DRAFT

Strategic Plan 2020 – 2025

Health Emergencies

TOWARDS A MORE RESILIENT HEALTH SECTOR IN LATIN AMERICA AND THE CARIBBEAN

Pan American Health Organization
World Health Organization
Americas

PAHO

HEALTH EMERGENCIES

1. Introduction

The Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization, established the Program on Emergency Preparedness and Disaster Relief (PED), at the request of Member States in 1976, to define the Organization's disaster policy, to formulate a plan of action for various types of disasters and to support countries to strengthen their capacity to prepare and respond to natural disasters through the efficient use of existing resources. Subsequent Resolutions expanded the mandate of the Program to include support for the coordination of international assistance and disaster risk reduction in the health sector.

Based on evaluations of its response to the Ebola outbreak, recommendations made, and lessons learned, the World Health Organization (WHO) established a new Health Emergencies Program (WHE) in 2016. In that same year, PASB reorganized its work in emergencies to be functionally aligned with the WHO program, while maintaining priority areas of work for the Region of the Americas that are not included in the global program. PAHO's new Health Emergencies Program (PHE) brings together the Department of Emergency Preparedness and Disaster Relief (PED) and the Unit of International Health Regulations/Epidemic Alert and Response and Waterborne Diseases (CHA/IR) under a consolidated management structure that reports to the Director of PAHO. PAHO PHE continues to respond fully to the needs of Member States in the Americas, working and coordinating with WHO WHE as appropriate. PAHO's PHE addresses five technical areas: infectious hazard management; country health emergency preparedness and IHR; health emergency information and risk assessment; emergency operations; and disaster risk reduction and special programs.

As a roadmap for the Organization's work in disaster management, the new PAHO Health Emergency program seeks to develop a health sector with enough capacity, strong national leadership, and resilience to rapidly recover from the impact of health emergencies and disasters and be able to protect the physical, mental and social wellbeing of their communities.

This PHE Strategic Plan presents the components of the PAHO Strategic Plan 2020-2025 related to health emergencies. It sets out the Organization's strategic direction, based on the collective priorities of its Member States, and specifies the public health results to be achieved during the period 2020-2025 related to health emergencies. PAHO Member States have clearly stated that the PAHO Strategic Plan is a principal instrument for implementation of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and thus for realizing the health-related Sustainable Development Goals (SDGs) in the Region of the Americas. The SHAA2030 goals # 8 form the impact-level objective of this Plan. In addition to directly addressing the regional priorities established in the SHAA2030 related to Goal #8, this PHE Plan aligns with the World Health Organization (WHO) 13th General Programme of Work (GPW13) Billion 2 - o*ne billion more people have better protection from health emergencies* - and with other regional and global mandates in force during the planning period.

2. Situation Analysis

- Countries in the Americas continue to face risk from emergencies and disasters (including climate change), caused by all hazards. Among the world's region, the Americas is second only to Asia in terms of the impact of disasters. Almost one quarter (21%) of all disasters in the world between 2013 and mid 2018 were in the Region of the Americas, resulting in 141 million victims and over 10,000 deaths. The total cost of damage in the region for this period represents 55% of the global cost of damage ($444 billion of $797 billion), with water- and weather-related disasters accounting for 78% of this cost ($347billion of $444billion) and 66% (100 million of 141million) of the affected population[1]. Hurricanes Harvey ($95 billion), Irma ($66 billion), and Maria ($69 billion), and the Mexico City earthquake ($6 billion) were the costliest events affecting the region, causing loses of $229 billion dollars[2]. Still, there is a common understanding that disasters affecting the Region continue to be underrepresented and their impacts under reported, particularly in the case of small or medium scale events.

  Numerous countries are experiencing a rise in violent crime and insecurity, and decreased trust in institutions, including those in the health sector. In addition to the thousands of Central American migrants escaping to the North from drug trafficking, gang violence and corruption, the sociopolitical and economic situation in Venezuela intensified population movements. As of 31 October 2018, three million Venezuelans were living outside their country of origin, with 2.4 million of them hosted by countries in Latin America and the Caribbean[3], stressing health systems and raising public health concerns.

  In countries which have reached a certain level of industrial development, technological disasters constitute a significant potential risk. 17 of 84 technological events registered during the 2013-2018 period at the global level[4] (chemical spill, explosion, oil spill, and poisoning) occurred in the Western Hemisphere, causing 226 deaths and affecting 102,254 people. Of these, 10 happened in Central and South America causing the death of 208 people.

  The response to the majority of the emergencies and disasters in the Americas are primarily dealt with at the national level with limited outside assistance. Since 2014, Member States with the support of PAHO and other partners have been working towards the long-term impact goal of preventing death, illness, and disability arising from emergencies and disasters, measured by the return of crude mortality rates to pre-disaster levels within three months for at least 70% events requiring international assistance. Between 2014 and 2017, there were 41 individual country emergencies that required coordinated international assistance, including Hurricanes Matthew, Irma, and Maria, and the Zika,

[1] EMDAT Belgium, available at: https://www.emdat.be/emdat_db/.
[2] Cred Crunch No.50: Natural disasters in 2017: Lower mortality, higher cost, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/CredCrunch50.pdf.
[3] Inter-agency Coordination Platform for Refugees and Migrants. 2018. Available from: https://data2.unhcr.org/en/situations/vensit.
[4] EMDAT Database, 2013-2018.

Chikungunya, and Yellow Outbreaks[5]. Additionally, although improvements have been recorded, more preparedness is required for the health sector in LAC to face large-scale chemical, radiological or other technological disasters. Of the 13 IHR core capacities, the core capacity to respond to chemical events and to radiation emergencies registered the lowest (63) and third lowest (73) average regional score respectively for the Region of the Americas, as per the 2018 IHR Implementation Report[6].

The systematic and foreseeable recurrence of emergencies and disasters calls for greater resilience within the region, in order to prevent loss of lives and economic set back. Continued preparedness, risk reduction, and rapid operational response by national authorities and partners is required to save lives and to minimize public health, social, and political consequences.

- Emerging and re-emerging epidemic diseases pose an ongoing threat to global health security, and the list of high impact and/or high consequence infectious diseases is growing. The weather, migration, economic, social, environmental, and political factors in each country and throughout the region are changing the patterns of diseases. The number of high impact and/or high consequence infectious diseases continues to rise; some of these are re-emerging and others are new, with 75% of emerging pathogens being of zoonotic nature. Since 2012, there have been 484 confirmed events in the Americas of which 176 were outbreaks of epidemic-prone diseases. These large-scale outbreaks cause widespread death and suffering, and they disproportionately affect the poorest and most vulnerable. The rapid emergence of the Chikungunya and Zika[7] viruses that each affected 48 countries and territories in the Americas, between 2015 and 2016, highlighted challenges in knowledge, research, and coordination. They also highlighted persisting weaknesses and gaps in the capacity of national vector control programs and health systems to adapt to new threats. The response to these two epidemics was built on the pandemic influenza preparedness activities ongoing in the LAC region since 2006. Similar to the 2009 H1N1 Pandemic, the spread of Zika virus tested the application of the International Health Regulations and again emphasized that efficient responses to rapidly-emerging and evolving risks require resilient health systems. In this context, the epidemic has reinforced the overarching emphasis that PAHO has placed on building strong, resilient health systems and advancing universal access and coverage. It has also highlighted other technical cooperation priorities to progress to global health security, such as achieving full compliance with the IHR and integrated surveillance, prevention, and control of high impact and/or high consequence infectious diseases, including a greater focus on health management at the interface between human health and animal health. This is made even more relevant and urgent considering the resurgence of outbreaks of yellow fever, diphtheria, measles, and malaria in several countries in the Region since 2016, after years of sustained reduction The Region's Zika experience has also demonstrated the critical need for frontline health providers to be on high alert for atypical clinical presentations and events, in order to ensure the timely detection of an emerging disease. It is not known what will emerge next, or where. But, most new

[5] Based on early indications, following a progress review at the end of 2017, the impact goal seems to be on track.
[6] CD56/INF/9 9 July 2018– Implementation of the International Health Regulations.
[7] By the end of 2016, the cumulative number of suspected Zika cases had reached more than 712,167. Twenty-two countries and territories in the Americas also reported confirmed cases of congenital syndrome associated with Zika virus infection, as reported by the IHR Focal Points to PAHO/WHO and through the websites of the ministries of health.

diseases tend to emerge in some of the world's most vulnerable countries and regions, which may not have the capability to prevent, detect, respond to and recover from destructive outbreaks.

- Latin America and the Caribbean continues to stand as a high inequality region, with Haiti being the most socio-economically unequal country in the world, jointly with South Africa. Seven other LAC countries (Brazil, Chile, Colombia, Costa Rica, Honduras, Mexico, and Panama) make up the top 10 most unequal countries in the world, with Gini indexes in excess of or close to 50[8]. Inequality dominates the Americas: socioeconomic inequality, but also inequalities between Indigenous and non-Indigenous people; between people of African descent and those of European origin; between genders; between disabled and non-disabled people; between people of different sexual orientation and between migrants and non-migrants. Too much inequality damages social cohesion, leads to unfair distribution of life chances, and to health inequalities. As such, while there has been notable improvement in the health of peoples in the Americas in recent years, significant inequalities persist[9]. Achieving the absolute and relative equity gap targets between and within countries is proving difficult, signaling the need to boost the intensity of targeting interventions in PAHO key countries.

  Unlike the average rate that characterized the mid-2000s[10], LAC economic indicators growth between 2008 and 2016 was lower than expected, particularly for those countries exporting oil. Economic growth of the Caribbean Region declined from 3.1% in 2016 to 2.5% in 2017 because of hurricanes Irma and Maria. Meanwhile, South America's economic growth has been reduced, because of hyperinflation affecting Venezuela, projected to be close to 13,000% by the end of 2018, and the contraction of the major economies in the region, Brazil and Argentina. The years of economic stagnation have halted social progress and increased inequalities.
  The current LAC population of 652 million is projected to continue to grow to 730 million by 2030. 79.2% of the population live in urban areas and sustainable development depends increasingly on the management of urban growth, especially in low and middle-income countries where urbanization is projected to be fast.

  These sharp socio-economic and health inequalities can result in increased vulnerability of some segments of the population and can affect people's access to healthcare. Experience shows that extreme events, regardless of the hazard, tend to become disastrous for disadvantaged people. The inequalities also have implications for how the region's health sector response to disasters. Recognizing this, the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas has recommended improved preparedness for, and response to, extreme weather events as one action to reduce health inequities[11].

[8] World Bank Poverty and Shared Prosperity Report 2016.

[9] Report of The Commission on Equity and Health Inequalities in the Americas, CD56/INF/8 https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=56-directing-council-english-9964&alias=46118-cd56-inf-8-e-commission-equity-118&Itemid=270&lang=en.

[10] OECD/CAF/ECLAC (2018), Latin America Economic Outlook 2018: Rethinking Institutions for Development, OECD Publishing, Paris. http://dx.doi.org/10.1787/leo-2018-en.

[11] Health Equity and Dignified Lives. Executive Summary of the Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas: http://iris.paho.org/xmlui/handle/123456789/49505.

- Varying capacity level of national health disaster and emergencies programs. The political will of the MOHs in alignment with implementation of national plans, regional policies, and global frameworks has been key to catalyze results related to health emergencies over the past five years. However, significant gaps remain in countries all-hazards health emergency and disaster risk management capacity. While advances continue to be made in the institutionalization of disaster programs within Ministries of Health in the Region, in keeping with the PAHO Resolution CD24.R.10, which requires that a disaster preparedness and response unit be established in the MOHs, many highly vulnerable/event prone countries do not yet have in place the minimum national capabilities to rapidly detect, respond and manage large scale public health emergencies and disasters. States Parties Annual IHR Reports submitted to the World Health Assemblies between 2011 and 2018 also showed steady improvements or plateauing of all core capacities at the regional level for the Americas region. However, the status of the core capacities across the sub regions remains heterogeneous, with the lowest scores reported in the Caribbean sub region. When the individual States Parties' scores from the 2018 Annual Reports are compared with those of 2017, 20 (67%) of the 30 States Parties show the ability to maintain or improve the scores for at least 10 of the 13 core capacities.

  Since 2015, PAHO has been working with the countries in the Americas to strengthen the mechanisms for sending and requesting emergency medical team support, as well as flexible tools for developing and registering such teams, in accordance with the Plan of Action for the Coordination of Humanitarian Assistance in Health, approved by the PAHO Directing Council in 2015. As of September 2018, 20 countries have officially introduced the EMT Initiative at national level and are actively being supported by PAHO to building national and local capacity in the area of health emergency management and create their own national EMTs. The political will of the MOHs of Costa Rica and Ecuador, countries with a high awareness of their disaster risks, allowed their national teams to become the first EMTs in LAC to receive formal WHO certification. An additional 30 teams are currently enrolled in a mentoring process to achieve the WHO global classification. Five countries in total are actively implementing national procedures to request and deploy EMTs, as well as working on the implementation of CICOM with the support of PAHO: Chile, Costa Rica, Colombia, Ecuador, and Peru.

  These advances, although noteworthy, continue to vary significantly from country to country and in some cases, are not sufficient to provide an appropriate response. In addition, the ever-changing profile of hazards requires ongoing revision and updating of capacities.

- Seventy-seven per cent of the health facilities in the Region are located in disaster-prone areas. Thirteen years since countries in the Region started improving *health* facilities safety to face disasters via the Safe Hospital Initiative (SHI) in 2005, there is a growing demand for safe hospitals, as well as greater political will. 25/35 countries (71%) have a national safe hospital policy and program, 23 countries (66%) updated their standards for the design of health facilities, and 28 countries (80%) included safe-hospital concepts in new health infrastructure projects. Recent events, such as the September 2017 earthquake in Mexico, showed that almost all the hospitals achieved significant progress through the SHI as most remained operational, unlike 32 years earlier when many were severely damaged or collapsed.

Motivated by the threat of climate change and hurricanes, several MOHs of the Caribbean agreed on an approach to improve health facilities´ climate change mitigation and adaptation, while ensuring they remain operational during and after disasters. The Smart Hospitals Initiative[12] built on the SHI, aims at enhancing hospital physical resilience, strengthening operational capacity and incorporating green technologies. Evidence of the effectiveness of this initiative led to increased demand from MOHs and its scaling up to seven Caribbean Countries, while generating growing interest within the Americas region and abroad. During Hurricane Irma in 2017, the National Emergency Operations Center in the British Virgin Islands was transferred to and operated from a "smartened" hospital; while in Dominica, although 2017 Hurricane Maria affected the main hospital, most of its functionality was preserved during and after the disaster.

Nonetheless health systems and the populations they serve remain highly vulnerable to risks that directly impact the capacity of systems to respond to population needs. These risks include disease outbreaks, natural and other types of disasters, climate change and sustained stresses to the system such as economic downturns and migration of health workers. Such risks can significantly impact local, national, and global health, debilitating the response capacity of the health system and eliminating gains in health outcomes. Because social and economic development is linked to the health and wellbeing of the population, the fragility of health systems becomes an issue of individual, collective, national, and global health[13]. Rising sea levels, more frequent and devastating storms and the risk of major earthquakes require higher capacities and resources to ensure resilience of health systems.

Reductions in disaster-related mortality and morbidity, in the numbers of people affected by disasters, in economic loss due to disasters, and in the level of disruption in health service provision can be achieved through risk reduction interventions. This includes development of action-oriented frameworks that governments and relevant stakeholders can implement in a supportive and complementary manner and that facilitate identification of risks to be managed with corresponding investments to build resilience. The priorities expressed by LAC MOHs for 2016-2021[14] focus on the continued strengthening of capacities towards large-scale emergency management. This includes risk assessment and decision making based on scientific information with people-centered early warning multi-hazard forecast systems, stronger governance, and disaster risk management, including the expansion of the safe and smart hospitals initiatives as part of resilient health service networks.

[12] Smart hospital toolkit, available at: https://www.paho.org/disasters/index.php?option=com_content&view=article&id=3660:hospitales-inteligentes&Itemid=911&lang=en.

[13] Resilient Health System Strategy CD55/9 https://www.paho.org/hq/dmdocuments/2016/CD55-9-e.pdf.

[14] Plan of Action for Disaster Risk Reduction, 2016 – 2021, CD55/17, Rev. 1 https://www.paho.org/hq/dmdocuments/2016/CD55-17-e.pdf.

3. Expected Results and Approaches

3.1 Expected Results

SHAA2030 establishes a hemispheric vision for health in the Americas. This PHE Plan as part of the wider PAHO SP directly addresses the health emergency related factors that will lead to the realization of this vision.

Vision Statement

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

Impact

The Pan American Health Organization (PAHO) has endorsed the 11 goals in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) as the impact results for the PAHO Strategic Plan 2020-2025. Goal 8 relates specifically to health emergencies and thus forms the long term goal of this PHE Strategic Plan:

Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks, and emergencies and disasters that affect the health of the population.

Indicator: Mortality rate due to disasters per 100,000 population (Target 2025: *At least a 10% reduction from the 2019 baseline*)

Outcomes

Outcome 23: Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector

Outcome 23. Health emergencies preparedness and risk reduction Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
23.a Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies	26 (2019)	40

Outcome 23. Health emergencies preparedness and risk reduction Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
23.b Number of States Parties[15] meeting and sustaining International Health Regulations (IHR) requirements for core capacities	N/A[16]	35

Work toward this outcome seeks to ensure that all countries and territories in the Region are prepared and ready to manage the health impact of emergencies and disasters caused by any type of hazard. PASB will work with countries, territories, and partners to increase their capacities in all phases of emergency management through implementation of the International Health Regulations (IHR) and the Sendai Framework for Disaster Risk Reduction (SFDRR).

PASB will work collaboratively to progressively strengthen the capacity of national and subnational levels and local communities to reduce and manage health emergencies using an all-hazards approach and by building strong people-centered and public health-oriented health systems, institutions, and networks. Support will focus on increasing the sustainability of the essential public health functions, the corresponding IHR core capacities, and the SFDRR priorities for action. Interventions will target institutional planning, organization, financing, and coordination mechanisms to enhance the development and streamlining of a national suite of legal instruments, policies, plans, and standard operating procedures encompassing all hazards in an interoperable manner. They will also target development of action-oriented frameworks that governments and relevant stakeholders can implement in a supportive and complementary manner and that facilitate identification of risks to be managed, with corresponding investments to build resilience. PASB will promote compliance with IHR provisions related to reporting to the World Health Assembly,[17] and the adoption and monitoring of benchmarks for health emergencies and disaster preparedness. Emphasis will also be placed on increasing the operational readiness of countries and territories in high-risk conditions; increasing PASB's preparedness; implementing new and existing initiatives and plans of action, including Safe and Smart Hospitals initiatives; identifying and implementing inclusive strategies, particularly for groups in conditions of vulnerability; and ensuring the fundamental role and participation of both women and men.

PASB's work to build country preparedness relies on inter-programmatic work within the Bureau, involving the areas of universal health, health systems strengthening, antimicrobial resistance, maternal and child

[15] Thirty-five Member States of PAHO are States Parties to the International Health Regulations.

[16] To be achieved, as per Decision WHA71(15) and also taking into account Resolution WHA68.5 endorsing Document A68/22 Add.1, States Parties must have improved the scores, or maintained them (where the latter is higher than 0%), for at least 10 out of the 13 core capacities. The core capacities scores for States Parties failing to submit their State Party Annual Report to the WHA in any given year will be regarded as 0%. The core capacities scores of the subsequent submission will be assessed against the most recent prior submission. As a result of a formal global consultative process held in 2018, a revised version of the proposed tool for submitting the State Party Annual Report to the WHA was introduced in 2019, and includes 13 revised capacities encompassing 24 indicators (http://www.who.int/iris/bitstream/10665/272432/1/WHO-WHE-CPI-2018.16-eng.pdf?ua=1 [accessed on 29 April 2019]). Therefore, no "Baseline 2019" is available.

[17] The IHR Monitoring and Evaluation Framework (IHR MEF) includes one mandatory component, namely the State Party Annual Report, and three voluntary ones: After-Action Review of Public Health Events, Simulation Exercises, and Voluntary External Evaluations, including Joint External Evaluations

health, nutrition, and noncommunicable diseases, as well as disease-specific programs (such as those dealing with polio and arbovirus diseases), among others.

Achievement of this outcome will result in the protection and promotion of the physical, mental, and social well-being of populations, including the most vulnerable ones. It will also increase the resilience of the health systems, allowing for continuous operation and rapid recovery from health emergencies and disasters. The establishment of strategic alliances with political and administrative authorities, public and private entities, nongovernmental organizations, civil society, and all other sectors is key to achieving this outcome. Also important is the development of a regional culture of prevention, preparedness, and mitigation of health emergencies and disasters that incorporates the rights and contributions of individuals, families, and communities.

Within this expected result, the following outputs are targeted (see Annex 1 for the results framework for 2020 – 21):

1. All-hazards emergency preparedness capacities in countries assessed and reported

   Working with countries and partners, PASB will develop tools and guidance, training and support for annual reporting on emergency preparedness capacities in coordination with national focal points; and develop and disseminate regular reports on the implementation of countries' core capacity requirements as laid out in the IHR (2005) and the Sendai Framework for Disaster Risk Reduction.

2. Capacities for emergency preparedness and disaster risk reduction strengthened in all countries

   Guided by the legal mandate of the IHR (2005), other global and regional frameworks such as the Sendai Framework and the Safe and Smart Hospitals Initiatives, PASB will provide guidance and support to develop and/or strengthen a range of capacities in health sectors for emergency/disaster prevention, reduction, preparedness, response and recovery. This includes providing support for the development, implementation and monitoring of costed multisectoral national action plans for emergency preparedness and risk management based on assessments of country capacities, including identification of financing and partnerships to fill critical core capacity gaps; working with countries and stakeholders to implement an all-hazards preparedness approach by investing in broader health systems strengthening for health security at all administrative levels and using targeted approaches to build the resilience of communities and national health systems; support will also be provided to ensure that capacities are in place for both routine and emergency situations of varying size and context, and to strengthen risk reduction interventions, including Smart and Safe Hospital Initiatives, and strengthen capacities to reduce the risk of future events and break the cycle of recurring emergencies.

3. Countries operationally ready to assess and manage identified risks and vulnerabilities

   PASB together with its partners will work with governments to map and prioritize health emergency risks; strengthen surveillance and alert systems to ensure early warning of emerging/re-emerging high threat events; develop hazard specific scenario-based contingency plans addressing the high, very high, and imminent risks as identified in the risk profile; ensure availability of sufficient resources for the implementation of contingency plans and readiness measures; implement specific measures to mitigate risks and increase readiness for response; test operational readiness through simulation exercises; measure progress and adjust strategies accordingly. PASB will also ensure its own operational readiness

to support countries when their capacities are exceeded to respond to emergencies and disasters. To be effective and sustainable over the long-term, all these actions must build on and be integrated into existing national health systems.

PASB will also support countries to ensure that effective partner coordination mechanisms are in place to strengthen coordination for emergency response. Work will therefore support increased capacities for interoperable health emergency response through expansion and strengthening of operational partner networks.

Outcome 24: Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens

Outcome 24. Epidemic and pandemic prevention and control Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
24.a Number of countries and territories with capacity to effectively respond to major epidemics and pandemics	N/A	35
24.b Number of endemic countries and territories with ≥80% coverage for yellow fever vaccine	0 (2019)	5

This area of work supports countries in surveillance, prevention, preparedness, and control of pandemic and epidemic-prone diseases (including influenza, Middle East respiratory syndrome (MERS), dengue, Zika virus, chikungunya, hemorrhagic fevers, hantavirus, yellow fever, emerging arboviruses, plague, cholera, epidemic-prone diarrheal diseases, leptospirosis, and meningococcal disease, among others). Capacity building will focus on forecasting, characterization of diseases and infectious risks, and development of evidence-based strategies to predict, prevent, detect, and respond to infectious hazards in the context of universal access to health. This includes developing and supporting prevention and control strategies, tools, and capacities for high-impact, high-consequence pathogens (including extremely resistant pathogens) and establishing and maintaining expert networks to leverage international expertise to detect, understand, and manage new and emerging pathogens. In the context of epidemics, people and communities should, without any kind of discrimination, have access to comprehensive, appropriate, timely, quality health services and technologies determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, vaccines, and health supplies.

Work related to this outcome targets improved sharing of available knowledge and information on emerging and reemerging high-impact and/or high-consequence pathogens, enhancing surveillance and response to epidemic diseases with a strong focus on addressing groups in conditions of vulnerability, and working through networks to contribute to global mechanisms and processes. It also includes management of regional mechanisms to tackle the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.

Within this expected result, three Outputs are targeted (see Annex 1 for the results framework for 2020 – 21):

1. Research agendas, predictive models, innovative tools, products and interventions available for selected high-threat health hazards

   PASB will foster information sharing for high-threat hazards prevention and control, including developing and coordinating expert technical networks and advisory groups from various fields to provide guidance, drive knowledge development and ensure access to technical knowledge on new and evolving high-threat infectious hazards for all stakeholders. PASB will convene, lead and coordinate the work of regional expert networks that have been set up to address gaps in knowledge and expertise. It will also work with partners and countries to *significantly improve prediction capacity for epidemics, which can thereby speed preparedness efforts. This includes using new technologies such as artificial intelligence, novel analytical techniques, and data sources such as big data.*

2. Proven preventive strategies for priority pandemic/epidemic-prone diseases implemented at scale

   PASB will work with partners from a wide range of fields, bringing together available resources (technical, human and financial) to adapt and scale global strategies to prevent and control high-threat infectious hazards at regional and country level. PASB will work with countries to implement local prevention and control measures, ensuring access to life saving interventions (vaccine, drugs, laboratory reagents); evaluate interventions and develop guidance and standard protocols for managing diseases; develop innovative approaches to prevent and control epidemics; develop country core capabilities for prevention, surveillance and control of epidemic and pandemic prone diseases; strengthen implementation of the Pandemic Influenza Preparedness Framework; revise and update Pandemic Plans.

3. Risks of the emergence and re-emergence of high-threat selected pathogens mitigated

   PASB will support countries to build diagnostic capabilities to prevent, detect, and respond to re-emergence of high-threat pathogens and the emergence of new and unknown pathogens such as viral hemorrhagic fevers, respiratory pathogens and yellow fever; it will work with partners to develop risk communications capacities and to better understand and integrate adapted community engagement activities in countries so that when an outbreak occurs, affected communities understand the risks and know how to protect themselves and their families from becoming infected. PASB will work with experts to rapidly develop, adapt and transfer expert knowledge, guidelines and strategies, and prioritize research and development for emerging pathogens, targeting improved capacity to detect, diagnose, treat, and mount interventions, for selected epidemic and pandemic prone diseases.

Outcome 25: Rapid detection, assessment, and response to health emergencies

Outcome 25. Health emergencies detection and response Rapid detection, assessment, and response to health emergencies		
Outcome Indicator	**Baseline (2019)**	**Target (2025)**
25.a Percentage of acute public health events for which a risk assessment is completed within 72 hours	75% (2019)	100%
25.b Percentage of countries and territories providing an essential package of life-saving health services in all graded emergencies	75% (2019)	85%

To achieve this outcome, PASB will work with countries, territories, and partners to ensure early detection of potential emergencies and the provision of essential life-saving health services to emergency- and disaster-affected populations. Early detection, risk assessment, information sharing, and rapid response are essential to reduce illness, injury, death, and large-scale economic loss. To achieve this outcome, it is essential that PASB provide authoritative information for public health decision making in emergencies and disasters, including through actions such as identifying acute public health events, assessing risks to public health, conducting epidemiological surveillance and field investigations, monitoring public health interventions and operational capacities of health care services and facilities, and communicating public health information to technical partners.

A major focus in this area is working with countries, territories, and partners to implement response and early recovery operations. This includes providing essential health services and technologies to address new health issues associated with emergencies and disasters, as well as with preexisting health needs, focusing on groups in conditions of vulnerability. Key actions include coordination of the PAHO response team, emergency medical teams, the regional Global Outbreak Alert and Response Network (GOARN) network, and other partners; development of strategic response plans and joint operational planning; operational support and logistics; emergency crisis and risk communication; and activation of emergency response mechanisms in accordance with the PAHO/WHO Policy and Key Procedures on the Institutional Response to Emergencies and Disasters, underpinned by full support to the Incident Management System, consistent with the International Health Regulations (2005).

Within this expected result, three Outputs are targeted, (see Annex 1 for the results framework for 2020 – 21):

1. Potential health emergencies rapidly detected, verified, risks assessed and communicated

   PASB will maintain an efficient and timely global early warning function, provide accurate and timely risk assessment of acute public health events, coordinate the development of tools that support early detection, assessment and monitoring, support the development of country-specific expertise, enhance coordination with partners and stakeholders, foster regional epidemic intelligence and early warning initiatives, and customize support to Member-States for the conception, development and implementation of their own adapted EI and event-based surveillance activities.

2. Acute health emergencies rapidly responded to, leveraging relevant national and international capacities

PASB will work with partners to provide support to countries as needed to: establish effective coordination mechanisms; develop and finance multi-sectoral response plans; provide medical and technical workforce for key activities such as surveillance and epidemiology (including investigation and contact tracing), laboratory and rapid diagnostics, clinical management and trauma care, infection prevention and control, safe and dignified burials, social mobilization and community engagement, and vaccination and integrated vector control; and establish operational support, including the setup and running of Emergency Operations Centers and base camps, tele-communications, air/water/land transportation, medical supplies and equipment and measures to ensure responder safety and security. The extent of these efforts varies and is calibrated based on the severity of the health emergencies, the capacity of the country to respond, and the risk of international spread

3. Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings

   PASB will work with humanitarian, development, and peace-building partners to leverage the capacities of national systems and resources (e.g. infrastructure, data systems, planning, financing, etc.) to increase coverage of a minimum package of prioritized lifesaving health services (preventive, curative, palliative and rehabilitative), based on a Primary Health Care approach, with a focus on strengthening national resilience to reduce health risks and prevent, prepare for, and respond to shocks. It will promote a "Do no harm" approach, reducing fragmentation and building on existing systems in FCV countries, while working to progress towards the goal of UHC and addressing social and environmental determinants of health. When needed, WHO will act as a provider of last resort to deliver services directly, or to fill gaps in health systems functions, such as for centralized supply management, overseeing health-pooled funds for payments to health workers, or strategic purchasing of services.

3.2 Strategic Approaches

The successful implementation of this Plan in an evolving global and regional context will require PASB to make changes in the way it operates and collaborates with its Member States and stakeholders, while at the same time leveraging its already existing capabilities.

The approach to emergency risk management must be comprehensive, efficient, and effective. Building resilience and protecting populations requires a holistic, coordinated, multi-hazard approach, applied within the PASB and across Member States and the international health community. For optimal impact, this approach must be integrated into comprehensive national plans for emergency risk management that involve all sectors.

The leadership role of the ministries of health will be supported through an increased focus on capacity building for the incorporation of preparedness, surveillance, and response criteria into national policies, plans, norms, standards, and budgets. New emphasis will be placed on the development of linkages with research and academic institutions to better understand the potential impacts of specific hazards such as pandemic influenza, earthquakes, floods, hurricanes, chemical and radiologic emergencies, foodborne illnesses, and climate change. Integration of disaster risk reduction in the health sector is essential in order

to protect the health services (in terms of both physical infrastructure and functions) and ensure their continuity during and after emergencies.

Emphasis will be placed on the use of existing and new health partnerships and disaster management networks, within and external to the health sector, involving other public sector agencies and the private sector. Collaborative activities will include advocacy, information management, resource mobilization, and national and international agreements to reduce the risks of disasters and emergencies and ensure timely and effective health interventions during and after these events. The PASB will foster intercountry collaboration, building on countries' specific experiences and capacities. The PASB will also increase political awareness on the relevance of infection prevention and control programs within the framework of IHR core capacities.

The PASB will build internal capacity to further improve its coordinated response mechanisms to prepare for disasters and emergencies and efficiently assist countries when required. In addition, it will implement *(a)* WHO standard operating procedures for the management of acute public health threats across the Organization, including strengthening WHO's organization-wide event management system and ensuring operational capacity at all times, and *(b)* the policies and procedures set forth in the PAHO Institutional Response to Emergencies and Disasters. A lessons-learned approach will be adopted to revise and update the Organization's emergency and disaster policies, procedures, technical guidelines, and other tools and adjust its strategies when needed.

4. Prioritization

The PAHO-adapted Hanlon method[18] is recognized by Member States as a systematic, objective, and robust approach to identify the public health priorities in the Region. It is used to identify the programmatic priorities for the PAHO Strategic Plan (SP) 2020-2025.

Region-wide national consultations were conducted with all countries and territories to apply the PAHO-adapted Hanlon method for the PAHO Strategic Plan 2020-2025 outcomes. Each consultation comprises individual assessments by senior public health officials who have a broad understanding of the national public health context. The individual country results are consolidated at the regional level and inform the programmatic priorities for the Strategic Plan 2020-2025. In accordance with the PAHO Programmatic Priorities Stratification Framework, the consolidated regional prioritization results will be key to implement the SP20-25 and its Program Budgets, guide the allocation of resources, and target resource mobilization efforts. Individual country results will inform planning and implementation of the Organization's technical cooperation.

Table 1 presents the consolidated regional results of the programmatic priorities stratification exercises in 47 countries and territories, as of XXX. It groups 25 of the 28 PAHO SP outcomes into three priority tiers: high, medium, and low. Outcomes 26, 27, and 28 were excluded from the prioritization consultations because of the corporate nature of their scope.

Table 1. Consolidated Prioritization Results for the Strategic Plan 2020-2025

Priority Tier	Outcome No.	Outcome
High	5	Access to services for NCDs and mental health conditions
	13	Risk factors for NCDs
	12	Risk factors for communicable diseases
	25	Health emergencies detection and response
	23	Health emergencies preparedness and risk reduction
	14	Malnutrition
	1	Access to comprehensive and quality health services
	24	Epidemic and pandemic prevention and control
Medium	4	Response capacity for communicable diseases
	8	Access to health technologies
	2	Health throughout the life course
	10	Increased public health financing
	20	Integrated information systems for health
	16	Intersectoral action on mental health
	7	Health workforce
	17	Elimination of communicable diseases
	11	Strengthened financial protection

[18] The Programmatic Priorities Stratification Framework, approved by Member States in SP14-19, has served as a key instrument to guide the allocation of all resources available to PASB and to target resource mobilization efforts for implementation of the Plan. The PAHO-adapted Hanlon method (Resolution CD55.R2) was endorsed by the Member States as the instrument to implement the Framework and identify the programmatic priorities of the Plan.

Low	9	Strengthened stewardship and governance
	3	Quality care for older people
	6	Response capacity for violence and injuries
	18	Social and environmental determinants
	19	Health promotion and intersectoral action
	15	Intersectoral response to violence and injuries
	21	Data, information, knowledge, and evidence
	22	Research, ethics, and innovation for health

It is important to emphasize that all outcomes will constitute priorities for the Organization regardless of their ranking. Nonetheless, the outcomes that fall in the top two tiers (high-medium) will be recognized as the greatest challenges across the Region, on which PAHO's technical cooperation is most needed. The Organization will therefore focus most intensively on these areas. All three health emergencies related outcomes (23 to 25) were prioritized by Member States in the High Priority Tier.

5. Structure and Management

5.1 Monitoring and Evaluation

Staff will monitor and analyze progress against planned activities through the Organization's internal monitoring and reporting system for its biennial work plans (BWPs). Progress will be assessed against output indicators and products and services established in the BWPs, and an analysis will be conducted of factors or challenges hindering progress and the actions required to address such challenges. This performance monitoring and assessment process is conducted throughout the Organization on a six-monthly basis.

This process feeds into the annual assessment of progress to meet medium term results (outcomes) as outlined in the new PAHO/WHO Strategic Plan (SP) 2020-2025 and WHO General Program of Work 2019-2023 (GPW13). Billion #2 in the GPW13 and Outcomes 23 to 25 in the PAHO SP2020-25 relates to health emergencies preparedness, risk reduction, surveillance, detection, and response.

Additionally, PHE will prepare comprehensive annual reports to inform on the level of progress towards the achievement of these expected results. PHE will also continue to submit disaster-specific reports and informal information throughout the course of the implementation period, as requested. The Department will also be sensitive to changes in the external environment, which may trigger adjustments in the expected results or activities. These will be discussed with partners and relevant amendments will be instituted as necessary.

PAHO and its Health Emergency Program value the independence and rigor of external evaluations and the valuable recommendations that have come from these in the past. We welcome an "end of Strategic Plan" evaluation, and also propose that OFDA commission a mid-term evaluation during the implementation period, to allow for an assessment and adjustment of the plan, if necessary.

5.2 Staffing

Program staffing and structure (see Annex 1, Functional Chart) has increased in line with the expanded scope of the program. This is also a reflection of the growing importance of this field of work within PAHO and the need to meet the increasing requests for support from Member States and international partners. It is noteworthy that the health emergency program is the only technical program in the Organization reporting directly to the PAHO Director. Additionally, as a reflection of the Organization's across-the-board commitment to disaster management, several of the positions in the PHE organigram are guaranteed by the Organization's regular resources. Funding from donors will help to secure other critical functions to complement those covered by regular resources, thereby ensuring that the right mix of skills are available to deliver targeted technical cooperation.

5.3 Partnerships for Health Preparedness

PAHO`s Department on Health Emergencies will continue to promote liaison and dialogue with donors and agencies that support health emergency related actions in the LAC region. PAHO/PHE will continue to host periodic meetings with these stakeholders, extending invitations to agencies that express interest in making

a commitment to health preparedness and/or mitigation in the Region. Both internal (e.g. core institutional capacity building processes) and external consultation mechanisms (e.g. sub regional plans, country cooperation strategies, etc.) will continue to be emphasized.

The direction of PHE's future actions will build on its current relationships and collaborative efforts with other agencies, as well as on the foundation of a wide network of experts. PHE will expand its partnerships (in the health sector and others) with a growing number of important regional actors in health (both in quality and quantity). During this strategic planning period, PHE will reorganize the Technical Advisory Group to include a broader range of partners and stakeholders, who will be available to advice or comment on specific issues. Additionally, we will continue to work to influence other health and disaster reduction entities to work towards common regional objectives and benchmarks for assessing progress.

6. Assumptions and Risks

6.1 Assumptions

A key assumption that has been made while preparing this Strategic Plan is that all Member States will remain relatively stable during the next six-year period, to allow growth on past gains, both at the institutional and individual level. Other key assumptions include:

- Climate variability and change will continue to have significant impact on lives, health, food security and livelihoods in the Region;
- Continued population migration towards urban areas and population growth along the coastline will create greater vulnerability to natural and technological hazards, including hydro-meteorological extremes;
- High levels of vulnerability and humanitarian needs will continue in geographical pocket areas, such as the Andean region;
- Disaster preparedness and risk management will continue to receive strong political support at all levels across Member States, increasingly spurred on by the population's heightened demand for social protection;
- Disasters that may occur in the next six-year period would themselves reinforce the demand for better risk management measures.

ANNEX 1

Results Framework, 2020 – 2021, Health Emergencies

Outcome 23: Health emergencies preparedness and risk reduction

Outcome		**Proposed budget 2020 - 2021**	**Priority tier**
Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector		$21,500,000	High
Outputs (OPT)			
23.1	**All-hazards emergency preparedness capacities in countries and territories assessed and reported**		
	OPT Indicator 23.1.a: Number of States Parties completing annual reporting on the International Health Regulations (2005)	**Baseline [2019]** 33	**Target [2021]** 35
	OPT Indicator 23.1.b: Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector	**Baseline [2019]** 20	**Target [2021]** 35
23.2	**Countries and territories enabled to strengthen capacities for emergency preparedness**		
	OPT Indicator 23.2.a: Number of countries with national action plans developed for strengthening International Health Regulations (2005) core capacities	**Baseline [2019]** 10	**Target [2021]** 19
	OPT Indicator 23.2.b: Number of countries and territories with full-time staff assigned to health emergencies	**Baseline [2019]** 23	**Target [2021]** 30
23.3	**Countries and territories operationally ready to assess and manage identified risks and vulnerabilities**		
	OPT Indicator 23.3.a: Number of countries and territories that have conducted simulation exercises or after-action review	**Baseline [2019]** 12	**Target [2021]** 20
23.4	**Countries and territories enabled to improve the safety and security of integrated health services networks**		
	OPT Indicator 23.4.a: Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services	**Baseline [2019]** 28	**Target [2021]** 35
23.5	**Countries and territories enabled to implement the most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment**		

	OPT Indicator 23.5.a: Number of countries and territories that include criteria for disaster mitigation and climate change adaptation in the planning, design, construction, and operation of health services	**Baseline [2019]** 10	**Target [2021]** 15

Key Technical Cooperation Interventions
• Provide technical cooperation to countries to ensure that they have the capacities for all-hazard health emergency and disaster risk management, including the core capacities needed to fulfill their responsibilities under the International Health Regulations (IHR), and address the priorities for action in the Sendai Framework for Disaster Risk Reduction. Emphasis will be placed on strengthening the leadership role of national health authorities with respect to preparedness, monitoring, and response; supporting the development and implementation of national multi-hazard preparedness and response plans; and identifying and implementing inclusive strategies, particularly for groups in conditions of vulnerability, among others. • Support countries in the adoption and monitoring of benchmarks for health emergencies and disaster preparedness; coordinate with States Parties in their efforts to prepare and submit the IHR State Party Annual Report to the World Health Assembly and conduct simulation exercises, after-action reviews, and voluntary assessment of country core capacities. • Promote and facilitate the implementation of disaster risk reduction actions, including the Safe Hospitals initiative and the eventual expansion of the Smart Hospitals initiative to other Member States, in order to reduce the health consequences of emergencies, disasters, and crises and ease their social and economic impact, especially on populations in conditions of vulnerability. In this regard, emphasis will be placed on completing implementation of the Plan of Action for Disaster Risk Reduction 2016-2021 and on the special project on Smart Hospitals in the Caribbean, expected to be completed by December 2021. • Increase the operational readiness of countries and territories in high-risk conditions through actions such as the updating and establishment of coordination procedures based on current subregional, regional, and global systems and partnerships for humanitarian health assistance. This includes establishing efficient and effective response teams, Incident Management Systems, and adapted tools for the coordination of international humanitarian assistance in the health sector, as well as interoperable health emergency response through expansion and strengthening of Emergency Medical Teams and other mechanisms.

Outcome 24: Epidemic and pandemic prevention and control

Outcome	**Proposed budget 2020 - 2021**	**Priority tier**
Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens	$16,500,000	High

Outputs (OPT)			
24.1	**Research agendas, predictive models, and innovative tools, products, and interventions available for high-threat health hazards**		
	OPT Indicator 24.1.a: Number of tools implemented for modeling and forecasting the risk of emerging high-threat pathogens, including those at the human-animal interface	**Baseline [2019]** 1	**Target [2021]** 3
	OPT Indicator 24.1.b: Number of strategies in place at PAHO for deployment and use of the most effective package of control measures, including management and logistics for stockpiles	**Baseline [2019]** 10	**Target [2021]** 12

24.2	**Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale**		
	OPT Indicator 24.2.a: Number of countries and territories with an operational surveillance and response system for influenza and other respiratory viruses	**Baseline [2019]** 23	**Target [2021]** 25
	OPT Indicator 24.2.b: Number of countries and territories with strategies in place to detect and respond to high-threat infectious pathogens	**Baseline [2019]** 23	**Target [2021]** 28
24.3	**Countries and territories enabled to mitigate the risk of the emergence/reemergence of high-threat infectious pathogens**		
	OPT Indicator 24.3.a: Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to emerging and high-threat pathogens	**Baseline [2019]** 10	**Target [2021]** 20
	OPT Indicator 24.3.b: Number of countries and territories performing regular monitoring/auditing of infection prevention and control practices in referral care facilities	**Baseline [2019]** 25	**Target [2021]** 28

Key Technical Cooperation Interventions

- Improve knowledge and information sharing on emerging and reemerging high-threat infectious hazards; enhance surveillance and response for epidemic diseases, including establishing and/or working through networks (e.g., laboratory, biosafety and biosecurity, clinical management, infection prevention and control, and epidemiological surveillance networks) to strengthen countries' capacities and contribute to global mechanisms and processes, in accordance with IHR provisions. PASB will also manage regional mechanisms for tackling the international dimension of epidemic diseases, with special emphasis on the Pandemic Influenza Preparedness Framework.
- Support countries 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 populations in conditions of vulnerability.
- 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.

Outcome 25: Health emergencies detection and response

Outcome	Proposed budget 2020 - 2021	Priority tier
Rapid detection, assessment, and response to health emergencies	$25,000,000	High

Outputs (OPT)

25.1	**Potential health emergencies rapidly detected, and risks assessed and communicated**		
	OPT Indicator 25.1.a: Median number of days between substantiated onset of public health event and date information first received or detected by PAHO	**Baseline [2019]** 47 days	**Target [2021]** 30 days
	OPT Indicator 25.1.b: Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24 hours	**Baseline [2019]** 40%	**Target [2021]** 70%

	OPT Indicator 25.1.c: Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is publicly available to decision makers, in any format, starting within one week of grading or of posting on the Event Information Site (EIS)	**Baseline [2019]** 90%	**Target [2021]** 90%
25.2	**Acute health emergencies rapidly responded to, leveraging relevant national and international capacities**		
	OPT Indicator 25.2.a: Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threat, in which PASB meets performance standards	**Baseline [2019]** 70%	**Target [2021]** 90%
25.3	**Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings**		
	OPT Indicator 25.3.a: Percentage of protracted-emergency countries in which PASB meets performance standards	**Baseline [2019]** 70%	**Target [2021]** 90%
25.4	**Standing capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action**		
	OPT Indicator 25.4.a: Number of PAHO/WHO Representative Offices that meet minimum readiness criteria	**Baseline [2019]** 27	**Target [2021]** 27

Key Technical Cooperation Interventions

- Ensure timely and authoritative situation analysis, risk assessment, and response monitoring for all acute public health events and emergencies. In cases of graded and protracted emergencies, PASB will provide data management, analytics, and reporting platforms to produce and disseminate timely standardized information products for all these events, including updated situational analysis, risk assessment, and mapping of available health resources and response capacities. PASB will also work to improve the evidence base in order to inform national and international decision making, thus contributing to timely risk assessments, response monitoring, and field investigations. This will be achieved through the development of public health indicators for emergencies and disasters and technical cooperation to build data management and epidemiology capacities for these events.
- Monitor for signals of potential threats and coordinate surveillance networks to establish early warning systems. For all signals involving high-threat pathogens or clusters of unexplained deaths in high-vulnerability countries, PASB will initiate an on-site risk assessment within 72 hours of detection. PASB will also publish risk assessments for all public health events requiring publication for the use of the National IHR Focal Points on the Event Information Site within 48 hours of the completion of the assessment.
- Enhance PASB's capacity to monitor and coordinate emergency response, with a strong focus on ensuring continued and optimal operation of the PAHO Emergency Operations Center (EOC) and on the ability to establish and operate Incident Management Systems (IMS) at national, subregional, and regional levels. Concerted efforts will also be directed toward strengthening PAHO's response capacity, including surge capacity response mechanisms, such as its regional health response team and the Global Outbreak Alert and Response Network (GOARN), to allow for the implementation of WHO's critical functions in humanitarian emergencies. PASB will also ensure that relevant policies, processes, and mechanisms are in place to guarantee that essential operations support and logistics will be established and emergency supplies distributed to points of service within 72 hours of grading for all graded risks and events.

- Provide timely, effective, and efficient technical and operations support to countries to ensure that emergency-affected populations have access to an essential package of life-saving health services. This includes, but is not limited to, establishment of comprehensive IMS and coordination of health emergency partners on the ground within 72 hours of grading for all graded risks and events, development of a strategic response and joint operations plan, and provision of operational support and critical specialized health logistics services, as required (including fleet, accommodation, facilities, security, information and communications technology, and effective supply chain management), for all graded and protracted emergencies.