

58th DIRECTING COUNCIL

72nd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Virtual Session, 28-29 September 2020

Provisional Agenda Item 4.1

CD58/5
3 September 2020
Original: English

REPORT OF THE END-OF-BIENNIUM ASSESSMENT OF THE PAHO PROGRAM AND BUDGET 2018-2019 / FINAL REPORT ON THE IMPLEMENTATION OF THE PAHO STRATEGIC PLAN 2014-2019

Overview

1. This document presents a summary of the full Pan American Health Organization (PAHO) Results Report 2018-2019, found in Addendum I to this document, and the detailed Category Reports, which are published on the PAHO Program Budget Portal. Together they serve as the final report on the implementation of the Strategic Plan of the Pan American Health Organization 2014-2019 (*Official Document 345*), as amended in 2017, and the end-of-biennium assessment of the Program and Budget 2018-2019 (*Official Document 354*). Building on good practices from previous assessments, this report deepens the experience of PAHO in collective accountability and transparency through results-based management. The results set out in this report also contributed to the World Health Organization Results Report for 2018-2019, to be presented to the World Health Assembly at its resumed Seventy-third session later this year.
 2. This report provides an opportunity for the Region of the Americas to reflect on the health gains achieved during 2014-2019 and on the remaining gaps, as well as on challenges, opportunities, and lessons learned. In addition to celebrating progress in improving the health and well-being of the people of our Region, this assessment calls attention to areas that are lagging and identifies interventions that must be scaled up in order to reach future targets. Such lessons are important for implementing the Strategic Plan of the Pan American Health Organization 2020-2025 (*Official Document 359*) and achieving the goals in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) (Document CSP29/6, Rev. 3) in the context of the Sustainable Development Goals.
 3. This report shows significant progress at country level, bolstered by technical cooperation provided by the Pan American Sanitary Bureau (PASB). However, while overall projections for the regional impact targets show improvements, significant health equity gaps remain between and within countries. This is due to the many challenges that
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are summarized below and detailed in this report. Taking the Strategic Plan 2020-2025 as a new starting point, the Organization must redouble its efforts toward fulfilling the vision of the SHAA2030: *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.*

Key Findings

4. The results from the assessment indicate that 14 of the 26 impact targets in the Strategic Plan 2014-2019 were exceeded or achieved by 2019, while five targets showed partial advances and the remaining seven were not achieved. Important impact-level achievements in health as of the end of 2019 can be noted:

- a) Reductions occurred in infant mortality, maternal mortality, mortality amenable to health care, mortality due to HIV/AIDS, dengue case fatality, mortality due to suicide, and mortality due to road traffic injuries at the regional level. There was notable progress in reducing the absolute inequality gradient and relative inequality gaps on some of these indicators.
- b) Regarding the elimination of communicable diseases, the target for eliminating mother-to-child transmission of HIV and congenital syphilis was achieved, as were the targets for elimination of onchocerciasis and malaria.
- c) Health systems demonstrated resilience in their ability to prevent mortality and morbidity due to emergencies during the 2014-2019 period.

5. Two of the six categories of the Strategic Plan 2014-2019 met expectations at the close of the period (Categories 5 and 6), while the other four showed advances but also persistent challenges (Categories 1, 2, 3, and 4). With respect to program areas, 15 of 34 fully met expectations, while the remaining 19 did so partially. The assessment shows continued progress toward achieving outcome indicators, with 33% of these indicators exceeded or achieved by 2019, 44% partially achieved, and 16% not achieved. At the output level, looking at specific results for the 2018-2019 biennium, the results show that 59% of the indicators were achieved, 34% partially achieved, and 5% not achieved. Seven percent of outcome indicators and 2% of output indicators were not rated due to lack of data or other measurement difficulties.

6. The organizational results include the following significant achievements at country and regional levels:

- a) Reduced burden of communicable diseases through expanded access to diagnosis and treatment, strengthened surveillance, improved vaccination coverage, and a focus on prevention. These resulted in important steps forward toward elimination, including elimination of malaria in Argentina and Paraguay, elimination of rabies as a public health problem in Mexico, and Brazil's certification as foot-and-mouth disease (FMD) free with and without vaccination.

- b) Improved health system response for noncommunicable diseases (NCDs), mental health, people with disabilities, and violence prevention; approval of legislative and regulatory measures on sugar-sweetened beverages, fast food, and energy-dense nutrient-poor products; completion of national NCD surveys; and evidence building and dissemination of key findings. The Global HEARTS intervention to improve hypertension control in primary health care is now being implemented in eight countries.
- c) Approval and implementation of the Plan of Action for Women's, Children's and Adolescents' Health 2018-2030, the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030, and the Strategy and Plan of Action on Ethnicity and Health 2019-2025, along with other strategies to address the needs of populations based on age, social status, gender, ethnicity, and other social determinants and environmental factors.
- d) Concrete steps by 33 Member States to transform their health systems toward universal health. Twenty-four countries developed capacity to implement the integrated health service delivery networks framework. Access to and rational use of health technologies was promoted, with 34 Member States having signed agreements to use the Regional Revolving Fund for Strategic Public Health Supplies. Information systems for health were strengthened, with improved coverage and quality of vital statistics. With respect to human resources for health, 27 countries made commitments to measure their progress in this vital area.
- e) Timely and appropriate response to all emergencies with potential health impacts in 29 countries and territories. Capacities were strengthened in prevention, risk reduction, preparedness, surveillance, response, and early recovery in relation to all types of human health hazards resulting from emergencies or disasters. A major effort during the biennium was the response to the Venezuelan situation and associated humanitarian problems within that country and neighboring countries (Brazil, Colombia, Ecuador, Guyana, Peru, and Trinidad and Tobago).

7. These achievements would not have been possible without concerted action by Member States, including the expansion of health promotion and access to services, and greater collaboration with different sectors at country level. Countries have increased efforts to implement proven strategies and innovative approaches while prioritizing populations in conditions of vulnerability. Some specific examples of the results of these efforts at country level include:

- a) Strengthened antimicrobial resistance detection and surveillance in the Caribbean through a partnership between Argentina and CARICOM (Caribbean Community) countries.
- b) Improved road safety governance in Costa Rica and the Dominican Republic through the development and exchange of best practices and tools.
- c) Improved child and maternal health at the northern border of Dominican Republic and Haiti.

- d) Strengthened health services that are culturally appropriate for indigenous and rural populations in the Chaco border area between Argentina, Bolivia, and Paraguay.
- e) Safer, greener health care facilities in seven Caribbean countries (Belize, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, and Saint Vincent and the Grenadines), with the support of the UK Department for International Development.

8. Important advances were made during the Strategic Plan in strengthening the leadership, governance, and management capacities of PASB. These included increased engagement with Member States (manifested by the record-setting participation of 21 Member States in the Strategic Plan Advisory Group for the Strategic Plan 2020-2025), improvements in transparency and accountability, greater diversification in partnerships and donor engagement, continuous enhancements in the PASB Management Information System (PMIS), and strengthened communications capacity. Risk management was an integral part of the Strategic Plan 2014-2019, and through the adoption of a corporate risk management process in 2015, PASB was able to increase its managerial capacity, leveraging the resources and knowledge of operational staff to better inform executive decisions. During 2018-2019, PASB managed several risk events, as detailed in Addendum I to this document.

9. However, despite efforts to learn from past experiences, ongoing challenges persisted and new ones emerged. These included the complex political context in many countries and low levels of political commitment to address priority areas of public health; limited institutional capacity; competing priorities on the regional and national agendas; gaps in coverage and quality of care; the increasing burden of care for aging populations that are living longer than ever before; insufficient progress in addressing the determinants of health and reducing risk factors; absence of, or insufficient, intersectoral action; high attrition and inadequate succession planning that limit the availability of qualified health personnel; weaknesses in information systems; disasters, disease outbreaks, and social unrest; and the impact of migration on health systems, among others.

10. These barriers led to less than optimal results at each level of the results chain. At impact level the following negative trends were registered:

- a) Slight decrease in healthy life expectancy.
- b) Inability to accelerate the reduction of mortality due to causes that are amenable to health care, mortality due to noncommunicable diseases, and mortality due to tuberculosis.
- c) Upward trend in homicides among youth aged 15-24 in the Region.
- d) Significant variations in performance between and within countries, with indicators lagging for many vulnerable and marginalized populations. Of special note is a rapidly increasing relative inequality gap for premature mortality due to NCDs.

11. To address these lingering barriers, PAHO must continue its efforts through the new Strategic Plan 2020-2025. This means reinforcing the focus on “equity at the heart of health” to reduce inequities in health within and between countries and territories in order to improve health outcomes. The Organization must do so while building on the main lessons learned from the prior period to ensure efficient and effective technical cooperation. The findings of the two commissions established by PAHO (Universal Health in the 21st Century: 40 Years of Alma Ata and Equity and Health Inequalities in the Americas) help to define country pathways for health policy and strategy formulation within a broader context of development. PASB needs to continue working together with Member States and partners as countries seek to follow these pathways. In that regard, the Strategic Plan 2020-2025, SHAA2030, and the World Health Organization 13th General Programme of Work provide opportunities to advocate for health development and guide the Region’s collective work moving forward.

12. A key element in the end-of-biennium assessment is the assessment of the achievement of impact, outcome, and output indicators that were defined in the Strategic Plan 2014-2019 and the Program and Budget 2018-2019). Due to the difficulties of conducting the joint assessment of outcome and output indicators at a time when countries are responding to COVID-19, the results in this report do not include information from the joint assessment. Instead, indicators were assessed based on information available to PASB. Individual national health authorities may complete the joint assessment when they are able in order to reflect the country assessment of the indicators and document the results to inform future planning.

Budget Implementation

13. The total approved Program and Budget for 2018-2019 was US \$675.6 million:¹ \$619.6 million for base programs and \$56 million for special programs. A total of \$658.7 million (97% of the Program and Budget 2018-2019) was financed from a budgetary (not cash) perspective. Of the total financing, \$556 million was made available to programs, and \$546 million was implemented.

14. As of 31 December 2019, the Organization was due \$88.9 million in assessed contributions from Member States. This resulted in an unprecedented cash flow shortage for PAHO. While assessed contributions may be paid with some delay, the amount due in 2019 was much higher than what the Organization could manage using its reserves. At the time of writing this report (mid-2020), the cash flow situation improved, thanks to the payment of quota contributions by some Member States. This allowed PAHO to avert its worst-case financial scenario and relax some of its stricter cost containment measures. Nonetheless, the cash flow shortage impacted the latter part of 2019, and is expected to have a significant effect on implementation of the Program Budget 2020-2021.

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

Action by the Directing Council

15. The Directing Council is invited to take note of this report and the accompanying Addendum I and provide any comments it deems pertinent.

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