' national health policies, strategies, and plans, and encourages greater multisectoral collaboration and a more robust framework for monitoring and evaluation. The Organization will continue to strengthen its subregional technical cooperation program and advance cooperation and exchanges among countries and with subregional integration mechanisms within the framework of Cooperation among Countries for Health Development (CCHD).

158. Managerially, PAHO is in a strong position but must continue striving to improve. Several major areas will have to be addressed in the 2018-2019 biennium:

a) Continued consolidation of the gains in efficiency and transparency resulting from implementation of the PASB Management Information System (PMIS).
b) Enhancement of the PAHO compliance, risk management, and ethics functions, building on past success to ensure that PAHO manages its human and financial resources to the highest possible standard.
c) Full implementation of the People Strategy, PAHO's human resources plan to ensure the Organization is fit for purpose, attracting and retaining the highest-caliber staff.
d) Full implementation of PAHO's resource mobilization strategy in order to ensure full funding of all PAHO programs as mandated by Member States in the Strategic Plan and this Program and Budget.
e) Implementation of the information technology strategy to optimize resources and promote innovation.
f) Full implementation of the Framework of Engagement with Non-State Actors, with a view to working with partners in an effective and transparent fashion.
g) Implementation of communications innovations to effectively support the full scope of PAHO"s programs, engagements, and networks, and to strategically strengthen PAHO's global brand positioning and visibility as the convening authority for public health in the Americas.

159. Each of these areas is elaborated in specific documents and public websites available to Member States.

Addressing the Health-related Sustainable Development Goals

160. This category makes strong contributions to SDG 16 (Peace, Justice and Strong Institutions) and SDG 17 (Partnerships for the Goals). The implementation of the 2030 Agenda for Sustainable Development provides an opportunity for the Organization to reinforce multisectoral approaches and the Health in All Policies strategy to ensure that health priorities are addressed in an integrated manner at country, subregional, and regional levels. The following SDG targets are linked to work under Category 6:

a) 16.6: Develop effective, accountable and transparent institutions at all levels.
b) 16.8: Broaden and strengthen the participation of developing countries in the institutions of global governance.
c) 16.b: Promote and enforce non-discriminatory laws and policies for sustainable development.
d) 17.3: Mobilize additional financial resources for developing countries from multiple sources.
e) 17.6: Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism.
f) 17.9: Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.

g) 17.16: Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries.
h) 17.17: Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.
i) 17.18: By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

Addressing the Cross-Cutting Themes

161 The principles of human rights, equity, gender, and ethnic equality, sustainable development, human security, and accountability are integral to the leadership and governance of PAHO, and feature prominently in the strategies, plans, and policies of the Organization.

Risks

162. Main programmatic risks that may affect the achievement of results under Category 6 include:

a) Limited coordination and collaboration with strategic partners prevents the strategic positioning of the Organization to address key regional public health issues that require intersectoral and multisectoral approaches.

b) A partially funded PB affects implementation of the program and achievement of results.
c) Insufficient flexibility of resources to fund programmatic activities affects the financing of prioritized yet underfunded categories and program areas.
d) Potential conflicts of interest with private partners affect the image and reputation of the Organization, in the context of the global implementation of FENSA.
e) Cyber-attacks on PAHO affect the integrity of data and availability of systems to support operations, communications, and collaboration with Member States.
f) The limited availability and reliability of information impedes timely decision making.

Budget by program area (US$)

Program Area		Proposed Budget	Priority Tier
6.1	Leadership and governance	46,100,000	N/A
6.2	Transparency, accountability, and risk management	10,000,000	N/A
6.3	Strategic planning, resource coordination, and reporting	17,300,000	N/A
6.4	Management and administration	103,300,000	N/A
6.5	Strategic communications	13,000,000	N/A
	Category - Total	**189,700,000**	

Key Interventions, Outcomes, and Outputs

6.1 Leadership and Governance

Key Interventions	
6.1.A	Collaborate with Member States to fulfill their governance role with respect to PAHO and WHO
6.1.B	Strengthen and establish strategic partnerships with relevant stakeholders to ensure that health is prominently positioned within political and development agendas at the regional and country levels.
6.1.C	Strengthen its country presence in order to efficiently address country health needs and advance the achievement of the SDGs.
6.1.D	Enhance global health diplomacy and South-South and triangular cooperation by supporting national plans to achieve the health-related SDG targets. The PASB and PAHO/WHO Representative Offices will reinforce their support beyond the health sector. It will also be necessary to continue identifying instruments and mechanisms for engaging with other stakeholders and promoting an intersectoral approach to addressing health inequalities and the social determinants of health.
6.1.E	Strengthen PAHO's role in convening and advocating, building partnerships, mobilizing resources, sharing and brokering knowledge, and analyzing and monitoring progress.
Outcome (OCM)	
6.1	Greater coherence in regional health, with PAHO/WHO playing a leading role in enabling the many different actors to contribute effectively to the health of all people in the Americas
Outputs (OPT)	
6.1.1	**Effective PAHO/WHO leadership and governance exercised in relation to PAHO's corporate mandates**
	OPT Indicator 6.1.1a: Number of countries and territories with current CCS developed according to approved guidelines (explicit linkage to the SDGs) — Baseline (2017) 21 — Target (2019) 28
	OPT Indicator 6.1.1b: Mechanisms in place to monitor the implementation of the Sustainable Health Agenda for the Americas 2018-2030 in collaboration with Member States and partners — Baseline (2017) n/a — Target (2019) Yes
	OPT Indicator 6.1.1c: Progress toward meeting the targets in the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP) — Baseline (2017) n/a — Target (2019) 40%
	OPT Indicator 6.1.1d: Number of countries that have developed a roadmap to implement the 2030 Agenda for Sustainable Development with support of the PASB — Baseline (2017) 14 — Target (2019) 17
6.1.2	**Effective engagement with other United Nations agencies, inter-American agencies, and non-State actors in building a common health agenda that responds to Member States' priorities**
	OPT Indicator 6.1.2a: Number of countries and territories with a UN Development Assistance Framework (UNDAF) or other national agenda that reflects the priorities of the CCS and the PAHO Strategic Plan — Baseline (2017) 18 — Target (2019) 30
	OPT Indicator 6.1.2b: Number of non-State actors for which information on their nature and PAHO's engagement is available — Baseline (2017) 20 — Target (2019) 240
6.1.3	**Strengthened PAHO governance with effective oversight of the meetings of the Governing Bodies and efficient, aligned agendas**
	OPT Indicator: Proportion of agenda items of PAHO Governing Bodies aligned with the PAHO Strategic Plan 2014-2019 — Baseline (2017) 95% — Target (2019) 95%

6.2 Transparency, Accountability, and Risk Management

Key Interventions			
6.2.A	Continue to strengthen existing mechanisms and introduce new means such as the new Internal Control Framework and compliance in business operations through the PMIS to ensure accountability, transparency, and ability to effectively manage risks.		
6.2.B	Apply a coordinated approach at all levels of the Organization to a culture of objective evaluation, in line with the PAHO Evaluations Policy. An increasing emphasis on the role of lessons learned arising from evaluative work in organizational learning, through registers of evaluation assignments and the communication of lessons learned from them.		
6.2.C	Continue to perform audits of Headquarters and country-level operations, driven by a consideration of emerging risks and mitigating internal controls.		
6.2.D	Devote considerable attention to expanding advisory support, training, and outreach program to underscore the importance of ethical behavior at all levels of the Organization. Perform periodic risk assessments and climate surveys to identify vulnerabilities that may affect the Organization's image and reputation and to help ensure an ethical work environment for all PAHO personnel. Maintain a respectful workplace where all personnel are treated with dignity and respect.		
6.2.E	Continue to strengthen the Enterprise Risk Management Program (ERM), and the integration of ERM in policies and processes, through the following lines of work: a) risk register compliance at entity level; b) reporting of the risks identified in the risk register to different internal stakeholders; c) strengthening governance of the program through the ERM Standing Committee and the Audit Committee; d) identification and monitoring of the top risks at executive management level; e) strengthening internal and external networks in risk management to support the program, and the identification of good practices; and f) raising awareness and strengthening institutional capacity by using different training activities and methodologies.		
Outcome (OCM)			
6.2	PAHO operates in an accountable and transparent manner and has well-functioning risk management and evaluation frameworks		
Outputs (OPT)			
6.2.1	**Accountability ensured through strengthened corporate risk management at all levels of the Organization**		
	OPT Indicator: Proportion of corporate risks for which response plans are approved and implemented	Baseline (2017) 85%	Target (2019) 100%
6.2.2	**Implementation of the PAHO Evaluations Policy**		
	OPT Indicator: Percentage of evaluation assignments in PAHO that adhere to the requirements of the PAHO Evaluations Policy	Baseline (2017) 50%	Target (2019) 75%
6.2.3	**Improved ethical behavior, respect within the workplace, and due process across the Organization**		
	OPT Indicator 6.2.3a: Level of staff satisfaction with the ethical climate	Baseline (2017) 75%	Target (2019) 80%
	OPT Indicator 6.2.3b: Level of staff satisfaction with the internal recourse procedures of the Organization	Baseline (2017) 75%	Target (2019) 80%
6.2.4	**Strengthened audit function**		
	OPT Indicator: Proportion of internal audit recommendations accepted by the Director that area closed within the biennium	Baseline (2017) 85%	Target (2019) 90%

6.3 Strategic Planning, Resource Coordination, and Reporting

Key Interventions			
6.3.A	Continue implementation of mechanisms, processes, and procedures to further consolidate a Results-based Management approach in the Organization. This includes the strengthened implementation of the refined PAHO-Hanlon methodology and the joint monitoring and assessment.		
6.3.B	Streamline program and budget management processes and procedures to promote greater alignment of priorities and results approved by Member States with resource mobilization, allocation, and implementation.		
6.3.C	Implement new approaches to external relations, resource mobilization, and partnerships to increase the visibility of health and health outcomes in the development agenda, taking into consideration the Framework of Engagement with Non-State Actors (FENSA). Continue the implementation of the PASB's resource mobilization strategy, with an ongoing focus to diversify PAHO sources of voluntary contributions while developing a more coordinated and strategic approach to resource mobilization. Continue to enhance the capacity of PASB staff to collaborate with partners within and outside the health sector in addressing the social determinants of health.		
Outcome (OCM)			
6.3	Financing and resource allocation aligned with priorities and health needs of the Member States in a Results-based Management framework		
Outputs (OPT)			
6.3.1	**Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate performance assessment**		
	OPT Indicator 6.3.1a: Percentage of outputs achieved	Baseline (2017) 50%[11]	Target (2019) 75%
	OPT Indicator 6.3.1b: Results-based planning and budgeting implemented across the Organization in collaboration with Member States (measured by PB development using bottom-up approach, implementation of prioritization methodology, joint end-of-biennium assessment)	Baseline (2017) Yes	Target (2019) Yes
6.3.2	**Predictable, adequate, flexible, and aligned financing in place that allows for full implementation of the PAHO Program and Budget across all program areas**		
	OPT Indicator 6.3.2a: Number of technical program areas with at least 50% of their funding requirements covered with voluntary contributions (excluding national voluntary contributions)	Baseline (2017) 10	Target (2019) 12
	OPT Indicator 6.3.2b: Percentage of program areas with funded budgets of 75% or greater	Baseline (2017) 76%[12]	Target (2019) 80%
	OPT Indicator 6.3.2c: Proportion of PAHO voluntary contributions that are fully flexible	Baseline (2017) 0	Target (2019) 5%
	OPT Indicator 6.3.2d: Proportion of technical program areas rated as high priority (tier 1) that are more than 90% funded at the end of the biennium	Baseline (2017) 6/9	Target (2019) 9/9

11. Per 2014-2015 joint end of biennium assessment.
12. Per 2014-2015 joint end of biennium assessment.

6.4 Management and Administration

Key Interventions	
6.4.A	Implement a new Internal Control Framework in a manner consistent with the PASB Management Information System (PMIS) in terms of business processes and reporting capacity. The Bureau will implement a revised organizational structure within the enabling areas, taking account of lessons learned during implementation and stabilization of PMIS, and enhance continuous staff learning programs to ensure high quality and efficiency in all financial administration activities across all levels of the Organization. Compliance monitoring processes developed during the 2016-2017 biennium for oversight of financial transactions and financial assets, investment of financial resources, and general management and financial administration activities will be deployed across all levels of the Organization.
6.4.B	Continue to implement the corporate People Strategy, leveraging the new PMIS recruitment platform and learning platform implemented in 2017. It will develop operational plans to adjust to the impact of the increase in the mandatory age of separation as of January 2018. Roll-out, training, and full implementation of PMIS recruitment is expected to take place during the 2018-2019 biennium, giving managers enhanced tools for identifying and selecting human capital in support of the Organization's technical cooperation.
6.4.C	Strengthen knowledge and awareness of procurement tools at all levels of the Organization (internal and external), and measurement through business intelligence monitoring, to ensure the highest possible efficiency and effectiveness of PMIS procurement business processes. In an effort to continuously improve procurement capabilities, the Organization will optimize partnerships and strategic alliances with agencies in the UN system and other critical stakeholders at every level of the procurement supply chain, and it will pursue policy and process compliance to sustain integrity of the procurement processes. In addition, the development of a market intelligence approach will be emphasized in order to better understand market dynamics and anticipate challenges and opportunities.
6.4.D	Implement initiatives to ensure a safe and healthy working environment for staff through the effective and efficient provision of operational and logistical support, infrastructure maintenance, and PMIS asset management, including compliance with United Nations Minimum Operating Security Standards (MOSS) and Minimum Operating Residential Security Standards (MORSS). PAHO will leverage the capacities of PMIS to streamline administrative processes in operational and logistical support, in order to reduce the associated administrative workload.
6.4.E	Continue implementing the IT strategy approved in 2015, with increased focus on managing and enhancing PMIS support to technical cooperation and streamlining administrative processes. Support will be provided to PAHO/WHO Representative Offices to ensure that they embrace the benefits of innovation and cloud-based services being adopted Organization-wide. As PAHO's administrative operations become increasingly concentrated in cloud-based platforms, and as all international organizations face increasing threats of cyber-attacks, a key focus on information security will be required. PAHO will institutionalize continuous streamlining and consolidating of infrastructure and IT services to keep pace with rising expected levels of service and business continuity. The institutionalization of cloud-based Microsoft Office services (Office 365) will further enhance efficiencies in communications and collaboration, within a secure and cost effective cloud environment.
Outcome (OCM)	
6.4	Effective management and administration across the three levels of the Organization.
Outputs (OPT)	
6.4.1	**Sound financial practices managed through an adequate control framework, accurate accounting, expenditure tracking, and the timely recording of income** OPT Indicator: Unqualified audit opinion — Baseline (2017): Yes — Target (2019): Yes
6.4.2	**Effective and efficient human resource management and coordination in place** OPT Indicator: Proportion of HR-related Service Level Agreements reached — Baseline (2017): 72% — Target (2019): 90%
6.4.3	**Efficient and effective computing infrastructure, network and communications services, corporate and management systems and applications, and end-user support services in place to support technical cooperation** OPT Indicator: Proportion of agreed Service Level Agreements reached — Baseline (2017): 90% — Target (2019): 92%

6.4 Management and Administration (continued)

Outputs (OPT)			
6.4.4	**Provision of operational and logistics support, procurement, infrastructure maintenance and asset management, and of a secure environment for PAHO/WHO's staff and property**		
	OPT Indicator: Proportion of agreed Service Level Agreements reached	Baseline (2017) 90%	Target (2019) 95%

6.5 Strategic Communications

Key Interventions			
6.5.A	Revise the 2014-2019 Strategy and Plan of Action on Knowledge Management and Communication for increasing the quality, reach, and impact of PAHO's communications to/with all relevant audiences—publics, stakeholders, networks, and partners—at national, regional, and global levels.		
6.5.B	Link technical information, key messaging, digital stories, publications, and multimedia products to the full scope of PAHO's programs, engagements, and networks.		
6.5.C	Build communications capacity across all PAHO technical units and leadership levels for demonstrating "best in class" communications (internally and externally) and for enabling a more communicative organization overall		
6.5.D	Ensure strategic and sustained visibility of PAHO's work and impact through new communications content, platforms, and channels, coupled with more strategic and robust business partnering and technical cooperation by the PAHO Communications Department (CMU).		
6.5.E	Expand communications innovations and deepen audience engagements with content that is evidence-based, multi-purposed, and focused on demonstrating PAHO's expertise, with a specific focus on public health emergencies and humanitarian crises.		
Outcome (OCM)			
6.5	Improved public and stakeholders' understanding of the work of PAHO/WHO		
Outputs (OPT)			
6.5.1	**Communications in health that are accurate, timely, and visible through effective and innovative communication platforms, policies, and networks**		
	OPT Indicator: Proportion of public and other stakeholders who rate the timeliness and visibility of PAHO/WHO's public health communications as "good" or "excellent"	Baseline (2017) 80%	Target (2019) 100%
6.5.2	**Improved communication capacity of PAHO/WHO staff, leading to greater public and stakeholder understanding of the PAHO's actions and impact, including during disease outbreaks, public health emergencies, and humanitarian crises**		
	OPT Indicator: Proportion of PAHO/WHO staff that have completed the training components identified in PAHO's communication strategy and implementation plans.	Baseline (2017) 80%	Target (2019) 100%

Pan American Health Organization

World Health Organization
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