PROPOSAL

Sustainable Health Agenda for the Americas (SHAA) 2018-2030

A vision for collective and multisectoral action for health development

September 2016

Background and context

The Health Agenda for the Americas (HAA or Agenda) 2008-2017 was developed through a multi-country working group led by the Ministry of Health of Panama. It was signed by all Ministers of Health in the Americas in June 2007. The Agenda has served as the overarching strategic and political document to guide public policy and health interventions throughout the Region during the past decade.

In September 2015, world leaders adopted the 2030 Agenda for Sustainable Development at the United Nations General Assembly. On 1 January 2016, the Agenda came into force, with its 17 Sustainable Development Goals (SDGs) and 169 targets to be achieved by countries by 2030. The vast majority of the countries of the Americas have enthusiastically adopted the SDGs as the new guiding light in their national development efforts across all sectors. There has been a great deal of discussion in PAHO and beyond about how to ensure this Region achieves not only SDG 3 (*Ensure healthy lives and promote well-being for all at all ages*), but all of the health-related SDGs that include economic, social, and environmental issues.

The Region of the Americas made major strides in the achievement of the health-related Millennium Development Goals (MDGs), achieving most of them with the exception of MDG 5 (maternal mortality) and continues advancing in critical areas for health development. Member States are committed to achieving universal health, addressing the determinants of health and reducing inequities in health, so that the peoples of the Americas can enjoy optimal health and be able to develop to their full potential. The Region is thus well positioned to achieve the health-related SDGs. However, collective efforts and multisectoral action will be critical to ensure that health remains at the center of the development agenda, while building on the public health gains made in recent decades.

The time is therefore opportune to develop a *Sustainable Health Agenda for the Americas 2018-2030* (SHAA or "the Agenda"). The Agenda will serve as the main regional political and strategic framework that incorporates and responds to the SDGs with a renewed vision for health development in the Region for the next 12 years. The Agenda will build on advances made during the previous health agenda, considering national and subregional health strategies and plans, and PAHO's Strategic Plan, while responding to the new regional and global commitments in health development. Emphasis will be placed throughout its design, implementation and reporting on ownership and leadership by Member States in collaboration with all actors involved in health development in the Region. High level commitment and

leadership and concerted and multisectoral actions in all Member States will be essential for the successful implementation of the SHAA.

Guiding Principles

In order for the agenda to become the main reference political and strategic framework for health development and achievement of the health-related SDGs it must be:

- Country led and owned from inception to implementation with support and leadership at the highest levels of national health policy decision-making.
- Inclusive and representative considering the needs and context of the countries across the Region and Subregions.
- Focused on reducing inequities in health within and among countries, in line with the overarching principles and orientations of the SDGs.
- Evidence-based and realistic, with innovative approaches for collective and multisectoral action, while building on best practices and lessons learned.
- Priority-oriented and responsive to strategic directions at regional, subregional and country levels, sustaining gains while responding to new challenges in health.

Purpose and Objectives of the Agenda

The Sustainable Health Agenda for the Americas 2018-2030 will serve as a unifying strategic and political agenda for all parties working in improving health and well-being in the Region. In this regard, the successful implementation of the agenda will require strong and effective leadership, collective action and multisectoral coordination with all stakeholders – including national governments, civil society, development partners (both public and private), and PAHO. The SHAA will have the following main objectives:

- To ensure the health sector in the Region takes a leading and visible role in achieving the health-related SDGs.
- To serve as the strategic and political reference framework for all countries in the Region and their partners to contribute to the Region's health development and achievement of the health-related SDGs.
- To guide and foster inter-country, multisectoral, and multi-agency approaches for health development.

Proposed Contents of the Agenda

Following the structure of a high-level strategic document, the Agenda should contain elements outlined below. The details and other considerations will be developed as the document evolves:

• **Context and outlook for health development**. Building on existing data and analysis as well as long-range forecasting, an analysis of the current and expected future situation of health and its determinants will be essential for setting the scene for action in health development. The information and analysis from *Health in the Americas*, to be

completed in 2017, will serve as a key input for this section, as well as other official reports from countries and other agencies.

- Strategic lines for action. These will include high-level statements that connect important key points for collective action where efforts and resources from all stakeholders in the health arena should be devoted, taking SDG3 and health related SDGs as the basis. This section will also outline key strategies and innovative approaches to achieve the health-related SDGs such as:
 - Ensure effective leadership and governance for successful implementation.
 - Develop and strengthen mechanisms for effective partnerships, coordination, collaboration and communication for addressing the SHAA priorities among countries and across sectors.
 - Optimize information technology and social media to facilitate capacity building, analysis, information sharing and evidence for decision-making.
 - Build capacity for sustainable interventions, taking into consideration political, strategic and technical dimensions.
 - Strengthen and expand information systems and platforms for the timely tracking of progress towards achieving the SHAA priorities and health-related SDGs.
 - Create mechanisms for multisectoral collaboration and social participation.

Process and timeline

- The development of the SHAA will be led by a Member States Working Group (WG), comprised of eight to ten representatives from the four subregions (North America, Central America, the Caribbean and South America). The group will be led by a chairand co-chair. The group could also include representatives from other sectors outside the health sector.
- The PASB will act as the Technical Secretariat to the Member States WG.
- The process will involve consultation with all Member States and partners in health development across the Region, including the Regional Offices of the Agencies of the United Nations System and the Organization of American States.
- The process will be launched at a side event during the September 2016 PAHO Directing Council and it is expected to be completed before the end of 2017. The key steps and timeline are summarized in the annex. A detailed work plan and membership of the Member States WG will be confirmed in September 2016.

Resources

Based on past experience, the consultative process with Member States and face-to-face meetings with the Member States Working Group and the preparation of a publication have an estimated cost of approximately US\$ 300,000. The opportunity of WHO and PAHO Governing Bodies meetings will be used to brief and consult with Ministers of Health and country delegations.

Annex - Key Steps and Timeline (Tentative - Draft to be reviewed and updated with the Member States Working Group.)

| Step | Timeline | | | | | | | | | | | | | | | | |
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| | 2016 | | | | | | 2017 | | | | | | | | | | |
| | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | |
| Preparatory work – development of roadmap and consultation with Member States for the countries working group | | | | | | | | | | | | | | | | | |
| Side event at the Directing Council to discuss proposal and agree on the process | | | | | | | | | | | | | | | | | |
| Appointment of members of the working group by the national health authorities | | | | | | | | | | | | | | | | | |
| Working group face-to-face- meetings (3) to draft and update the proposal | | | | | | | | | | | | | | | | | |
| Consultation with countries and partners on draft proposal | | | | | | | | | | | | | | | | | |
| Consolidation of proposal Editing and publication | | | | | | | | | | | | | | | | | |
| 8. Briefing and update meetings with Member States (at WHO and PAHO Governing Bodies meetings) | | | | | | | | | | | | | | | | | |
| 9. Approval and launch10. Dissemination | | | | | | | | | | | | | | | | | |