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PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2022-2023

Introductory Note to the Executive Committee

1. The proposed Program Budget of the Pan American Health Organization 2022-2023 (PB22-23) is the second to be developed and implemented under the Strategic Plan of the Pan American Health Organization 2020-2025. The PB22-23 sets out the corporate results and targets for the Pan American Health Organization (PAHO) for the next two years. It presents the budget that the Pan American Sanitary Bureau (PASB or the Bureau) will require in order to deliver on these biennial results and support Member States in improving health outcomes while contributing to the achievement of health targets set out in existing regional and global frameworks.

2. This proposed Program Budget follows the same programmatic structure as the PAHO Program Budget 2020-2021. The results framework of the proposed PB22-23 responds to the main strategic mandates for the period: the Thirteenth General Programme of Work of the World Health Organization (WHO), the WHO Programme Budget 2022-2023, the Sustainable Health Agenda for the Americas 2018-2030, and the PAHO Strategic Plan 2020-2025. The implementation of the proposed PB22-23 will also contribute to progress toward the Sustainable Development Goals. Furthermore, this is the first Program Budget to be developed during the COVID-19 period, and the consequences and lessons learned from the protracted emergency shape many aspects of this document.

3. As in previous planning cycles, the proposed PB22-23 provides an opportunity to review priorities and define biennial results to ensure that PAHO's technical cooperation continues to respond to evolving national and regional public health challenges. The COVID-19 pandemic and its socioeconomic impact pose a unique challenge that has triggered a thorough review of the Organization's priorities and approaches to ensure that its technical cooperation remains in line with the current context and needs of countries.

4. Following consideration by the Executive Committee, this document will be revised to take account of any comments received and then finalized for consideration by the 59th Directing Council in September 2021. Given the fluid and rapidly evolving

situation, Member States are advised that there may be a need for further adjustments to some sections of the document for the Directing Council to reflect the current situation as well as ongoing deliberations at regional and global levels.

Action by the Executive Committee

5. The Executive Committee is invited to analyze the proposed Program Budget of the Pan American Health Organization 2022-2023 and provide PASB with comments regarding the content and format of the document. The Committee may also wish to comment on the appropriateness of the overall level of the budget.

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Protect, Recover, and Build Stronger

Pan American Health Organization

Regional Office of the World Health Organization for the Americas

May 2021

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Executive Summary

1. The two main corporate planning instruments of the Pan American Health Organization (PAHO) are the six-year Strategic Plan and the two-year Program Budget. Taken together, these two documents set out the priorities and objectives that guide the work of PAHO. They also constitute the main means of accountability for results and for use of the Organization's resources.

2. The development of the PAHO Program Budget 2022-2023 (PB22-23) comes during the greatest public health crisis in living memory. The countries of the Americas are combating COVID-19 while simultaneously addressing many ongoing and emerging health challenges. The pandemic remains a highly fluid situation with immense economic and social impact and a disproportionate effect on population groups living in conditions of vulnerability. The vaccine rollout remains one of the highest priorities and greatest challenges in most of our countries and territories. The report of the Independent Panel for Pandemic Preparedness & Response (IPPPR)[1] and the Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response[2] are key resources that were published just as this document was being finalized. The deliberations in the 74th World Health Assembly (May 2021) on these reports and other topics will provide additional input to the final iteration of this Program Budget for the September 2021 Directing Council.

3. Although the world and the Region are still in the midst of the pandemic, PAHO will work with countries and partners to protect public health gains and re-focus on global and regional mandates. With this Program Budget, the Pan American Sanitary Bureau (PASB or the Bureau) and Member States reaffirm their existing commitments to:

a) The Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and the PAHO Strategic Plan 2020-2025 (SP20-25), at regional level; and

b) The 2030 Agenda for Sustainable Development, the Thirteenth General Programme of Work (GPW13) of the World Health Organization (WHO), and the WHO Programme Budget 2022-23 (WHO PB22-23), at global level.

4. It is estimated that this pandemic caused a 9.1% reduction in gross domestic product (GDP) for Latin America and the Caribbean during 2020, setting the Region back 10 years.[3] An update on the health situation in the Americas also shows that the pandemic has had a major impact on life expectancy, which is estimated to decrease for the first time

[1] Independent Panel for Pandemic Preparedness & Response, COVID-19: Make It the Last Pandemic (May 2021). Available from: https://theindependentpanel.org/mainreport/.

[2] World Health Organization, Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (2021). Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add1-en.pdf.

[3] Economic Commission for Latin America and the Caribbean (ECLAC), Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections, COVID-19 Special Report, No. 5, Santiago, 15 July 2020. Available from: https://repositorio.cepal.org/handle/11362/45784.

in decades. Moreover, an initial review of selected SP20-25 impact indicators reveals that while there are some areas where the Region was progressing well before the pandemic (e.g., neonatal and child health, elimination of communicable diseases), others will need sustained and accelerated efforts to achieve the regional targets established in the SP20-25 (e.g., HIV, tuberculosis, malaria, suicide, maternal mortality, and mortality due to noncommunicable diseases). The disruption of essential health services is placing at risk hard-earned public health achievements in the Region.

5. In this context, the proposed PB22-23 was developed through a consultative planning process that considered the priorities individually and collectively defined by Member States for the SP20-25 and incorporated adjustments in view of the ongoing COVID-19 pandemic. A strategic review of priorities considered the current situation in the Region and the need to make adjustments to ensure that technical cooperation remains responsive and aligned with the needs of Member States. Preliminary results are presented in this draft proposed PB22-23 for the Executive Committee, since consultations with national health authorities are still underway. More comprehensive results will be included in the version of the Program Budget to be presented to the Directing Council.

6. During PB22-23 implementation, PASB will apply lessons learned from 2020-2021 to ensure continuous improvement. The Region and the Organization have faced unprecedented challenges during the current biennium, and learning from these experiences can guide future interventions.

7. In line with the SP20-25, the current health context, and the need for clear direction for action, the proposed PB22-23 is guided by three strategic approaches and six areas of focus, which together constitute the strategic direction for the new biennium and are underpinned by the principles of equity and solidarity. The three strategic approaches are:

a) protect public health gains while ensuring effective response to COVID-19;

b) recover from the impact of the pandemic, accelerating actions to get back on track toward the 2030 goals; and

c) build stronger, harnessing innovation for universal health and sustainable health development with people at the center.

8. The six areas of focus outline key topics and actions that require special attention during 2022-2023. Across all strategic approaches and areas of focus, PAHO will continue to strive toward the SHAA2030 vision and the theme of the SP20-25, *Equity at the Heart of Health*. It is important to note that the strategic approaches and areas of focus do not replace the existing results structure set out in the PAHO SP20-2025 and Program Budget 2020-2021 (PB20-21), but rather serve to group common topics that emanated from the situation analysis, the strategic review of Member State priorities, and other considerations for the next biennium.

9. Taking the above into account, the overall proposed budget for the 2022-2023 biennium is US$ 688 million in total.[4] Of this amount, $640 million is for base programs and $48 million is for special programs (including emergencies). This proposal represents a 5.8% increase in the overall budget and a 3.2% increase for base programs with respect to 2020-2021. The proposed increase in both segments balances new and existing programmatic needs, realistic financing prospects, WHO budget space for the Americas Region, and internal efficiency efforts. The modest budget increase allows for an additional emphasis on those outcomes that have been prioritized in the bottom-up planning process and the strategic review of priorities.

10. The proposed PB22-23 includes the budget allocation from WHO for the Regional Office for the Americas (AMRO), currently $252.6 million for base programs and $17.3 million for special programs. The AMRO budget allocation reflects an increase of $36.8 million (or 17%) for base programs with respect to 2020-2021. If approved, the WHO component would represent 39% of PAHO base programs for 2022-2023.

11. PAHO continues to implement and refine its processes for risk assessment and mitigation, integral to Program Budget implementation during 2022-2023.

12. This Program Budget forms a results-based "contract" between PASB and Member States, with each undertaking to perform the respective actions necessary to achieve the health outcomes and outputs contained in the document. Through the PB22-23, PAHO will continue to demonstrate accountability for results, with a focus on country-level impact. The approval, implementation, and reporting of this Program Budget are the main means of accountability for programmatic work and the financial resources entrusted to PASB for this purpose. The budgetary aspect of the PB forms one of the two main pillars of financial accountability (along with the annual Financial Report of the Director and the Report of the External Auditor). With a few notable exceptions,[5] the total sum of the Bureau's work for the next two years is represented in this Program Budget.

13. The PB22-23 results chain follows the structure of the 28 outcomes in the Strategic Plan 2020-2025. There are a total of 102 outputs, measured through 146 output indicators. Most outputs and output indicators remain consistent with the previous biennium, with some adjustments. This will ensure continuity of measurement and implementation of proven and effective interventions. At the same time, in recognition of the changing context, the PB22-23 strategic approaches and areas of focus will be implemented inter-programmatically throughout all outcomes and outputs and across all functional levels of the Organization. In that regard, key interventions were also updated.

[4] Unless otherwise indicated, all monetary figures in this document are expressed in United States dollars.

[5] Exceptions include the collective purchasing funds (the Revolving Fund for Access to Vaccines, the Regional Revolving Fund for Strategic Public Health Supplies, and the Reimbursable Procurement on Behalf of Member States Fund) and national voluntary contributions, which are managed outside the Program Budget. Financial accountability for these is done through the annual Financial Report of the Director.

14. In line with PAHO's commitment to country focus and increased transparency, and building on the experience with the PB20-21, country pages provide a synopsis of the priorities, key indicators, programmatic interventions, and budget of each country. This section is under development; for the Executive Committee document, a sample of country pages is included for illustrative purposes.

15. The proposed PAHO Program Budget is in line with priority health needs in the Americas, and with expectations expressed by Member States for technical cooperation from PASB. It continues the Organization's focus on country-level results and on seeking tangible improvements in health through integrated technical cooperation and implementation of evidence-based strategies. The PB22-23 constitutes an ambitious yet realistic proposal that will allow PAHO to continue catalyzing the regional response to COVID-19 while renewing its commitments to medium- and long-term health mandates.

Programmatic Context and Strategic Direction

16. During the preparation of this Program Budget, PASB has taken stock of the actual situation in the Region and the most effective approaches to meet the current and emerging challenges. This section reviews the current situation, addresses priorities expressed by Member States, examines lessons learned thus far in 2020-2021, and proposes the strategic direction for 2022-2023.

Health in the Americas: Where Do We Stand?

17. The COVID-19 pandemic continues to impact our Region, with consequences that affect immediate and long-term health outcomes for the Region's population. The pandemic is occurring in the context of various underlying political, economic, social, and health issues and is exposing and amplifying challenges in health inequalities, access to health services, and continuity of care for acute and chronic conditions. The projected 9.1% average reduction in GDP for Latin America and the Caribbean during 2020 as a result of the pandemic is estimated to have set the Region back 10 years.[6] Meanwhile, there has been a reported increase in extreme poverty in 17 countries from less than 11% of the population in 2019 to 15.5% in 2020.[7] This economic crisis places a high burden on households to ensure basic services related not only to health but to all social determinants of health, such as housing, food security, education, and employment. Additionally, the COVID-19 crisis has exacerbated the already unacceptable levels of inequality and inequity within the Region.

The COVID Pandemic Threatens the Region's Health Gains

18. Life expectancy in the Region has steadily increased over the past few decades. It reached 77.2 years in 2019, with health-adjusted life expectancy (HALE) at 66.2 years.[8] The pandemic threatens the gains in life expectancy and HALE, as it is estimated that for the first time in decades a decrease in life expectancy will be observed. As of 21 May 2021, over 65 million cumulative COVID-19 cases and almost 1.6 million cumulative deaths have been reported among the 54 countries and territories in the Region.[9]

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[6] Economic Commission for Latin America and the Caribbean (ECLAC) and Pan American Health Organization, Health and the Economy: A Convergence Needed to Address COVID-19 and Retake the Path of Sustainable Development in Latin America and the Caribbean (July 2020). Available from: https://iris.paho.org/handle/10665.2/52535.

[7] Economic Commission for Latin America and the Caribbean (ECLAC), Addressing the Growing Impact of COVID-19 with a View to Reactivation with Equality: New Projections, COVID-19 Special Report, No. 5, Santiago, 15 July 2020. Available from: https://repositorio.cepal.org/handle/11362/45784.

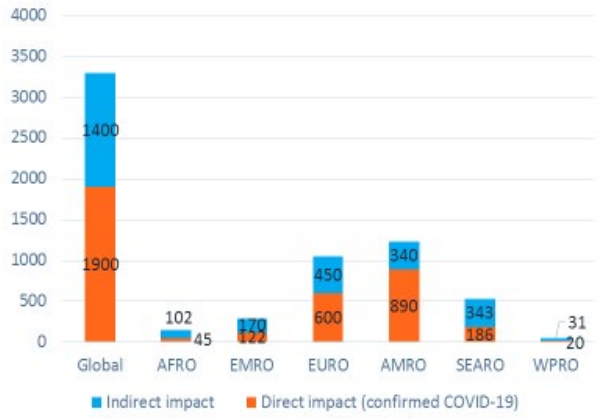
[8] WHO, Global Health Observatory Data Repository, Life Expectancy and Health Life Expectancy: Data by WHO Region (last updated 7 December 2020). Available from: https://apps.who.int/gho/data/view.main.SDG2016LEXREGv?lang=en.

[9] Geo-Hub COVID-19 Information System for the Region of the Americas, accessed 21 May 2021. Available from: https://paho-covid19-response-who.hub.arcgis.com.

19. A review of the mortality data from 2020 shows that the Region of the Americas had the highest number of estimated excess deaths (1,230,000) among the six WHO regions in that year (Figure 1). The left panel of the figure provides an estimation of the overall excess deaths, which consist of excess deaths due to COVID-19 and other causes. The right panel shows the number of excess deaths that are directly due to confirmed COVID-19 cases (orange portion of each bar) and excess deaths in which COVID-19 had an indirect impact (blue portion of each bar). While the leading causes of death in the Region continue to be noncommunicable diseases (NCDs) such as cardiovascular diseases, diabetes mellites, chronic respiratory disease, and cancer, it is predicted that COVID-19 will be the second leading cause of death in the Region for the year 2020. Figure 2 shows that the pandemic has altered the relative distribution of the top 20 leading causes of death.

Figure 1. 2020 Excess Deaths by WHO Region (thousands)

WHO region	COVID-19 deaths	Estimated excess deaths	Uncertainty interval for estimated deaths
Global	1,900	3,300	2,900 - 3,800
AFRO	45	147	70 - 220
EMRO	122	292	256 - 329
EURO	600	1,050	1,000 - 1,100
AMRO	890	1,230	1,210 - 1,240
SEARO	186	529	358 - 700
WPRO	20	51	-130 - 240



Source: Presentation to meeting of WHO and United Nations Department of Economic and Social Affairs (UN DESA) Technical Advisory Group on COVID-19 Mortality Assessment, 12 March 2021. Preliminary WHO mortality data.

Figure 2. Leading Causes of Death, Americas Region, 2020

2020, excluding COVID-19

	Causes	Number 7,225,073	Percent (%) 100.0
1	Ischaemic heart disease	1,101,131	15.2
2	Stroke	481,933	6.7
3	Alzheimer diseases and other dementias	393,987	5.5
4	Chronic obstructive pulmonary disease	381,710	5.3
5	Lower respiratory infections	319,730	4.4
6	Diabetes mellitus (excluding chronic kidney disease due to diabetes)	286,605	4.0
7	Trachea, bronchus, lung cancers	258,414	3.6
8	Kidney diseases	256,314	3.5
9	Interpersonal violence	195,485	2.7
10	Hypertensive heart disease	158,710	2.2
11	Road injury	156,173	22.0
12	Cirrhosis of the liver	144,343	2.0
13	Colon and rectum cancers	134,939	1.9
14	Breast cancer	110,446	1.5
15	Prostate cancer	98,415	1.4
16	Self-harm	98,215	1.4
17	Neonatal conditions	87,112	1.2
18	Drug use disorders	86,758	1.2
19	Pancreas cancer	82,659	1.1
20	Falls	81,271	1.1

2020, including COVID-19 (forecast)

	Causes	Number 8,115073	Percent (%) 100.0
1	Ischaemic heart disease	1,101,131	13.6
2	COVID-19	890,000	11.0
3	Stroke	481,933	5.9
4	Alzheimer diseases and other dementias	393,987	4.9
5	Chronic obstructive pulmonary disease	381,710	4.7
6	Lower respiratory infectons	319,730	3.9
7	Diabetes mellitus (excluding chronic kidney disease due to diabetes)	286,605	3.5
8	Trachea, bronchus, lung cancers	258,414	3.2
9	Kidney diseases	256,314	3.2
10	Interpersonal violence	195,485	2.4
11	Hypertensive heart disease	158,710	2.0
12	Road injury	156,173	1.9
13	Cirrhosis of the liver	144,343	1.8
14	Colon and rectum cancers	134,939	1.7
15	Breast cancer	110,446	1.4
16	Prostate cancer	98,415	1.2
17	Self-harm	98,215	1.2
18	Neonatal conditions	87,112	1.1
19	Drug use disorders	86,758	1.1
20	Pancreas cancer	82,659	1.0

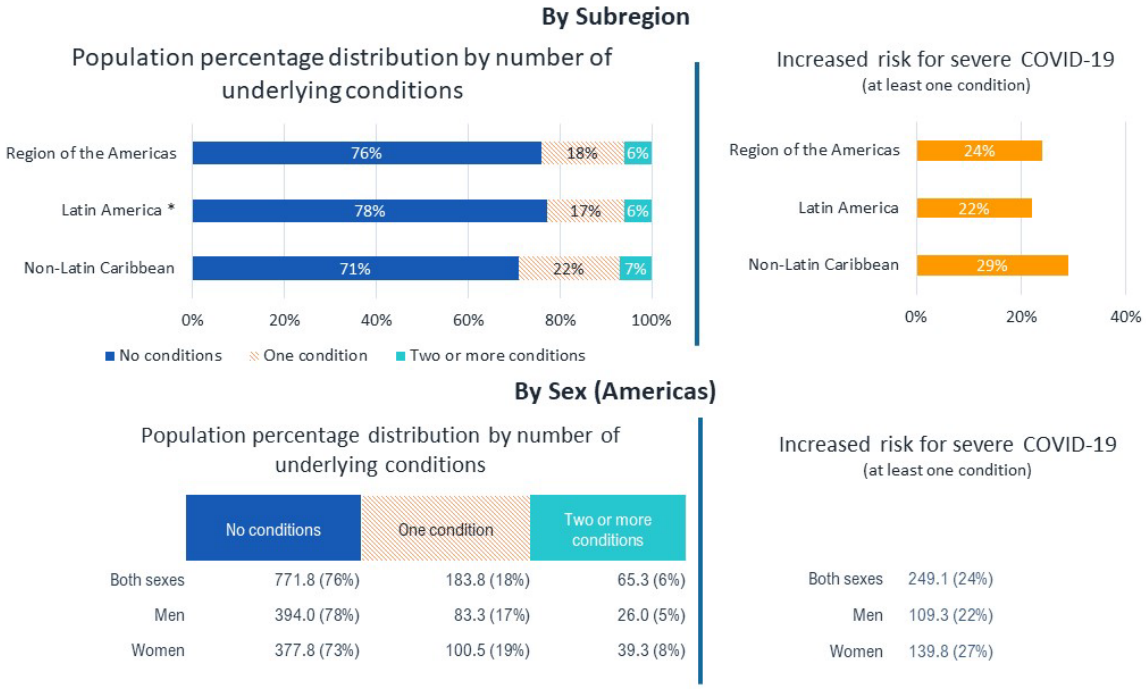
	Communicable, maternal, perinatal and nutritional conditions
	Noncommunicable diseases
	Injuries

Source: WHO Mortality Database.
Note: Forecasting based on 2019, including the number of estimated deaths due to COVID-19 and assuming uniform causes of non-COVID-19 causes throughout the year (direct effect of COVID-19 as underlying cause of death).

20. We now know that having one or more NCDs increases a person's risk of having a severe case of COVID-19. As morbidity and mortality due to NCDs continue to increase in the Region, the pandemic has created additional strain on health systems. Figure 3 shows that about a quarter of the Region's population (24%) have one or more underlying NCD conditions. Women (27%) are more likely to have NCDs than men (22%). By subregion, the non-Latin Caribbean has a higher percentage of the population with underlying conditions than Latin America (29% compared with 22%). A quarter of the working-age population (15-64 years) in Latin America and the Caribbean has an underlying health condition.[10] This age group is critical to national GDP and to ensuring a stable economy for the future. A life course approach to address NCDs will be critical moving forward, with actions that promote health and well-being from pregnancy to adulthood.

[10] COVID-19 Comorbidities Tool developed by PAHO (NMH-PHE) and London School of Hygiene and Tropical Medicine. Estimates generated using mean prevalence, 14 conditions, 16 November 2020.

Figure 3. NCDs and Increased Risk of Severe COVID-19, Americas Region, by Subregion and Sex, 2020



Source: COVID-19 Comorbidities Tool developed by PAHO (NMH-PHE) and London School of Hygiene and Tropical Medicine.
Note: Estimates generated using mean prevalence, 14 conditions, 16 November 2020.
* Due to rounding of the figures, the total adds up to more than 100%.

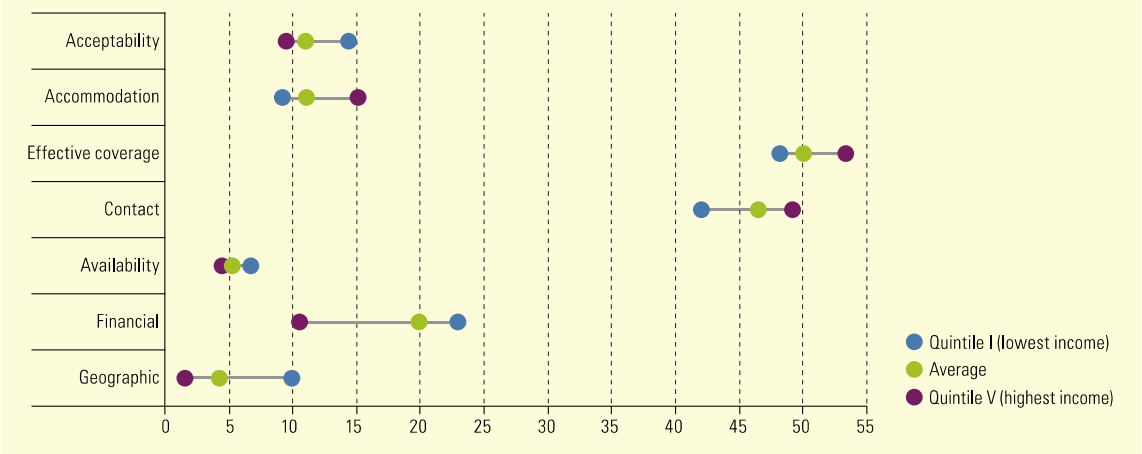
The Region's Health in the Context of Persisting Inequities

21. As bad as inequities were before the pandemic, and as forcefully as the pandemic has exposed and exacerbated them in health systems, the post-pandemic world could experience even greater inequities unless we strategically address the existing barriers to health and health services and the underlying causes of poor health. Figure 4 shows how socioeconomic inequalities (between the lowest, average, and highest income quintiles) correlate with barriers to access, including geographic location, finances, availability of services, cultural acceptability, and others. It is notable that almost half of people have barriers related to effective coverage and contact with health services, regardless of income. Overall, 30% of the Region's population (equivalent to approximately 279 million people) do not have access to appropriate health services at the time they are needed.[11]

[11] Economic Commission for Latin America and the Caribbean (ECLAC) and Pan American Health Organization, Health and the Economy: A Convergence Needed to Address COVID-19 and Retake the Path of Sustainable Development in Latin America and the Caribbean (July 2020). Available from: https://iris.paho.org/handle/10665.2/52535.

22. Existing health inequities and underlying social inequalities must be considered when addressing the consequences of COVID-19. These include the social determinants of health, such as living and employment conditions, as well as social protection coverage. Policies and programs must promote universal access to health and access to social protection, labor rights, food security, safe drinking water, and connectivity, among others.

Figure 4. Region of the Americas (17 Countries): Inequalities and Barriers to Health Services, by Income Quintile, 2020 (percentages)

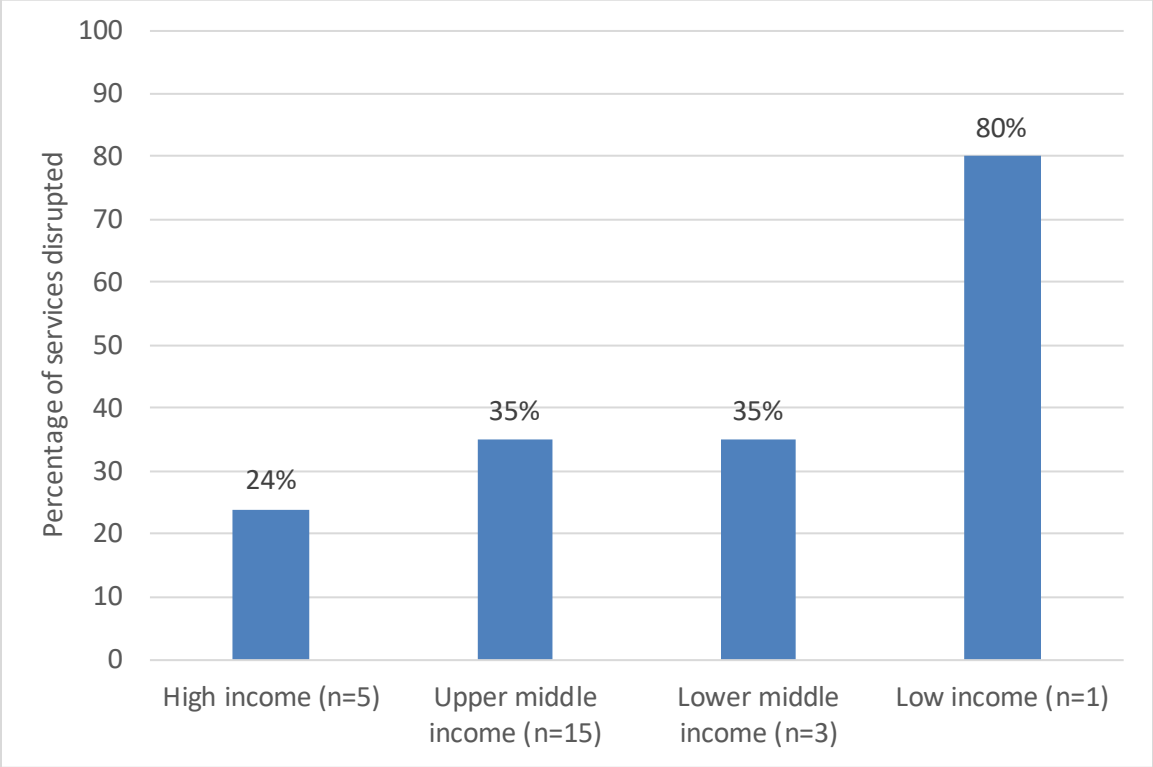


Source: ECLAC-PAHO, Health and the Economy: A Convergence Needed to Address COVID-19 and Retake the Path of Sustainable Development in Latin America and the Caribbean, 2020. Available from: https://iris.paho.org/handle/10665.2/52535.
Note: The countries included are Bolivia (Plurinational State of), Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Paraguay, Peru, the United States of America, and Uruguay.

Health Services Disruptions

23. In the first round of the WHO National Pulse Survey on Continuity of Essential Health Services during the Covid-19 Pandemic (EHS Survey), between July and December 2020, 24 countries in the Region reported service disruptions and limited continuity of services for priority programs. These included mental health, elderly health care, maternal and child health, NCDs, immunizations, and tuberculosis, HIV, and other communicable diseases. Access for vulnerable populations (Indigenous, Afro-descendants, and those living in remote rural communities) was further compromised by the limited availability of these programs at the first level of care. Figure 5 shows that for the low-income country that was surveyed, 80% of health services were disrupted.

Figure 5. Health Service Disruptions, by Income Group, in 24 Countries of the Americas Region, 2020

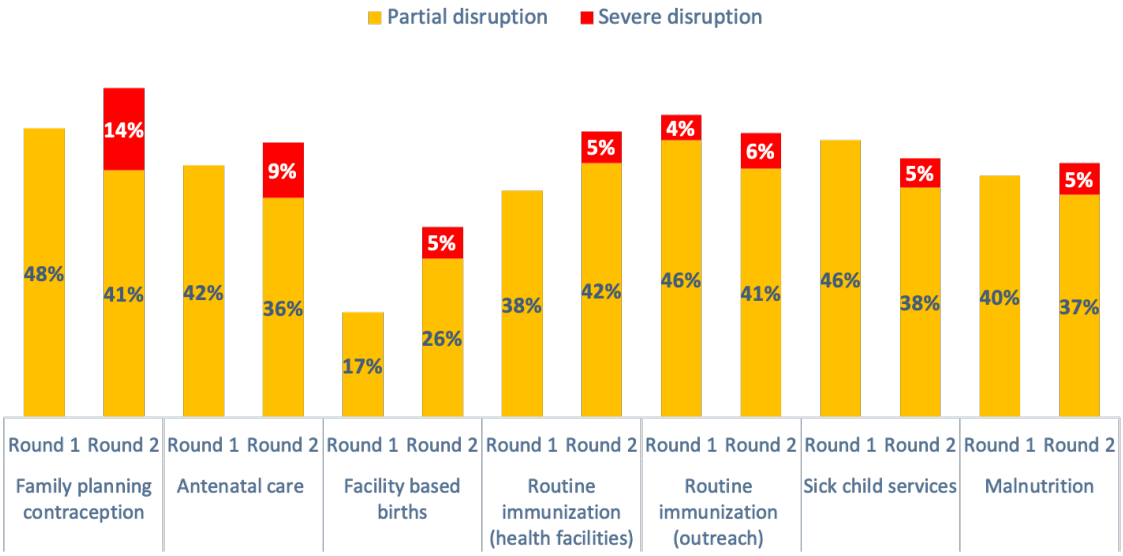


Source: WHO EHS Survey, First Round, July-December 2020.

24. Approximately half of the countries in the Region responding to the second round of the WHO EHS survey, conducted between January and March 2021, reported disruptions to reproductive, maternal, neonatal, child, and adolescent health (RMNCAH) services and to nutrition services. Severe disruptions were reported to the programs for family planning, antenatal care, facility-based births, immunization, childcare, and nutrition (Figure 6). For example, 28 countries in Latin America and the Caribbean reported a 10% to 29% decrease in the number of third doses of diphtheria, pertussis, and tetanus-containing vaccine (DPT3) and a 16% to 23% decrease in the number of first doses of the measles, mumps, and rubella vaccine (MMR1) administered in 2020 compared with the number of doses administered in 2019.[12]

[12] PAHO (FPL/EIH), from data provided by 28 Member States (70% population coverage).

Figure 6. Percentage of Countries Reporting Disruptions to RMNCAH and Nutrition Services: Comparison between Rounds 1 and 2, WHO EHS Survey, 2020 and 2021, Americas Region

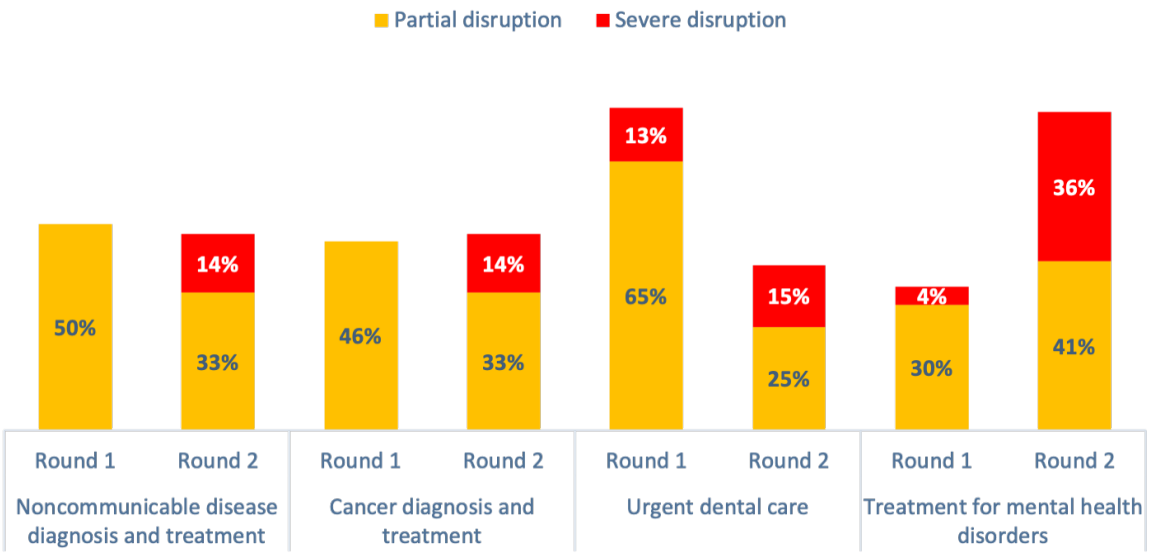


Source: WHO EHS Surveys, 2020 and 2021. Preliminary data pending validation and final analysis.

25. Countries reported disruptions to more than one-third of health services. Overall, primary care and rehabilitative, palliative, and long-term care have been the most severely affected: 48% of countries reported disruptions in essential primary health care and 41% in rehabilitative, palliative, and long-term care. This has likely implications for the most vulnerable populations, such as older persons and people living with chronic conditions and disabilities.[13] There were also significant disruptions to services related to diagnosis and treatment of cancer and other NCDs. The majority of countries reported service disruptions to urgent dental care and treatment for mental health disorders (Figure 7).

[13] Pulse Survey on Continuity of Essential Health Services during the COVID-19 Pandemic: Key informant findings from 135 countries and territories. Global results as of 16 April 2021.

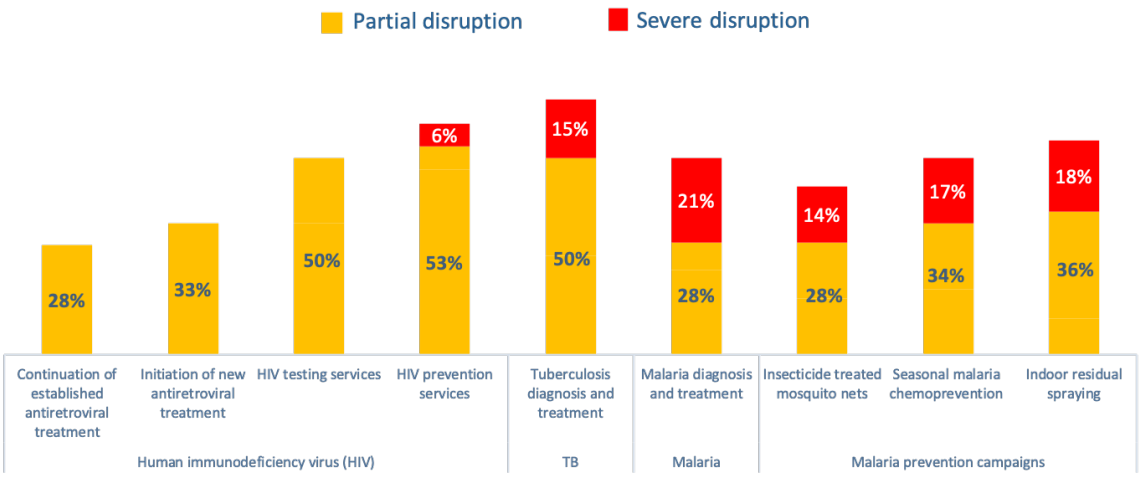
Figure 7. Percentage of Countries Reporting Disruptions to NCD and Mental Health Services: Comparison between Rounds 1 and 2, WHO EHS Survey, 2020 and 2021, Americas Region



Source: WHO EHS Surveys, 2020 and 2021. Preliminary data pending validation and final analysis.

26. As shown in Figure 8, half of the countries in the Region reported partial or severe disruptions to HIV prevention (59%) and HIV testing services (50%). Sixty-five percent of countries reported disruptions in tuberculosis (TB) diagnosis and treatment. Similarly, half of countries reported disruptions in their programs for malaria prevention, diagnosis, and treatment.

Figure 8. Percentage of Countries Reporting Disruptions to HIV, TB, and Malaria Services: WHO EHS Survey, 2020, Americas Region



Source: WHO EHS Survey, 2020. Preliminary data pending validation and final analysis.

27. These disruptions to health services compromise gains the Region has made in immunization programs, communicable disease and NCD control through surveillance, case detection, diagnosis, and treatment. They threaten to lead to increases in the HIV and TB incidence rates, the maternal mortality ratio, and other key health indicators.

Interim Update on the Strategic Plan 2020-2025 Impact Indicators

28. An interim internal review of the SP20-25 impact indicators was conducted by PASB in February 2021, using the most recent available data.[14] It is important to note that the data for the impact indicators available at this time do not reflect the impact of COVID-19. It is not yet clear how the pandemic will affect these indicators, although based on the service-level disruptions described above, the outlook is not promising. Nevertheless, the information presented here provides some insight as to where the Region stood in 2019 and what may be expected going forward, as these indicators are monitored and evaluated on a regular basis. For instance, the neonatal mortality rate stood at 7.9 deaths per 1,000 live births, and the under-5 mortality rate was 14.0 deaths per 1,000 live births.[15]

29. A review of the impact indicators reveals that even before the COVID-19 pandemic, the trends suggested that the Region would struggle to achieve the regional targets established in the SP20-25, unless a very different and strategic approach is implemented. Of particular concern were the impact indicators for the maternal mortality ratio, suicide mortality rate, HIV incidence rate, TB incidence rate, and malaria incidence rate. For example, although a decreasing trend was observed for the maternal mortality ratio (estimated at 59.4 deaths per 100,000 live births in 2019), the annual decrease of 1.4% fell short of the 4.0% annual decrease that would be required to meet the 2025 target (35 deaths per 100,000 live births).

30. An increasing trend in the suicide mortality rate (8.8 deaths per 100,000 population in 2018), with an annual percentage change of +0.8%, continues to move further away from the regional target of 7 per 100,000 population in 2025, which would require an annual decrease of 1.0%. Key to this challenge is strengthening mental health policies and services and suicide prevention interventions. Mental disorders and suicide are major causes of disability and mortality in the Region, responsible for a third of total years lived with disability (YLDs) and a fifth of total disability-adjusted life years (DALYs).[16] The

[14] Data sources for the interim review of the Strategic Plan 2020-2025 in February 2021 included WHO estimates, Institute for Health Metrics and Evaluation Global Burden of Disease (IHME GDB), UN inter-agency groups, various survey data, and country epidemiological data reported to PAHO. Regional estimates are standardized to facilitate comparability of country data, and the weighted averages by population have been computed for the Region.

[15] United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2020, Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2020. Available from: https://www.unicef.org/media/79371/file/UN-IGME-child-mortality-report-2020.pdf.pdf

[16] Pan American Health Organization, Health Status of the Population: Mental Health in the Americas. Available from: https://www.paho.org/salud-en-las-americas-2017/ro-mental.html.

Organization must work with Member States to identify obstacles as well as accelerators for reversing the increasing suicide mortality rate.

31. The unconditional probability of dying between ages 30 and 70 years from NCDs, at 15.3% in 2018, is another indicator on which performance is disconcerting. The annual decrease was 1.5%, short of the 2.6% decrease that would be required to meet the target of 11.9% in 2025. Morbidity and mortality due to NCDs and risk factors—mainly tobacco use, harmful alcohol use, unhealthy diet, and physical inactivity—continue to play a major role in the epidemiological disease transition in the Americas, as observed above. Reducing the NCD burden requires prioritizing prevention and strengthening services based on primary care to improve diagnosis, treatment, and care for people living with NCDs.

32. When reviewing data trends for communicable diseases such as HIV and TB, it is observed that although there is a trend of decreasing incidence, the annual percentage change is not enough to reduce the rates to the desired targets for 2025. The most recent HIV incidence rate is 0.17 new HIV infections per 1,000 population in 2020. An annual percentage reduction of 17.3% is required to reach the target of 0.04 new HIV infections per 1,000 population by 2025. Similar trends are observed with the TB incidence rate, for which the most recent estimate is 27.7 new TB infections per 100,000 population in 2020. The annual rate of reduction, currently at 0.3%, would need to accelerate greatly, at least to 6.9%, to meet the ambitious target of 14 new TB infections per 100,000 population by 2025.

33. The pandemic has made clear that health systems need to be innovative and adaptive, especially in the most difficult of times, when they risk being overwhelmed. Countries must strengthen and scale up what works well, and identify and appropriately address what is not working. This means going beyond what has been done in the past and pushing past the status quo. Above all, it requires adopting new paradigms of health care that include social determinants of health and that work to reduce health inequities. Adequate health financing is integral for the alleviation of poverty.

34. The push to develop the COVID-19 vaccines, in the shortest span of time in history, represents an incredible success in biotechnology research and development. At the same time, rollout of vaccinations has posed a significant challenge. Fifty countries and territories in the Region have initiated COVID-19 vaccinations, with a total of over 442 million doses administered (168 million with the complete schedule)[17] as of 21 May 2021. Yet this represents only a portion of what is required to achieve adequate vaccination coverage in the Region. Moreover, the vaccines administered have often been distributed inequitably.

[17] This number represents the number of people who received the last recommended dose of any vaccine or completed their schedule. This includes the second dose in a two-dose schedule and the single dose in a single-dose schedule. Pan American Health Organization, COVID-19 Vaccination in the Americas, accessed 23 April 2021. Available from: https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp.

35. Technical cooperation must be transformed to strategically address emerging health challenges, change the status quo, and build an environment that eliminates health inequities. This is the only way to recover lost ground and resume progress toward reducing the greatest forces of morbidity and mortality within the Region. To support the monitoring of these efforts, the Bureau has developed modelling scenarios tailored to specific country situations, including health equity metrics. PASB will continue to build capacity within Member States to improve effective data use as it relates to health analysis, predictive modelling, and data analytics. Further updates on SP20-25 indicators will be provided in the 2020-2021 End-of-Biennium Assessment.

Strategic Review of Priorities

36. In 2019, Region-wide consultations were conducted with national health authorities in 47 countries and territories to identify the priority technical outcomes of the SP20-25 using the PAHO-adapted Hanlon method. The consolidated regional results were then grouped into three priority tiers—high, medium, and low—to identify areas where the Organization's efforts are needed most and where PAHO's technical cooperation adds the most value.

37. In accordance with the PAHO Programmatic Priorities Stratification Framework (Document CD55/7), the consolidated regional prioritization results are key to implementing the SP20-25 and its Program Budgets, informing the allocation of resources and resource mobilization efforts. Individual country results are the main inputs to planning and implementation of the biennial work plans of each country and territory. In accordance with the approved PAHO-adapted Hanlon method, the priority tiers do not indicate the importance of a specific result, but rather the level of technical cooperation that countries and territories can expect from PASB. The Bureau works toward the achievement of all outcomes and outputs that are part of mandates approved by Member States. Nonetheless, the outcomes that fall in the top two tiers (high and medium) are recognized as the greatest challenges across the Region, those for which PASB technical cooperation is most needed during the biennium.

38. Since the publication of the SP20-25 in 2019, the regional health context and Member State priorities have evolved in light of the ongoing impact of the COVID-19 pandemic in the Region. The Organization has adapted its work to respond to the multiple demands of technical cooperation while striving to protect regional public health gains and reach goals set in the SP20-25. The PB22-23 presents an opportunity to reevaluate strategic priorities in light of the current socioeconomic, political, and health situation in the Region and to make adjustments required to help ensure that PAHO technical cooperation is responsive and aligned to the needs of Member States. With this in mind, the PAHO/WHO Representative (PWR) Offices conducted a strategic review of the priorities in the SP20-25 and identified areas where a new focus was required for 2022-2023. The aggregated results of this review are shown in Table 1.

Table 1. Aggregate Results from the Review of Strategic Priorities (as of April 2021)

Priority Tier	Outcome No.	Outcome
High	5	Access to services for NCDs and mental health conditions
	24	Epidemic and pandemic prevention and control
	25	Health emergencies detection and response
	13	Risk factors for NCDs
	23	Health emergencies preparedness and risk reduction
	1	Access to comprehensive and quality health services
	20 ▲	Integrated information systems for health
	12	Risk factors for communicable diseases
Medium	4	Response capacity for communicable diseases
	14 ▼	Malnutrition
	10	Increased public financing for health
	2	Health throughout the life course
	8	Access to health technologies
	16	Intersectoral action on mental health
	7	Health workforce
	17	Elimination of communicable diseases
	9 ▲	Strengthened stewardship and governance
Low	19	Health promotion and intersectoral action
	11 ▼	Strengthened financial protection
	3	Quality care for older people
	18	Social and environmental determinants
	21	Data, information, knowledge, and evidence
	6	Response capacity for violence and injuries
	22	Research, ethics, and innovation for health
	15	Intersectoral response to violence and injuries

Note: The arrows indicate the shift of an outcome from one priority tier to another. Outcomes 26, 27, and 28 were excluded due to the corporate nature of their scope.

39. The review considered the priorities identified by national authorities, the emerging challenges of the COVID-19 pandemic and its impact on health and health systems, the need to protect health gains, and the value-added of PAHO technical cooperation. PWR Offices are currently conducting a validation process with the national authorities to verify the strategic shifts in priorities. As of April 2021, 28% of the countries and territories had confirmed their agreement with the changes proposed by the country offices. The validation process will be concluded in time for publication of the PB22-23 for the Directing Council in September 2021, and Table 1 will be updated accordingly.

40. The results of the internal review of strategic priorities show that countries and territories collectively continue to prioritize technical cooperation largely in areas that are oriented to noncommunicable diseases and mental health; preparedness, prevention, and response to health emergencies; risk factors for both noncommunicable and communicable diseases; and access to health services. The COVID-19 pandemic has highlighted the

importance of strengthening health information systems and building capacity to improve monitoring and dissemination of high-quality and reliable evidence-based data for policy making. As a result, Outcome 20 (Integrated information systems for health) has moved up from medium to high priority. Outcome 9 (Strengthened stewardship and governance) is another example of an area that has acquired more relevance because of the pandemic.

Lessons Learned from 2020-2021

41. The Region and the Organization have faced unprecedented challenges during the current biennium, due primarily to the COVID-19 pandemic and to the financial situation of the Organization in 2020. Lessons learned during the biennium are important for guiding future interventions. The Region is struggling to mitigate and recover from the impact of COVID-19, seeking to protect existing public health gains while recuperating losses. The objective is to get back on track toward global and regional targets.

42. The COVID-19 pandemic has amplified the challenges presented by the insufficient capacity of the Region's health systems to address unmet health needs and overcome access barriers, fragmentation, and segmentation. This threatens the attainment of universal health, particularly among populations in conditions of vulnerability. To find sustainable solutions, technical cooperation must focus on increasing awareness of access barriers and associated determinants of health and on formulating and implementing policies to identify and address them. Key priorities for investment include strengthening health systems toward the achievement of universal health based on a primary health care approach, recuperating lost health gains, addressing exacerbated inequities, and embedding pandemic preparedness and response.

43. The pandemic has highlighted the need for an integrated and multidisciplinary approach to the Organization's technical cooperation. PASB must support Member States in accelerating multisectoral and intersectoral actions and a whole-of-society approach to protect and promote health and well-being. A health promotion and Health in All Policies approach, with community participation and civil society engagement, is crucial in times of crisis and contributes significantly to building resilience to outbreaks. Strengthening and empowering national and subnational governments, including through networks and community participation, is critical to progress on combating COVID-19 and rebuilding with equity with special attention to local realities and needs.

44. Strengthening human resources for health is essential to ensure the expansion of services and the resilience of health systems. Investment in health care workers needs to be prioritized for a comprehensive response to current and future pandemics.

45. Furthermore, the Region could face significant additional losses in financial protection of households that will become harder to surmount as we move toward 2030. Out-of-pocket expenses are very likely to increase, at least in the most vulnerable groups. This threatens to negatively impact family budgets, leading to increasing financial catastrophe and impoverishment, thus widening the equity gap.

46. The pace of innovation in health services management accelerated during 2020-2021. This included reorganization toward integrated health services networks with emphasis on strengthening the first level of care, resulting in positive advances that need to continue. It also included greater use of telemedicine services. Although not yet widely available, telemedicine is playing a key role in meeting service coverage needs in the context of the pandemic. Such services appear to be a promising alternative to conventional health services, including for hard-to-reach population groups.

47. The disruption of health services due to the COVID-19 pandemic has tremendously impacted the mental health of people and societies. Investment in mental health is a critical component of building back better.

48. The vast experience that the Organization has amassed in the quality assessment of medicines and vaccines was quickly adapted to other health technologies such as devices (in vitro diagnostics, personal protective equipment). This enabled the timely assessment of critical health technologies for COVID-19 response in the Region.

49. The report of the Independent Panel for Pandemic Preparedness and Response (IPPPR)[18] and the Report of the Review Committee on the Functioning of the International Health Regulations (2005)[19] during the COVID-19 response are key resources that were published just as this document was being finalized. However, the COVID-19 pandemic has put to test virtually all provisions of the International Health Regulations (IHR), 2005. Country, regional, and global experiences are offering unprecedented opportunities to identify, take stock of, and introduce legal, institutional, and operational changes based on preparedness and response-related aspects that have emerged as cornerstones of effective national actions. Emergency and disaster risk management programs need to be institutionalized, and risk reduction and preparedness capacities need to be strengthened. This includes maintaining essential public health functions to provide quality public health services that can handle epidemics while still advancing toward universal health.

50. The response to COVID-19 has also provided an opportunity to build and strengthen regional surveillance systems, including laboratory networks, that will outlast the pandemic itself. Laboratory-based surveillance, including sequencing capacities, is key to the ability to detect and report early emergence of pathogens and to assess abrupt changes in disease transmission or severity.

51. The Region was once again reminded of the tangible lesson that data and information must be accurate, have a reasonable degree of disaggregation, and be timely, accessible, and utilized. Information systems for health, as well as those outside the traditional health sector that have an impact on health, require immediate improvement and

[18] Independent Panel for Pandemic Preparedness & Response, COVID-19: Make It the Last Pandemic (May 2021). Available from: https://theindependentpanel.org/mainreport/.

[19] World Health Organization, Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (2021). Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add1-en.pdf.

a plan for sustainability, growth, and maintenance over time. This requires governance and leadership in these areas. Digital transformation and data science initiatives in the health sector must address these challenges, in coordination with all facets of technical cooperation, using information to forecast scenarios and make better-informed decisions.

52. The disruption of essential health services has had broad economic and social implications. Maintaining essential and more integrated and multisectoral interventions, strengthening data surveillance, and developing more effective tools are key to mitigating this negative impact.

53. There has also been a substantial reduction in attention to and activities around alcohol, tobacco, healthy eating, and physical activity, as well as road safety, unintentional injuries, disabilities, and long-term violence prevention and response. This partly reflects the continuing difficulty in gaining political commitment to put in place effective policies and programs in these areas. Increased focus will be required to ensure that progress continues. Furthermore, decisive health promotion action is needed to create the conditions that enable people to live healthy lives. This means creating healthy settings, providing accurate and timely health information, and ensuring that the community is an active player in setting priorities and designing and implementing health promotion policies.

54. The adoption of innovative and collaborative tools and virtual platforms has supported the continued delivery of technical cooperation while helping to mitigate some of the challenges during the pandemic. Such technologies should be promoted and enhanced in the future. Virtual platforms provide an opportunity to engage with those who are more remote, improving linkages and dialogue at all levels.

Strategic Approaches and Areas of Focus

55. In view of the situation described above, including the overwhelming political, social, and economic consequences of the COVID-19 pandemic, PASB is adapting its ways of working to meet the needs of its Member States. The pandemic has highlighted the vital role of multilateralism and multisectoral action as well as the need to build capacity at national, subregional, and regional levels. PWR Offices have reviewed the Organization's priorities, and lessons learned have been applied in order to chart a new way forward—a way that respects existing mandates and yet adapts to the new reality of the COVID and post-COVID world.

56. In order to bring together and synthesize these disparate factors, this Program Budget focuses on three strategic approaches: protect, recover, and build stronger. These approaches are directly aligned with the vision statement in the SHAA2030, thus allowing the Organization's shorter-term response to align with the long-term vision in the Region.

SHAA2030 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.

57. As the Organization prepares for the new biennium, the third under the SHAA2030 and the second under the SP20-25, PAHO must remain committed to these mandates while also ensuring that the Organization is at the vanguard in responding to new and emerging public health challenges. In order to reflect the priorities of Member States and the need for adaptation in the face of the pandemic, the PB22-23 incorporates an overall strategic direction with three approaches and six areas of focus, as shown in Figure 9. By taking concrete actions aligned with the strategic approaches and areas of focus, PAHO will be striving not only to recover from the current crisis, but also to implement the SHAA2030 vision and the SP20-25 theme.

Figure 9. Strategic Approaches and Areas of Focus, PAHO Program Budget 2022-2023

58. The strategic approaches and areas of focus are interconnected and are underpinned by the principles of equity and solidarity. They are linked to the outcomes in the SP20-25 and do not replace the existing PAHO results chain, but rather serve to articulate the areas that require emphasis in the 2022-2023 biennium. The approaches and areas of focus synthesize the following:

a) The health situation analysis and strategic review of priorities described above;

b) Strategic review of PB20-21 implementation with PASB senior management;

c) The areas of strategic focus in the proposed WHO PB22-23[20]; and

d) Current proposed and recently approved mandates from PAHO and WHO Governing Bodies during 2021.

59. The key interventions required to implement the areas of focus are covered in the "Outcomes and Outputs" section of this document.

60. The areas of focus are elaborated as follows:

a) **Build resilient health systems and services with a primary health care[21] and equity approach:** Actions in this area seek to seize the opportunity of COVID-19 response to advance in the transformation of health systems toward universal health and a more resilient health sector that is oriented to achieving the Sustainable Development Goals. Particular attention is given to increasing equitable access to quality and integrated health services.[22] Linked to Outcomes 1 (Access to comprehensive and quality health services), 2 (Health throughout the life course), 3 (Quality care for older people), 4 (Response capacity for communicable diseases), 5 (Access to services for NCDs and mental health conditions), 6 (Response capacity for violence and injuries), 9 (Strengthened stewardship and governance), 10 (Increased public financing for health), 11 (Strengthened financial protection), and 19 (Health promotion and intersectoral action).

b) **Stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to vaccines, medicines, and health technologies:** Until the pandemic is brought under control, PAHO will maintain its intensive response, while mitigating the impact on essential health services and supporting countries as they turn to recovery. PAHO will continue to support COVID-19 vaccine rollout, advocating for equity and solidarity in vaccine availability. Countries should take full advantage of this unique opportunity to position immunization as a priority health program[23] and to expand equitable access to other essential medicines and health technologies, including through the PAHO Regional Revolving Fund for

[20] The four areas of strategic focus in the WHO PB22-23 are: *a)* rethink health emergency preparedness and readiness and bolster response capacities to health emergencies; *b)* build resilience through primary health care-oriented health system strengthening and the health security nexus; *c)* advance WHO's leadership in science and data, and *d)* get back on track and accelerate progress toward the triple billion targets and those of the Sustainable Development Goals.

[21] Primary health care (PHC) addresses the majority of a person's health needs throughout their lifetime. This includes physical, mental, and social well-being, and it is people-centered rather than disease-centered. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation, and palliative care. World Health Organization, Primary Health Care. Available from: https://www.who.int/health-topics/primary-health-care.

[22] Pan American Health Organization, Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery, Ensuring the Sustainability and Protection of Public Health Gains (Executive Committee document CE168/15).

[23] Pan American Health Organization, Reinvigorating Immunization as a Public Good for Universal Health (Executive Committee document CE168/14).

Strategic Public Health Supplies and increased production capacity in the Region.[24] Linked to Outcomes 1 (Access to comprehensive and quality health services), 2 (Health throughout the life course), 3 (Quality care for older people), 4 (Response capacity for communicable diseases), 5 (Access to services for NCDs and mental health conditions), 6 (Response capacity for violence and injuries), 12 (Risk factors for communicable diseases), 13 (Risk factors for NCDs), 14 (Malnutrition), 15 (Intersectoral response to violence and injuries), 16 (Intersectoral action on mental health), 17 (Elimination of communicable diseases); and 25 (Health emergencies detection and response).

c) **Bolster preparedness and surveillance to prevent and respond to future pandemics and other health emergencies:** PASB will work with countries to increase their readiness, make necessary investments, and improve their preparedness and capacity for response to future pandemics and other health emergencies. Linked to Outcomes 23 (Health emergencies preparedness and risk reduction), 24 (Epidemic and pandemic prevention and control), and 25 (Health emergencies detection and response).

d) **Advance digital transformation and information systems for health, ensuring use of timely, reliable, and disaggregated data for decision making:** The COVID-19 pandemic has emphasized the importance of improved access to and sharing of data and information based on evidence in order to support evidence-based policy and decision making. PAHO and WHO leadership in science and data will be essential for advancing this strategic area of focus. In this regard, implementation of PAHO's proposed strategies on digital transformation of the health sector,[25] on the application of data science in public health,[26] and on information systems for health will be instrumental. Linked to Outcomes 20 (Integrated information systems for health), 21 (Data, information, knowledge, and evidence), and 22 (Research, ethics, and innovation for health).

e) **Implement intersectoral actions to address risk factors, determinants, and the needs of vulnerable groups:** This includes accelerating the whole-of-government approach and increasing engagement between health and other sectors to address the main health risk factors and determinants that affect people's health and well-being. In working to address complex challenges, PASB must work with countries to adopt comprehensive approaches, such as Health in All Policies and One Health.[27] PASB will continue to advocate with Member States to sharpen the focus on equity in health and promote cost-effective interventions to address the health

[24] Pan American Health Organization, Increasing Production Capacity for Essential Medicines and Health Technologies (Executive Committee document CE168/12).

[25] Pan American Health Organization, Roadmap for Digital Transformation of the Health Sector in the Region of the Americas (Executive Committee document CE168/10).

[26] Pan American Health Organization, Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies (Executive Committee document CE168/11).

[27] Pan American Health Organization, One Health: A Comprehensive Approach to Addressing Zoonotic Diseases, Antimicrobial Resistance, Food Safety, and Other Health Threats at the Human-Animal-Environment Interface (Executive Committee document CE168/13).

needs of groups in conditions of vulnerability. Linked to Outcomes 12 (Risk factors for communicable diseases), 13 (Risk factors for NCDs), 14 (Malnutrition), 15 (Intersectoral response to violence and injuries), 16 (Intersectoral action on mental health), 18 (Social and environmental determinants), 19 (Health promotion and intersectoral action), and 26 (Cross-cutting themes: Equity, ethnicity, gender, and human rights).

f) **Increase organizational effectiveness and modernization of PAHO's work.** The pandemic and the financial situation of the Organization have spurred new and innovative ways of working to deliver technical cooperation. Virtual work has expanded massively, and travel expenses and administrative costs have been reduced. PAHO's communication capacity and media presence have been enhanced significantly during the COVID period, improving the Organization's ability to advocate for and promote health priorities across the Region. Moving forward, PAHO will look to build on these successes while continuing to enhance transparency and accountability to Member States. Linked to Outcomes 27 (Leadership and governance) and 28 (Management and administration).

Proposed Budget

Overall Budget Proposal

61. The proposed budget of the Pan American Health Organization for the 2022-2023 biennium is $688 million in total. Of this amount, $640 million is for base programs and $48 million is for special programs (including emergencies). This proposal represents a 5.8% increase in the overall budget and a 3.2% increase for base programs with respect to 2020-2021. The proposed increase in both segments balances new and existing programmatic needs, realistic financing prospects, WHO budget requirements, and internal efficiency efforts.

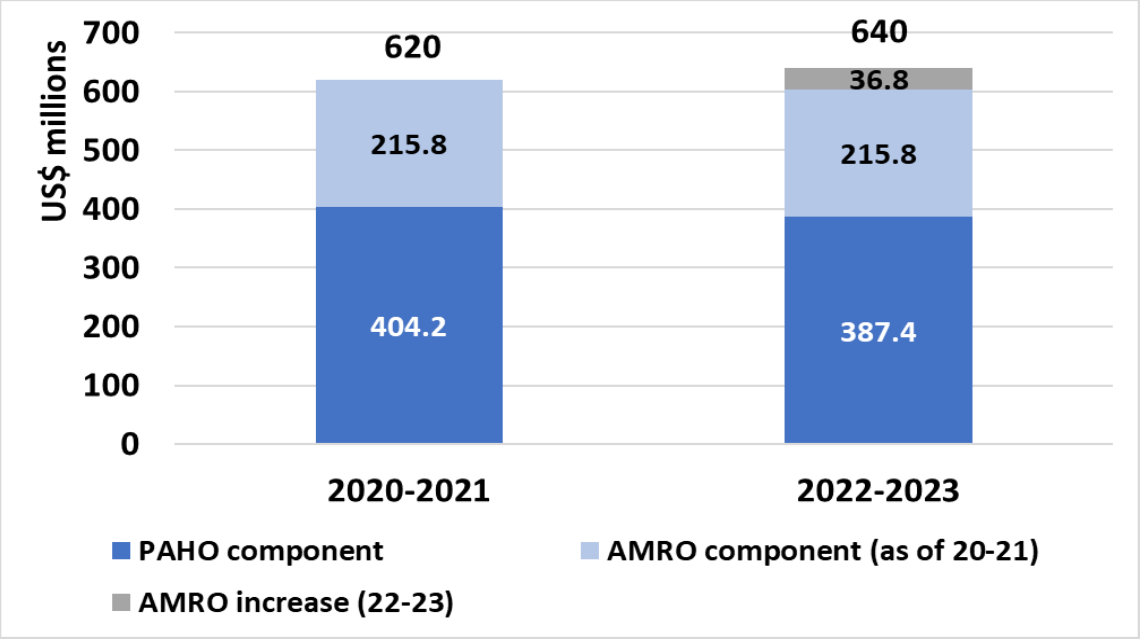
62. The proposed PB22-23 includes the budget allocation from WHO for AMRO, the Regional Office for the Americas, currently $252.6 million for base programs and $17.3 million for special programs.[28] The AMRO budget allocation reflects an increase of $36.8 million (17%) for base programs with respect to 2020-2021. With this increase, the WHO component would represent 39% of PAHO base programs for 2022-2023.

63. The proposed PAHO PB22-23 reflects the strategic approaches and areas of focus of both the PAHO and WHO PB 22-23 (refer to paragraph 58). The proposed regional budget increase is also in line with priority health needs in the Americas, with technical cooperation demands and expectations from Member States, with the Organization's commitment to achieving results at country level, and with improved financing (larger amount and greater flexibility).

64. Given the increase in the AMRO budget allocation of $36.8 million for base programs and given that the proposed base budget increase for PAHO is $20 million, the PAHO-only component of the budget would decrease, as shown in Figure 10.

[28] The amount reflects the review of the WHO Programme Budget 2022-2023 that was conducted to address Member States' comments during the 148th Session of the WHO Executive Board. It is subject to change until and during the 74th World Health Assembly in May 2021.

Figure 10. Proposed PAHO Budget for Base Programs by Budget Component, 2022-2023 Compared to 2020-2021 (US$ millions)



65. The proposed PB 22-23 has incorporated a series of cost efficiencies. Many initiatives to achieve these efficiencies have already been implemented in the current year. At the same time, the Organization is currently engaged in a full assessment of opportunities to ensure that PAHO is fit for purpose and positioned to maximize its limited resources in support of Member States.

66. During the 2020-2021 biennium, PASB has leveraged the capabilities of the PASB Management Information System (PMIS) and Microsoft Office 365 cloud technology to implement a wide range of administrative streamlining initiatives. These innovations have significantly reduced the administrative personnel worktime required to carry out routine administrative tasks that support internal controls and enabling functions for technical cooperation. These innovations include, but are not limited to:

a) elimination of paper documents for internal transactions through electronic signatures;

b) digitization of internal communications through SharePoint to eliminate repetitive printing and scanning of correspondence;

c) establishing paperless document management and archiving, eliminating costs associated with printing, filing, and manual document retrieval;

d) establishment of an online portal for Member States and vaccine vendors to streamline routine communications on vaccine delivery logistics;

e) automation of data entry for administrative transactions within PMIS such as credit card transactions, purchase orders, and supplier invoices;

f) elimination of some administrative posts from PWR Offices with a low volume of administrative work and transfer of their functions to the Shared Services Center in the Brazil PWR Office;

g) outsourcing of IT support functions and elimination of dedicated IT positions.

67. The areas of opportunity that have been identified and will continue to be assessed relate to strategic functional optimization, including streamlining, consolidations and reorganization for greater effectiveness through operational efficiencies and administrative improvements.

68. This will help to ensure PAHO's sustainability, strengthening performance at all levels of the Organization. PASB will continue to develop an organizational design that effectively aligns with its strategic priorities so that the Bureau functions optimally with respect to both management and operations. This includes continued strengthening of the Bureau's human talent through favorable work environments, career development, and a reinforced country focus.

Budget by Outcome

69. The PAHO Strategic Plan 2020-2025 outcomes are the highest level of programmatic results presented in the proposed PB22-23. The outcomes are the first level for allocation of the budget.

70. Distribution of the proposed budget by outcome was defined by a bottom-up and top-down planning process that considered the priorities individually and collectively defined by Member States for the SP20-25 and incorporated adjustments made in light of the ongoing COVID-19 pandemic. PASB also applied lessons learned during the PB20-21 budget implementation phase, with special attention to actions related to preparedness, prevention, control, and response to the COVID-19 pandemic.

71. The high-level process for development of the Program Budget 2022-2023 is summarized as follows:

a) The Bureau proposed an overall budget amount that balances programmatic needs with past and expected financing and implementation levels. Later, it distributed the overall budget between the regional, subregional, and country levels.

b) The PAHO Budget Policy, approved in 2019, provided primary guidance on distribution of the country-level budget.[29] PWR Offices defined and costed the work to take place in the upcoming biennium and distributed their budgets across the approved health outcomes. This distribution was guided by the priorities that

[29] Pan American Health Organization, PAHO Budget Policy (Document CD57/5, 2019). Available from: https://iris.paho.org/handle/10665.2/51610?show=full.

Member States had defined during consultations for the SP20-25 and by the respective Country Cooperation Strategy, where applicable. It also took into consideration any priorities emerging from strategic consultations with Member States as part of the PB22-23 development process.

c) The regional and subregional levels also proposed the distribution of their overall budget allocations across outcomes, based on programmatic prioritization, technical needs, resource mobilization prospects, and regional and global commitments. These proposals incorporate lessons learned during implementation of the PB20-21 in the COVID-19 context.

d) The results for the three levels were consolidated to produce the first full budget. The Bureau then assessed and adjusted the figures to ensure that corporate priorities are adequately represented and that the budget is realistic and complete.

72. Table 2 presents the revised prioritization results and the proposed PB22-23 by outcome, showing how they compare to the current prioritization results and approved PB20-21.

73. As amounts by outcome are not predefined, the bottom-up proposals can result in a high degree of variability with respect to changes from 2020-2021. Proposed changes in budget for outcomes were guided by the following principles: High-priority outcomes should at least maintain their budget space; any increase in medium- or low-priority outcomes needs to be justified by resource mobilization efforts; and any reduction in any outcome should be compensated with inter-programmatic actions in other outcomes. It is important to note that outcomes are interrelated, and therefore, during implementation, activities and resources under broader-scope outcomes can also cover those with more specific scope.

74. The proposed budget for those outcomes that have remained in or been moved into the high-level tier has been maintained or increased accordingly. As expected, Outcomes 23 (Health emergencies preparedness), 24 (Epidemic and pandemic prevention and control), and 25 (Health emergencies detection and response) remained high priorities for Member States. These three outcomes relate most closely to the PAHO areas of focus: *a)* stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to vaccines, medicines, and health technologies, and *b)* bolster preparedness and surveillance to prevent and respond to future pandemics and other health emergencies. As a cluster, these three outcomes were the ones that received the highest absolute level of budget increase: $15 million, or 75% of the overall budget increase for 2022-2023. Considering lessons learned from COVID-19, the PB22-23 moves toward greater emphasis on preparing countries to become operationally ready to assess and manage identified risks and implement proven prevention strategies for priority pandemic/epidemic-prone diseases. At the same time, it seeks to maintain country capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts.

75. Outcomes 1 (Access to comprehensive and quality health services), 5 (Access to services for NCDs and mental health conditions), 12 (Risk factors for communicable

diseases), and 13 (Risk factors for NCDs) continue to be high priorities as well, as they are key to strong and resilient health systems that are able to respond to public health emergencies such as COVID-19. They are aligned with three PAHO areas of focus: *a)* build resilient health systems and services with a primary health care and equity approach*; b)* stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to vaccines, medicines, and health technologies; and *c)* implement intersectoral actions to address risk factors, determinants, and the needs of vulnerable groups. Accordingly, the budget proposal for these outcomes has been maintained or slightly increased with respect to 2020-2021.

76. Outcome 20 (Integrated information systems for health) has seen a surge of demand during this pandemic period, reflecting the need to build capacity to improve monitoring and dissemination of high-quality information for better decision making. This outcome will certainly receive higher prominence in the global public health agenda in line with the ongoing discussion within WHO of the Global Strategy on Digital Health, which is expected to be approved by the upcoming 74th World Health Assembly, as well as the Roadmap for the digital transformation of the health sector in the Americas, which will be presented to the Executive Committee of PAHO in June 2021. The main challenge with respect to Outcome 20 is its financing, as it is traditionally financed with flexible funds. However, this outcome is closely related to Outcomes 21 and 22, and this may serve to complement its funding, since data and innovation are integral to strengthening information systems for health. Together, these three outcomes will address PAHO's area of focus to advance digital transformation and information systems for health, ensuring use of timely, reliable, and disaggregated data for decision making.

77. Increases in Outcomes 4 (Response capacity for communicable diseases), 8 (Access to health technologies), and 16 (Intersectoral action on mental health) are also consistent with lessons learned from the pandemic and reflect areas where increased demand for technical cooperation is expected. Actions related to immunizations are largely hosted under Outcome 4, and medicines and health technologies under Outcome 8. Mental health (Outcome 16) as a topic of public health concern has been constantly highlighted during discussions with Member States. These outcomes are in line with the PAHO area of focus to stop the COVID-19 pandemic, protect essential health services, and ensure equitable access to medicines, vaccines, and health technologies.

78. Four outcomes show a budget reduction from the previous biennium: Outcomes 2 (Health throughout the life course), 7 (Health workforce), 19 (Health promotion and intersectoral action), and 21 (Data, information, knowledge, and evidence). In the case of Outcome 2, the areas of work and mandates it covers have traditionally been highly prioritized but have suffered from large funding gaps. At the time of preparing this document, financing for this outcome has not reached 45% of the total budget approved for it in the 2020-2021 biennium, so maintaining that same budget level in the next biennium is considered unrealistic.

79. In the case of Outcomes 7, 19, and 21, although their budget is reduced from the previous biennium, they benefit from inter-programmatic actions in other better-funded outcomes that compensate for the reductions.

80. Lastly, increases in Outcomes 17 (Elimination of communicable diseases), 18 (Social and environmental determinants), and 22 (Research, ethics, and innovation for health) have been assessed in light of resource mobilization prospects that have exceeded approved budget levels even for 2020-2021.

Table 2. Proposed Program Budget 2022-2023 by Outcome, Compared to 2020-2021 (US$ millions)

OUTCOME	Outcome short title	Prioritization Results 20-21	Revised Prioritization Results 22-23	Approved Budget 20-21	Proposed Budget 22-23	Change
OUTCOME 1	Access to comprehensive and quality health services	High	High	25,500,000	25,500,000	0%
OUTCOME 2	Health throughout the life course	Medium	Medium	42,000,000	35,000,000	−17%
OUTCOME 3	Quality care for older people	Low	Low	4,000,000	4,000,000	0%
OUTCOME 4	Response capacity for communicable diseases	Medium	Medium	68,000,000	70,000,000	3%
OUTCOME 5	Access to services for NCDs and mental health conditions	High	High	19,500,000	20,300,000	4%
OUTCOME 6	Response capacity for violence and injuries	Low	Low	3,000,000	3,000,000	0%
OUTCOME 7	Health workforce	Medium	Medium	14,000,000	12,500,000	−11%
OUTCOME 8	Access to health technologies	Medium	Medium	35,400,000	36,400,000	3%
OUTCOME 9	Strengthened stewardship and governance	Low	Medium	10,000,000	10,100,000	1%
OUTCOME 10	Increased public financing for health	Medium	Medium	4,000,000	4,400,000	10%
OUTCOME 11	Strengthened financial protection	Medium	Low	4,100,000	4,100,000	0%
OUTCOME 12	Risk factors for communicable diseases	High	High	26,000,000	26,000,000	0%
OUTCOME 13	Risk factors for NCDs	High	High	27,000,000	27,000,000	0%
OUTCOME 14	Malnutrition	High	Medium	6,000,000	6,000,000	0%
OUTCOME 15	Intersectoral response to violence and injuries	Low	Low	3,000,000	3,000,000	0%
OUTCOME 16	Intersectoral action on mental health	Medium	Medium	4,500,000	5,000,000	11%
OUTCOME 17	Elimination of communicable diseases	Medium	Medium	21,000,000	26,000,000	24%
OUTCOME 18	Social and environmental determinants	Low	Low	13,000,000	17,000,000	31%
OUTCOME 19	Health promotion and intersectoral action	Low	Low	7,000,000	6,000,000	−14%

OUTCOME	Outcome short title	Prioritization Results 20-21	Revised Prioritization Results 22-23	Approved Budget 20-21	Proposed Budget 22-23	Change
OUTCOME 20	Integrated information systems for health	Medium	High	16,000,000	16,400,000	2%
OUTCOME 21	Data, information, knowledge, and evidence	Low	Low	19,000,000	16,500,000	−13%
OUTCOME 22	Research, ethics, and innovation for health	Low	Low	3,000,000	3,800,000	27%
OUTCOME 23	Health emergencies preparedness and risk reduction	High	High	21,500,000	27,000,000	26%
OUTCOME 24	Epidemic and pandemic prevention and control	High	High	16,500,000	26,000,000	58%
OUTCOME 25	Health emergencies detection and response	High	High	25,000,000	25,000,000	0%
OUTCOME 26	CCTs: Equity, Ethnicity, Gender, and Human Rights	N/A	N/A	7,000,000	7,000,000	0%
OUTCOME 27	Leadership and governance	N/A	N/A	78,500,000	78,500,000	0%
OUTCOME 28	Management and administration	N/A	N/A	96,500,000	98,500,000	2%
Subtotal Base programs				**620,000,000**	**640,000,000**	**3%**
	Foot-and-mouth disease elimination program	N/A	N/A	9,000,000	11,000,000	22%
	Smart hospitals	N/A	N/A	8,000,000	5,000,000	−38%
	Outbreak & crisis response	N/A	N/A	13,000,000	31,000,000	138%
	Polio eradication maintenance	N/A	N/A	0	1,000,000	0%
Subtotal Special programs				**30,000,000**	**48,000,000**	
TOTAL Program Budget				**650,000,000**	**688,000,000**	

Budget by SHAA2030 Goal

81. Similar to the PB20-21, the proposed PB22-23 reflects the contribution of the Program Budget to the 11 goals of the Sustainable Health Agenda for the Americas 2018-2030. This linkage is only approximate, as both the SP20-25 outcomes and the SHAA2030 goals are intrinsically inter-programmatic, meaning that there is not a one-to-one association between these goals and the distribution of the budget. For this reason, the Bureau has estimated the proportion of each outcome's contribution to each SHAA2030 goal, based on the scope of work and corresponding costing proposed under each outcome (Table 3).

**Table 3. Proposed PAHO Program Budget 2022-2023:
Estimated Base Budget Contribution to the Goals of the Sustainable Health Agenda for the Americas 2018-2030
(US$ millions)**

SHAA2030 Goal	Title of SHAA2030 Goal	Estimated budget
GOAL 1	Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention	64.5
GOAL 2	Strengthen stewardship and governance of the national health authority, while promoting social participation	16.1
GOAL 3	Strengthen the management and development of human resources for health (HRH) with skills that facilitate a comprehensive approach to health	12.5
GOAL 4	Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families	8.5
GOAL 5	Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context	53.9
GOAL 6	Strengthen information systems for health to support the development of evidence-based policies and decision-making	29.6
GOAL 7	Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research, innovation, and the use of technology	7.1
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	78.0
GOAL 9	Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders	64.3
GOAL 10	Reduce the burden of communicable diseases and eliminate neglected diseases	104.5
GOAL 11	Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health	24.0
Not SHAA	Leadership and enabling functions	177.0
	PAHO Base Programs 2022-2023	**640.0**

Note: Estimated amounts are based on the contribution of deliverables by outcome to each SHAA2030 goal.

Implementation of the PAHO Budget Policy: Budget by Country and Functional Level

82. PAHO continues to strategically strengthen its country-level work. To distribute the country-level budget allocation in a transparent and equitable manner, Member States adopted the PAHO Budget Policy at the 57th Directing Council in September 2019.

83. This document presents the proposed PB22-23 for PAHO countries and territories, as shown in Table 4, in accordance with the direction of change proposed by the PAHO Budget Policy.[30]

84. In a few cases, the range of change for budget allocations with respect to current budget space resulting from the Budget Policy was adjusted, for specific reasons:

a) For Nicaragua and Trinidad and Tobago, the policy suggested reductions of the budget in 2022-2023. Instead, this PB22-23 proposes to maintain their budget at the same level as in 2020-2021. Doing so effectively reduces their relative weight with respect to all other countries. This complies with the direction suggested by the Budget Policy, which was based on the premise that the overall PAHO base budget would remain constant over the period of the Strategic Plan.

b) Guatemala, classified as one of the highest-need countries according to the Sustainable Health Index Expanded Plus (SHIe+), would have kept its budget at constant levels according to the policy. In recognition of the increased resource mobilization opportunities available to Guatemala in the next biennium, the Budget Policy's clause on manual adjustment was applied in the amount of 5%.[31]

c) For those countries or territories that, according to the policy, were slated for an increase of zero to 5%, their budgets were calculated accordingly, using the increase recommended by the policy. For those countries that were to increase by 5% to 10%, according to the policy, a factor was calculated to reduce the impact of the increase on their budgets.

85. The distribution of the budget space cannot always be paired with similar distribution of resources, as not all countries have the same capacities and opportunities for resource mobilization, and the PASB limited flexible funds to compensate. The Bureau continues to be vigilant in maintaining a balance between realistic budgets and resourcing.

86. Consistent with the Budget Policy, country, subregional, and regional levels maintain their shares of budget allocation (40%, 3%, and 56% respectively). This is achieved while the overall Program Budget increases in the amount of $20 million for base programs. In terms of percentage increases with respect to PB20-21, given that the subregional level is largely dependent on flexible funding, its increase is modest, at 1%. Both regional and country levels show increases of 3% from the current budget allocation.

[30] Application of the Budget Policy through the biennia is available in Annex D of the PAHO Budget Policy (Document CD57/5).

[31] PAHO Budget Policy, para. 29.

Table 4. Proposed PAHO Program Budget 2022-2023: Indicative Budget by Country/Territory and Functional Level (US$ thousands)

Country/territory	Code	Approved Budget 20-21	Proposed Budget 22-23	Difference	% change
Member State		**(a)**	**(b)**	**(c)=(b)−(a)**	**(d)=(c)/(a)**
Antigua and Barbuda	ATG	700	760	60	9%
Argentina	ARG	6,500	6,990	490	8%
Bahamas	BHS	2,890	2,890	-	0%
Barbados	BRB	700	760	60	9%
Belize	BLZ	5,000	5,380	380	8%
Bolivia	BOL	11,320	11,460	140	1%
Brazil	BRA	18,600	18,600	-	0%
Canada	CAN	500	500	-	0%
Chile	CHL	4,700	5,060	360	8%
Colombia	COL	11,500	12,370	870	8%
Costa Rica	CRI	3,600	3,870	270	8%
Cuba	CUB	6,900	6,900	-	0%
Dominica	DMA	660	710	50	8%
Dominican Republic	DOM	6,700	7,080	380	6%
Ecuador	ECU	7,700	8,060	360	5%
El Salvador	SLV	5,600	6,020	420	8%
Grenada	GRD	600	650	50	8%
Guatemala	GTM	13,000	13,650	650	5%
Guyana	GUY	6,800	7,020	220	3%
Haiti	HTI	32,500	32,500	-	0%
Honduras	HND	14,000	15,050	1,050	8%
Jamaica	JAM	5,500	5,500	-	0%
Mexico	MEX	9,500	10,050	550	6%
Nicaragua	NIC	12,500	12,500	-	0%
Panama	PAN	5,700	6,130	430	8%
Paraguay	PRY	9,400	9,400	-	0%
Peru	PER	11,600	11,600	-	0%
Saint Kitts and Nevis	KNA	590	640	50	8%
Saint Lucia	LCA	660	710	50	8%
Saint Vincent and the Grenadines	VCT	700	760	60	9%
Suriname	SUR	5,280	5,680	400	8%
Trinidad and Tobago	TTO	4,500	4,500	-	0%
United States of America	USA	500	500	-	0%
Uruguay	URY	4,200	4,520	320	8%
Venezuela	VEN	8,500	9,110	610	7%
Eastern Caribbean					
Office of the Eastern Caribbean Countries	ECC	7,000	7,350	350	5%

Country/territory	Code	Approved Budget 20-21	Proposed Budget 22-23	Difference	% change
Member State		**(a)**	**(b)**	**(c)=(b)−(a)**	**(d)=(c)/(a)**
Associate Members					
Aruba	ABW	350	350	-	0%
Curaçao	CUW	250	250	-	0%
Puerto Rico	PRI	500	500	-	0%
Sint Maarten	SXM	350	350	-	0%
Participating States					
French Departments in the Americas		350	350	-	0%
Netherlands Territories		200	200	-	0%
United Kingdom Territories		1,500	1,500	-	0%
Total - Country level		**250,100**	**258,730**	**8,630**	**3%**
Total - Subregional level		**20,400**	**20,600**	**200**	**1%**
Total - Regional level		**349,500**	**360,670**	**11,170**	**3%**
Total - Base programs		**620,000**	**640,000**	**20,000**	**3%**
Special programs		**30,000**	**48,000**	**18,000**	**60%**
PROGRAM BUDGET GRAND TOTAL		**650,000**	**688,000**	**38,000**	**6%**

Budget Alignment with WHO Outcomes

87. PB22-23 aligns with the WHO GPW13 and the proposed WHO Programme Budget 2022-2023. Programmatic alignment facilitates technical collaboration, monitoring, and reporting between the global and regional levels. From the budgetary perspective, alignment eases transfer, implementation, and reporting on funds, and streamlines reporting processes.

88. The proposed PB22-23 outputs have been structured so that no PAHO output responds to more than one output in the WHO GPW13 results framework. This makes it possible to aggregate the AMRO budget from the bottom up and have a budget that is easily translatable into the WHO programmatic results chain.

89. The increases proposed by the global-level budget are therefore distributed throughout PAHO's budget. The four key areas in the WHO Programme Budget 2022-2023 are reflected in the PB22-23 as follows:

a) **Rethink health emergency preparedness and readiness and bolster response capacities to health emergencies:** Represented by overall increases in PAHO Outcomes 23, 24, and 25.

b) **Build resilience through primary health care-oriented health systems strengthening and the health security nexus:** WHO Outcome 1.1 (Improved

access to quality essential health services) is linked to multiple outputs within the PAHO outcomes, especially Outcomes 1-7, 9, 12-15, and 17.

c) **Advance WHO's leadership in science and data:** While this focus area relates most closely to PAHO Outcomes 20-22, important elements of the implementation of the digital health strategy will take place in other, related technical outcomes.

d) **Get back on track and accelerate progress towards the triple billion targets and those of the Sustainable Development Goals:** This focus area will be addressed mostly through PAHO Outcomes 12-19.

Financing the Program Budget

Base Programs

90. The base programs of the PB22-23 will be financed through:

a) Assessed Contributions from Member States, Participating States, and Associate Members;

b) Budgeted miscellaneous revenue;

c) Other PAHO financing sources, including voluntary contributions and special funds; and

d) Funding allocated by the World Health Organization to the Region of the Americas (consisting of both WHO flexible funding and voluntary contributions).

91. Article 4.4 of the PAHO Financial Regulations establishes that assessed contributions and budgeted miscellaneous revenue shall be made available for implementation on the first day of the budgetary period to which they relate, based on the assumption that Member States will pay their quota contributions on a timely basis. Other sources of PAHO financing, such as voluntary contributions, are made available when the respective agreement is fully executed (signed). Funding from WHO is made available upon receipt of awarded funds or written communication from the WHO Director-General.

92. Table 5 shows the expected financing of the PB22-23 compared with that of the PB20-21, as well as the contribution of each financing source as a share of the whole.

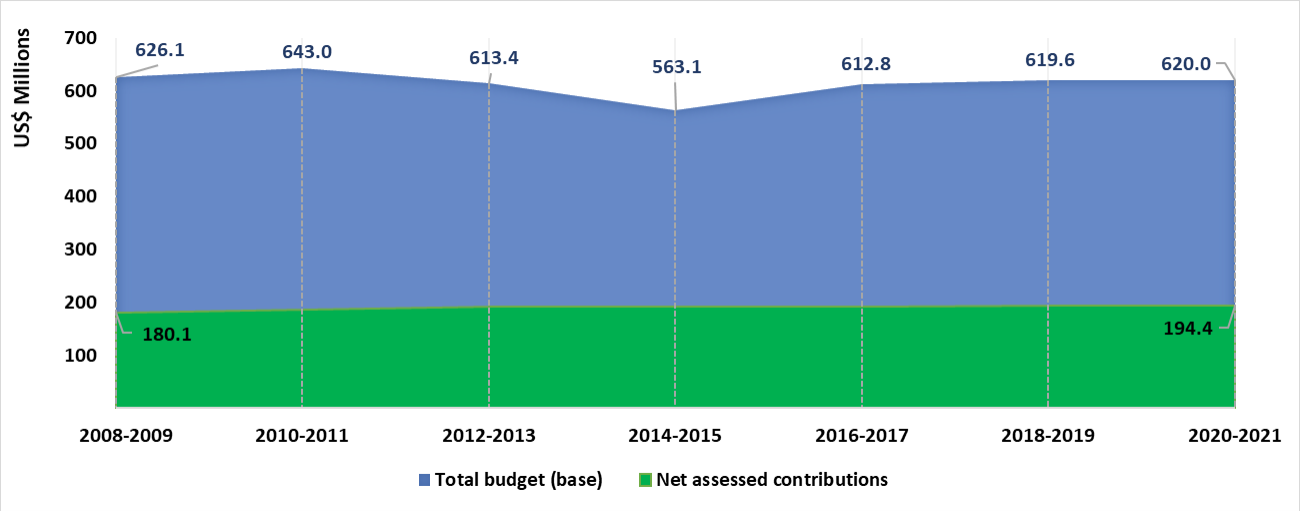
Table 5. Proposed PAHO Program Budget 2022-2023 by Financing Source, Compared with PAHO Program Budget 2020-2021, Base Programs Only (US$)

Source of financing	PB20-21	PB22-23	Increase (decrease)	22-23 Share
PAHO net assessed contributions	194,400,000	194,400,000	-	30.4%
PAHO budgeted miscellaneous revenue	17,000,000	14,000,000	(3,000,000)	2.2%
PAHO voluntary contributions and other sources	192,800,000	179,000,000	(13,800,000)	28.0%
WHO allocation to the Americas	215,800,000	252,600,000	36,800,000	39.5%
TOTAL	**620,000,000**	**640,000,000**	**20,000,000**	**100%**

93. Regarding the sources of financing:

a) **Assessed contributions:** In 2020-2021, assessed contributions from Member States, Participating States, and Associate Members were approved in the amount of $194.4 million. As shown in Figure 11, PAHO assessed contributions have not grown since 2012-2013. As technical cooperation demands from Member States continue to grow and diversify, having zero nominal growth in net Member State contributions has effectively implied a reduction in the Organization's flexible resources, since staff and activity costs have increased while assessed contributions have remained the same. This situation has severely affected predictable funding and has increased dependence on voluntary contributions, thus limiting the Bureau's ability to address funding gaps, particularly in priority areas.

Figure 11. PAHO Program Budget: Approved Levels of Base Programs and Assessed Contributions over Several Biennia



b) **Budgeted miscellaneous revenue:** This amount corresponds to the estimated income earned in the preceding biennium from interest on the Organization's investments. Based on the most up-to-date projections, miscellaneous revenue is expected to be $14 million.

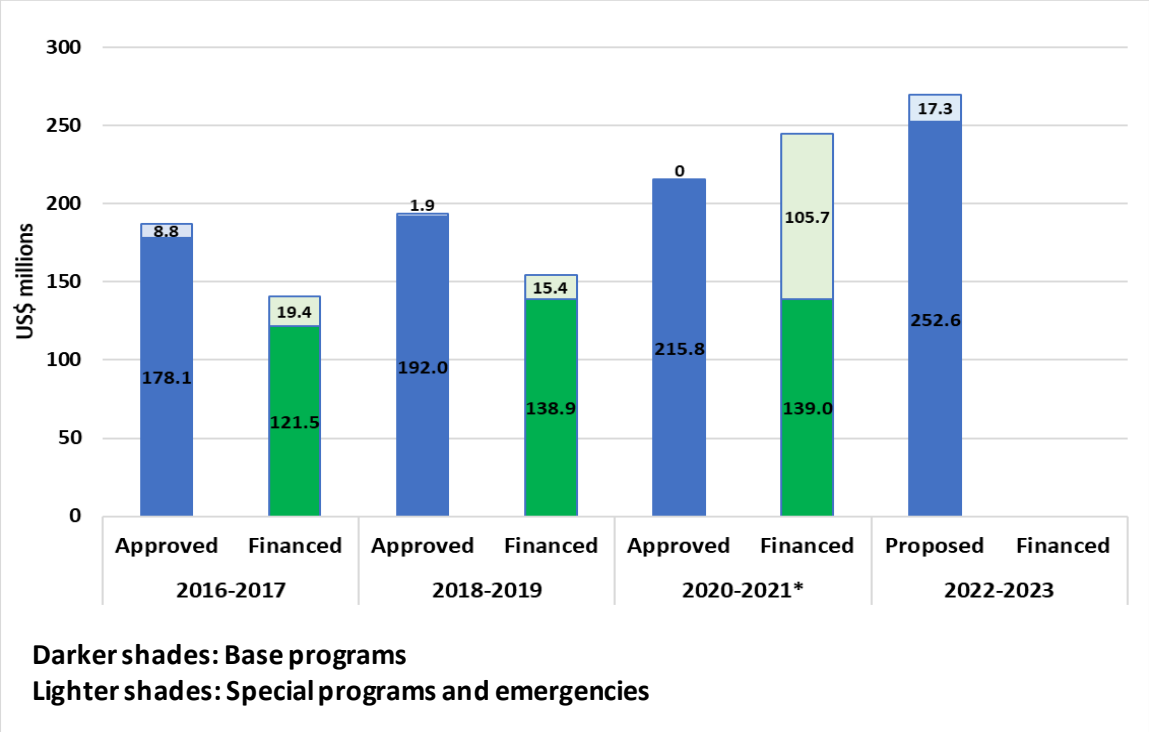
c) **PAHO voluntary contributions and other sources:** This component includes voluntary contributions that are mobilized directly by PAHO, as well as revenue from program support costs and other sources of income that finance the Program Budget.[32] About $59 million is expected to be financed from other sources (down from $81 million in 2020-2021); the remaining amount would come from resource mobilization efforts. The overall figure has been adjusted downward to reflect the

[32] The main component of PAHO "other sources" is the income generated from charges to voluntary contributions, known as program support costs, as well as income from the Master Capital Investment Fund and several smaller funds such as BIREME sales and services, CLAP sundry sales and services, PROMESS vaccines and medications sales, sales of PAHO publications, the Special Fund for Health Promotion, sales of machine translation software, and Virtual Campus services.

lesser amount expected from other sources and to accommodate the larger WHO AMRO budget component.

d) **WHO allocation to the Americas:** During the 148th Session of the WHO Executive Board, the Programme Budget allocation to the Region of the Americas for base programs in 2022-2023 was proposed at $276.5 million.[33] Following comments from Member States during that meeting, the overall WHO budget for 2022-2023 has been reduced, and the amount for AMRO has been revised down to $252.6 million, still a 17% increase with respect to 2020-2021 ($215.8 million). This allocation would correspond to 39% of the PAHO budget for base programs and can only be financed by WHO flexible funds and voluntary contributions mobilized through WHO. PASB will update the WHO budget allocation and make necessary adjustments to the budget if there are additional changes either before or during the World Health Assembly in May 2021. It should be noted that, at the time of writing this document, WHO had distributed over $240 million to AMRO in 2020-2021; nevertheless, over $105 million of that amount consists of funds that finance special programs (Figure 12). Base programs still face a 2020-2021 funding gap in the amount of $77 million.

Figure 12. AMRO Program Budget: Approved and Financed (US$ millions)



Note: Financed for 2020-2021 as of 31 March 2021.

[33] World Health Organization, Proposed Programme Budget 2022-2023 (Document EB148/25, 8 January 2021). Available from: https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_25-en.pdf.

Special Programs

94. This budget segment amounts to $48 million and consists of four special programs: outbreak and crisis response (OCR), polio eradication maintenance, the Smart Hospitals initiative, and the Hemispheric Program for the Eradication of Foot-and-Mouth Disease. These are fully funded by voluntary contributions and are time-limited. The OCR component in particular is event-dependent, and therefore the budget allocation to these special programs is considered a placeholder only.

95. For outbreak and crisis response, totaling $31 million, an increase of $18 million is proposed. This covers the entirety of the OCR budget increase proposed by WHO for AMRO ($17.3 million). During 2020-2021, most of the funds mobilized or redirected to respond directly to the COVID-19 pandemic are being budgeted and reported in this segment, including over $105 million from WHO. The COVID-19 protracted emergency is expected to continue into the 2022-2023 biennium, with the bulk of funding received to be programmed under the OCR segment.

96. Polio eradication maintenance has traditionally been financed by WHO. Nevertheless, as polio has been eradicated in the Region of the Americas, and following changes in WHO's polio planning, most of the financing for this program is expected to come to PAHO to finance base programs. Accordingly, the amount included in this segment ($1 million) is a placeholder only.

97. Smart Hospitals and foot-and-mouth disease eradication are regional initiatives with dedicated funding. Expected activities and specific voluntary contribution projections determined the envelope for these programs at $5 million and $11 million, respectively.

Perspectives on Resource Mobilization: Challenges and Opportunities

98. In order to fully fund the base programs of the 2022-2023 Program Budget, PAHO will need to mobilize voluntary contributions totaling $270.6 million. This includes voluntary contributions from WHO to fund the AMRO budget.[34]

99. In the face of the public health financing challenges, planning and analyzing options for mobilizing resources for health is more imperative than ever. Relying on conventional mechanisms of financing to meet the health-related targets in the 2030 Sustainable Development Goals (SDGs) will not suffice. While controlling communicable diseases may take center stage (despite the overwhelming burden of disease due to NCDs), finding ways to sustain other important advances made toward achievement of the SDGs, particularly in areas that were already underfunded, will become even more challenging.

100. While the COVID-19 pandemic is a challenge for non-emergency resource mobilization, and its impact on program needs and development aid is still evolving,

[34] This assumes that WHO's flexible fund allocation to AMRO remains constant at $108.3 million, as is expected for 2020-2021.

COVID-19 has heightened the importance of, and attention to, global health. With the pandemic taking center stage, donors appear to be prioritizing health over other development issues. At the same time, the surge in funding from existing and new donors is highlighting the increased competition for resources among organizations working in the health sector. PAHO will continue to improve its efforts to strategically position itself as the partner of choice for health in the Americas.

101. In a time of economic uncertainty and a global pandemic, it is critical that the Organization be able to financially sustain its support to Member States.

National Voluntary Contributions

102. National voluntary contributions (NVCs) are provided by national governments to finance specific in-country initiatives that are aligned with PAHO's existing mandates. Typically, NVCs are provided as part of national technical cooperation agreements. Since most of these contributions are planned, implemented, and reported at national level, they fall outside the governance of the PAHO Program Budget, although they are strictly managed following PAHO financial rules and regulations and are subject to accounting in financial reports. The programmatic results of national technical cooperation agreements are reported as part of the strategic achievements of the Organization.

103. Although it faces current economic challenges related to the COVID-19 crisis, the Region of the Americas is composed largely of countries with upper-middle-income economies. Consequently, there is potential for national contributions in the Region. At the same time, there is growing interest in and capacity to support national needs in health. Therefore, PASB will continue strengthening its relationship with national, subnational, and municipal authorities to increase the mobilization of NVCs to finance national health programs with local funding, in full alignment with the health objectives set out in this Program Budget.

104. The level of NVCs has varied in recent years, making it difficult to predict the exact level of this funding modality for 2022-2023. These resources will continue being reported in the relevant financial reports and end-of-biennium assessment.

Risks and Mitigation Actions for 2022-2023

105. The risk management function is part of the internal control model adopted by PASB.[35] The Bureau will continue improvements to support the first line of defense, represented by managers and other personnel, and proactively enhance the second line of defense, which consists mainly of risk management and compliance. Both are complemented by the third line, which includes PASB oversight functions (auditing) as well as evaluation, investigation, and independent reviews.

106. The Enterprise Risk Management program in PASB has continued to mature and to demonstrate its usefulness, as demonstrated during the PAHO governance reform undertaken during 2020.[36] PASB's risk management policy provides for the identification and mitigation of risks that might negatively impact implementation of PAHO technical cooperation programs. Managers have a crucial role to play in ensuring that risk analysis is integrated into the managerial decision-making process.

107. Risks at the cost center level are captured in the corporate risk register.[37] With the incorporation of risks into the new review process for voluntary contribution project proposals, PASB was able to leverage the progress made in the last three biennia in institutionalizing Enterprise Risk Management. Based on experience with assessing institutional risks affecting the full range of corporate operations, as well as the experience accumulated by the Standing Committee for Enterprise Risk Management and Compliance and the Executive Management team, PASB was able to formulate a standardized catalog of risks associated with voluntary contribution-funded projects. These improvements will add value to the decision-making process for approval of these projects, as well as to the quality of project management and the results of completed projects.

108. Based on the experience during 2020-2021, and with the understanding that risks also provide opportunities to the Organization to address potential threats, the Executive Management team reviewed and prioritized several risks, defining tolerance levels.[38] The concept of tolerance has been incorporated as part of the analysis of corporate risks with a view to reinforcing the link between internal controls and risks, considering risks as potential opportunities, focusing on new and emerging risks, applying risk data to support change initiatives, and strengthening the organizational risk culture. Corporate risks are

[35] This is based on the new model of governance and risk management issued by the Institute of Internal Auditors (IIA) in July 2020, which makes major updates to the Three Lines of Defense model. Available from: https://global.theiia.org/about/about-internal-auditing/Public%20Documents/Three-Lines-Model-Updated.pdf.

[36] Pan American Health Organization, PAHO Governance Reform (Resolution CE166.R9, 2020). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=52032-ce166-6-e-paho-governance-reform&category_slug=ce166-en&Itemid=270&lang=en.

[37] PMIS Phase 1 Key Terminology: Cost centers are used to track financial transactions (PAHO internal document, 2015).

[38] United Nations System, Chief Executives Board for Coordination, Guidelines on Risk Appetite Statements (final), 38th Session of the High-Level Committee on Management (Document CEB/2019/HLCM/26, 15-16 October 2019). Available from: https://unsceb.org/sites/default/files/imported_files/2019.HLCM_.26%20-%20Guidelines%20on%20Risk%20Appetite%20Statements%20-%20Final_1.pdf.

monitored on a regular basis by the Standing Committee for Enterprise Risk Management and Compliance and by the Executive Management team, and findings are presented during the corporate performance and monitoring assessment process every six months.

109. Table 6 summarizes the risks for the 2022-2023 biennium.

Table 6. Main Risks for the 2022-2023 Biennium

Risk Area	Scope
Dependence upon and need to ensure Member States' funding of their financial commitments	• Failure of some Member States to comply with financial commitments (assessed contributions) • Insufficient resources or decline in investment to implement and achieve the PAHO Strategic Plan, including funds through voluntary contribution mechanisms • Governance collapse or crisis that may delay compliance with financial obligations or derail programmatic development
Ability to support Member States' needs through mobilization of resources, leveraging of partners and donors, and speed of response	• Failure to respond rapidly to Member States' needs in emergencies (outbreaks and natural disasters) • Lack of diversification of partners and donors • Failure to develop and implement resource mobilization plans
Ability to attract and retain talent with skills and competencies to meet new work modes	• Time or resource constraints that make it difficult to continuously maintain and update required skills and competencies of existing staff • Inability to attract and retain staff with competencies and skills required to support programmatic commitments
Competing national priorities that reduce attention to health priorities	• Increasing scale of the COVID-19 emergency and new humanitarian crises that may affect health outcomes • Information systems with limited disaggregated data and scarce data on the social determinants of health
System/technology infrastructure readiness to support digital transformation	• Insufficient resources for applications development for workplace modernization and business continuity
Duty of care for personnel and operational business continuity during pandemic	• Failure to follow workplace safety protocols to ensure health and well-being of personnel • Lack of updated business continuity plans in PAHO duty stations
PASB reputation	• Potential for fraud/conflict of interest/misbehavior

110. Among the most significant mitigation actions are the following:

a) Maintain open communication channels and keep internal and external stakeholders continuously informed about the progress and challenges.

b) Consult Member States regularly and promote dialogue to find regional solutions, respecting the specific needs and priorities of countries.

c) Monitor collection of assessed contributions[39] and continue to explore mechanisms to increase the timely collection of assessed contributions.

d) Identify other resources and funding mechanisms available to the Organization.

e) Advocate at the national level for financing for health.

f) Continue generating efficiencies in budgetary implementation.

g) Monitor to ensure that donor agreements are implemented fully and on time, and build internal capacity in project management and donor engagement.

h) Manage local currency bank balances to minimize exchange rate impact.

i) Increase the role of PWRs and regional department directors in support of high-level political dialogue to ensure commitment of Member States and partners, giving priority to health programs with a focus on health equity.

j) Create and promote opportunities for joint collaboration among Member States, United Nations (UN) agencies, and other nongovernmental organizations.

k) Advocate for continuously strengthening and funding at national level the first line of response for emergencies.

l) Monitor the implementation at national level of the IHR.

m) Ensure that PASB standard operating procedures are in place to organize support teams in cases of outbreaks, disasters, or other declared emergencies.

n) Monitor, learn, and adapt business continuity management for all PAHO duty stations to support the duty of care and COVID-19 response and maintain the Organization's technical cooperation presence.

o) Continue advocating for investment and upgrading of integrated information systems for health with capacity to generate and analyze disaggregated health data.

p) Maintain and update the information security program and train PAHO personnel to build awareness of and compliance with information security procedures.

[39] For example, some measures were included in Pan American Health Organization, Collection of Assessed Contributions (Resolution CD57.R1, 2019). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=50574-cd57-r1-e-collection-assessed-contributions&category_slug=cd57-en&Itemid=270&lang=es.

q) Monitor compliance with PAHO's internal control model at different levels, such as programmatic, financial, procurement, and human resources regulation, in order to detect and prevent dysfunctional activities, including fraud.

r) Practice conflict management resolution and ensure strict enforcement of policies related to engagement with non-state actors, procurement, and whistleblower protection.

Accountability for Results and Financial Resources

111. Monitoring and assessment are essential for the proper management of the Program Budget and to guide necessary revisions to policies and programs. PAHO will continue to monitor, assess, and report on PB22-23 implementation in line with the results framework defined in the PAHO Strategic Plan 2020-2025, which can be found in Annex B of this document. The Organization will continue to build on its rich experience and lessons learned from over two decades implementing a Results-based Management approach. This includes the joint assessment of results with Member States and efforts to ensure transparency and accountability for results throughout the implementation of the PB and operational plans.

112. The PB22-23 has 28 outcomes, following the structure of the SP20-25. The key interventions identified under each outcome highlight the areas that will require additional emphasis during 2022-2023. These include new and emerging areas of work as well as those that are being reoriented and scaled up, recognizing that it is not feasible to continue with "business as usual." The achievement of these outcomes, which have a duration of six years, will be supported by a total of 102 outputs, which have a duration of two years and are specific to this Program Budget. The outputs are implemented through joint collaboration between Member States and PASB, with support from partners. The operational plans developed across the three functional levels of PASB will reflect the specific deliverables under each output for which PASB is accountable.

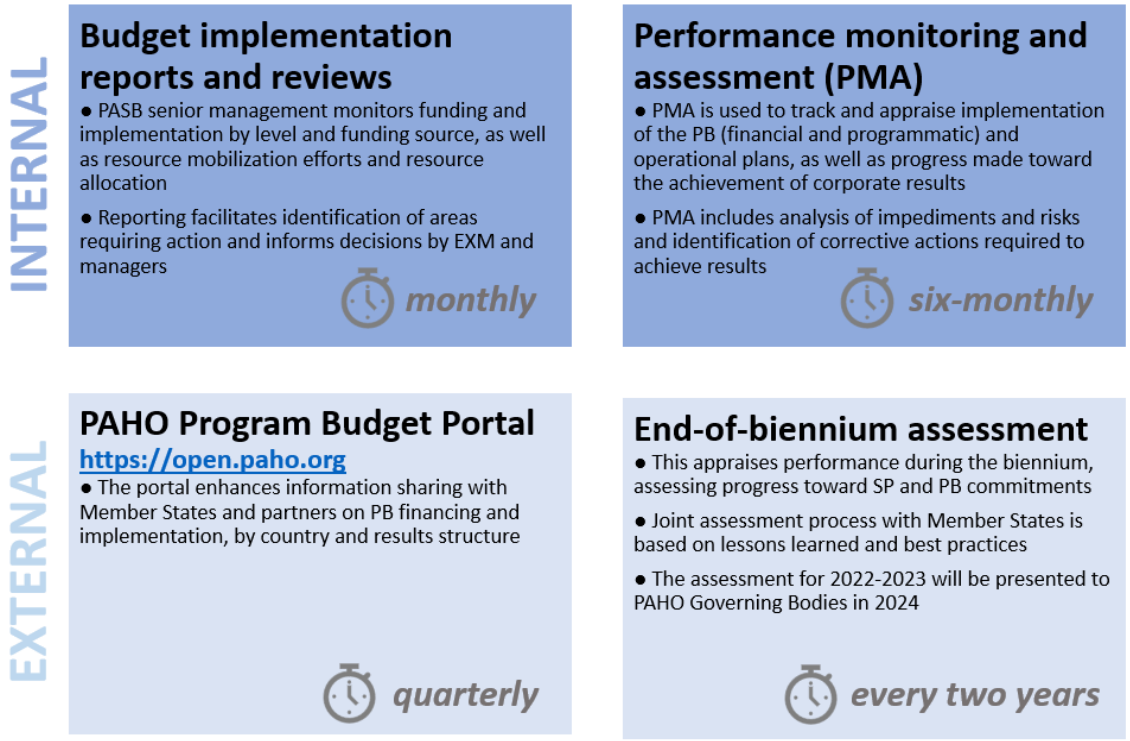
113. Output performance will be measured through 146 output indicators, with corresponding 2021 baseline and 2023 target figures.[40] The indicators will be monitored and assessed using a set of technical descriptions known as the compendium of output indicators. It is important to note that the baseline and target figures are built on projections by the Bureau. Per lessons learned from previous biennia, the baselines and targets will need to be validated after the end-of-biennium assessment of the PB20-21. The validation process serves to build commitment between Member States and PASB to report on the indicators at the end of the biennium and allows for a more accurate assessment of the PB22-23 results.

114. The monitoring and assessment of PB22-23 implementation will be conducted through the mechanisms outlined in Figure 13 and in alignment with the Organization's Results-based Management approach. In addition to supporting the monitoring and assessment of the Program Budget, these four mechanisms will support the monitoring of progress toward the commitments in the PAHO SP20-25. The end-of-biennium assessment report to PAHO Governing Bodies is the primary means of accountability to Member States for the implementation of the Program Budget and provides an interim assessment of the PAHO SP20-25, including progress toward achieving the impact and outcome indicators. The PAHO Program Budget Portal is a public accountability mechanism and

[40] For the Directing Council, initial baseline and target figures will be proposed, to be later validated with countries and territories.

provides quarterly updates on budget implementation.[41] Within PASB, monthly monitoring of budget implementation and six-monthly performance monitoring and assessment reviews facilitate analysis and decision making for effective Program Budget implementation throughout the biennium.

Figure 13. Overview of Program Budget 2022-2023 Monitoring and Assessment Mechanisms



115. At country level, PAHO will continue to improve accountability for results through the four mechanisms mentioned above, as well as through regular updating, monitoring, and assessment of the PAHO/WHO Country Cooperation Strategies. PAHO will continue to implement the joint assessment of countries' progress on the outcome and output results, using the validated indicator baselines and targets, while learning from past experiences and using best practices to improve on this important mechanism of joint accountability. The end-of-biennium assessment report will also highlight success stories at country level. In addition, the country pages in Annex A of this Program Budget offer an opportunity to showcase the main areas of work to be performed at country level by PASB during the biennium.[42]

[41] The financial information in the Program Budget Portal is intended for reference only. The information is not audited, and as its periodicity is shorter than routine audit schedules, it can be subject to changes.

[42] Three sample country pages are provided in Annex A. For the Directing Council in September 2021, the document will present the budget for each country along with a summary of the health situation using core indicators, key interventions to be carried out by PASB, and the top tier of country priorities.

116. In addition to demonstrating accountability for results in the PB22-23, monitoring and assessment processes in PAHO will serve as the basis for reporting to WHO on the implementation of the AMRO portion of the WHO Programme Budget. This will include the midterm report that will be presented to the World Health Assembly (WHA) in 2023 and the final WHO Results Report that will be presented to the WHA in 2024. In particular, PAHO will contribute to global reporting by providing regional data through the GPW13 Impact Framework and Output Scorecard, by contributing to case studies that showcase the Organization's impact at country level, and by submitting regular monthly financial reports.

117. Consistent with the commitment of PAHO to enhanced accountability and transparency, during 2020-2021 the evaluation function was revised to strengthen organizational learning. PASB is committed to strengthening its culture of evaluation, guided and informed by the 2021 PAHO Evaluation Policy and other normative guidance on evaluation in PAHO that leverages best practices from across the UN system. Evaluation in PAHO is designed to further promote and contribute to accountability as well as to inform decision making and organizational learning with a view to ensuring successful PB22-23 implementation. Evaluation recommendations will be implemented with continuous learning and improvement in mind, and the lessons learned will be used to inform policy making and decision making during 2022-2023 and beyond.

118. For consideration of the full spectrum of PAHO's accountability mechanisms, Member States may wish to refer to Annex E of the PAHO Strategic Plan 2020-2025.

Outcomes and Outputs

119. The following section presents the outputs and output indicators for the 2022-2023 biennium under each of the SP20-25 outcomes. Baseline and target values for output indicators are under review and will be incorporated in the final draft document for the 59th Directing Council in September 2021.

Outcome 1: Access to comprehensive and quality health services

Outcome		**Proposed budget**	**Priority tier**
Increased response capacity[43] of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services[44] that are equitable, gender- and culturally sensitive, rights-based, and people-, family-, and community-centered, toward universal health		$25,500,000	High
Outputs (OPT)			
1.1	**Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery, including public health**		
	OPT Indicator 1.1.a: Number of countries and territories implementing the Integrated Health Service Delivery Networks (IHSDNs) framework	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 1.1.b: Number of countries and territories implementing an action plan to improve resolution capacity of the first level of care, within the Integrated Health Service Delivery Networks (IHSDNs) framework	**Baseline [2021]** TBD	**Target [2023]** TBD
1.2	**Countries and territories enabled to improve quality of care in health service delivery**		
	OPT Indicator 1.2.a: Number of countries and territories implementing strategies and/or plans of action to improve quality of care in health service delivery	**Baseline [2021]** TBD	**Target [2023]** TBD

[43] Response capacity, in this context, is defined as the ability of health services to provide health care responses adapted to people's needs and demands, in line with current scientific and technical knowledge, resulting in improved health.

[44] Comprehensive, appropriate, timely, quality health services are actions, directed at populations and/or individuals, that are culturally, ethnically, and linguistically appropriate, with a gender approach, and that take into account differentiated needs in order to promote health, prevent diseases, provide care for disease (diagnosis, treatment, palliative care, and rehabilitation), and offer the necessary short-, medium-, and long-term care.

Key Technical Cooperation Interventions
• Implement tools for the organization and management of comprehensive health services networks focused on people, families, and communities. • Develop strategies to improve access and the resolution capacities of the first level of care, care throughout the life course, and the essential public health functions. • Strengthen capacities of health service delivery networks for preparedness and response to health emergencies. • Strengthen capacities for implementation of the proposed Regional Quality Strategy for comprehensive health services with a focus on populations in conditions of vulnerability. • Strengthen inter-programmatic coordination and articulation to address health problems in the health services network. • Develop strategies aimed at improving the overall performance and health outcomes of the health services network.

Outcome 2: Health throughout the life course

Outcome		Proposed budget	Priority tier
Healthier lives promoted through universal access to comprehensive, quality health services for all women, men, children, and adolescents in the Americas, focusing on groups in conditions of vulnerability		$35,000,000	Medium
Outputs (OPT)			
2.1	**Countries and territories enabled to implement the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030**		
	OPT Indicator 2.1.a: Number of countries and territories that are implementing a national plan in alignment with the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030	**Baseline [2021]** TBD	**Target [2023]** TBD
2.2	**Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered**		
	OPT Indicator 2.2.a: Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 2.2.b: Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 2.2.c: Number of countries and territories implementing regular maternal and perinatal death reviews and audits	**Baseline [2021]** TBD	**Target [2023]** TBD

	OPT Indicator 2.2.d: Number of countries and territories that conduct periodic developmental assessment as part of their services for children	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 2.2.e: Number of countries and territories implementing strategies to increase access to responsive and quality health services for adolescents	**Baseline [2021]** TBD	**Target [2023]** TBD
2.3	**Countries and territories enabled to implement strategies or models of care focusing on populations living in conditions of vulnerability**		
	OPT Indicator 2.3.a: Number of countries and territories that have set equity-based targets for access and coverage in at least one population living in conditions of vulnerability	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Update national plans of action advancing the integration of interventions for women's, children's, and adolescents' health based on the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030, and the work with strategic alliances.
- Support the implementation and evaluation of the coverage of evidence-based interventions to reduce preventable morbidity and mortality and promote health and well-being, and advocate for the application of the life course approach in policies and legislation.
- Improve the quality and use of strategic information, with emphasis on universal access and coverage for women, children, and adolescents, by promoting the implementation of guidelines and standards and strengthening the competencies of human resources. Strengthen information systems to monitor and evaluate quality of care and the use of cost-effective interventions, with special emphasis on the measurement and effective reduction of inequities in underserved and more vulnerable groups. Promote operational research through local and regional networks to improve the epidemiological surveillance of sentinel events and the management of plans, strategies, and programs.
- Improve accessibility and quality of care related to essential interventions with a focus on vulnerable groups (e.g., small and sick newborns) through the development of guidelines, information for decision making, and training materials.
- Develop and implement integrated and multisectoral actions for the health of women, mothers, newborns, children, adolescents, and adults in accordance with global and regional mandates.

Outcome 3: Quality care for older people

Outcome	Proposed budget	Priority tier
Increased health system response capacity to provide quality, comprehensive, and integrated care for older people, in order to overcome access barriers, prevent care dependence, and respond to current and future demands	$4,000,000	Low

Outputs (OPT)			
3.1	**Countries and territories enabled to deliver integrated people-centered services across the continuum of care that responds to the needs of older persons**		
	OPT Indicator 3.1.a: Number of countries and territories that implement comprehensive assessments of older persons at the first level of care	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Enable Member States to develop capacity to assess and improve the health system response to aging and to provide quality, comprehensive, and integrated care for older people.
- Promote effective integration of social and health care that helps ensure sustainability of coverage and universal access to health for older persons, including long-term care for those who need it.
- Strengthen health services for older persons at the first level of care and as a component of integrated health services networks in order to provide equitable access to comprehensive, continuous, and quality care that responds to the needs of older people, with a special focus on maintaining their functional capacity and preventing care dependence.

Outcome 4: Response capacity for communicable diseases

Outcome	Proposed budget	Priority tier
Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases	$70,000,000	Medium

Outputs (OPT)			
4.1	**National health systems enabled to deliver and expand coverage of key quality services and interventions for HIV, sexually transmitted infections (STIs), tuberculosis (TB), and viral hepatitis (VH), through sustainable policies, up-to-date normative guidance and tools, and generation and use of strategic information**		
	OPT Indicator 4.1.a: Number of countries and territories implementing national norms, standards, and tools aligned with PAHO and WHO guidelines on TB, HIV, STIs, and VH	**Baseline [2021]** TBD	**Target [2023]** TBD

4.2	**Countries and territories enabled to effectively manage cases of arboviral diseases**		
	OPT Indicator 4.2.a: Number of countries and territories implementing the new arboviral disease guidelines for patient care in the Region of the Americas	**Baseline [2021]** TBD	**Target [2023]** TBD
4.3	**Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems**		
	OPT Indicator 4.3.a: Number of NID-endemic countries and territories that implement PAHO recommendations on integrated interventions to reduce the burden of NIDs through their health systems	**Baseline [2021]** TBD	**Target [2023]** TBD
4.4	**Countries and territories enabled to strengthen their political, technical, operational, and regulatory platform to reduce or eliminate malaria incidence**		
	OPT Indicator 4.4.a: Number of countries and territories that have adopted PAHO/WHO-recommended malaria policies	**Baseline [2021]** TBD	**Target [2023]** TBD
4.5	**Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan (under development) to reach unvaccinated and under-vaccinated populations**		
	OPT Indicator 4.5.a: Number of countries and territories with DPT3 immunization coverage of at least 95% that are implementing strategies to reach unvaccinated and under-vaccinated populations	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 4.5.b: Number of countries and territories generating evidence to support decisions on the introduction or post-introduction of new vaccines	**Baseline [2021]** TBD	**Target [2023]** TBD
4.6	**Countries and territories supported in implementing the Integrated Management Strategy (IMS) for Arboviral Diseases**		
	OPT Indicator 4.6.a: Number of countries and territories that have conducted IMS-arbovirus evaluations	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Provide guidance and technical cooperation to strengthen the capacity of integrated health services networks in the prevention, surveillance, early detection, treatment, control, and care of HIV, STIs, hepatitis, tuberculosis, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases, with a focus on the first level of care.
- Promote intersectoral and multilevel approaches to improve equitable access to quality health care through prevention, surveillance, early detection, treatment, control, and care for HIV, STIs, hepatitis, tuberculosis, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases.
- Advocate and support the incorporation of innovative approaches to the prevention, detection, treatment, and care of HIV, tuberculosis, STIs, and viral hepatitis in line with WHO recommendations, including those introduced in response to the COVID-19 pandemic.

- Provide technical cooperation to support Member States to develop strategies and plans focusing on a sustainable response to HIV, tuberculosis, STIs, and viral hepatitis using person-centered and integrated approaches.
- Improve country capacity for collection, analysis, and monitoring of data on HIV, STIs, hepatitis, tuberculosis, vector-borne diseases, neglected tropical diseases, and vaccine-preventable diseases.
- Support countries to develop study protocols and implement impact and effectiveness studies for new vaccines.
- Maintain immunizations as a public health priority in the context of the COVID-19 pandemic.
- Strengthen Member States' capacities with respect to COVID-19 vaccination.

Outcome 5: Access to services for NCDs and mental health conditions

Outcome		**Proposed budget**	**Priority tier**
Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs)[45] and mental health conditions[46]		$20,300,000	High
Outputs (OPT)			
5.1	**Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages**		
	OPT Indicator 5.1.a: Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management (diagnosis and treatment) of cardiovascular disease, cancer, diabetes, and chronic respiratory disease	**Baseline [2021]** TBD	**Target [2023]** TBD
5.2	**Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments**		
	OPT Indicator 5.2.a: Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments	**Baseline [2021]** TBD	**Target [2023]** TBD
5.3	**Countries and territories enabled to provide quality, people-centered mental health services, based on primary health care strategies and comprehensive essential mental health service packages**		
	OPT Indicator 5.3.a: Number of countries and territories with comprehensive mental health services integrated into primary health care in at least 50% of health care facilities	**Baseline [2021]** TBD	**Target [2023]** TBD

[45] The four main types of NCDs are cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases.

[46] Mental health conditions include mental, neurological, and substance use disorders.

5.4	**Countries and territories enabled to strengthen mental health information systems to monitor and report on the basic mental health indicators**		
	OPT Indicator 5.4.a: Number of countries and territories that collect, analyze, and report basic mental health indicators within the national health information systems	**Baseline [2021]** TBD	**Target [2023]** TBD
5.5	**Countries and territories enabled to improve access to health and health equity for people with disabilities and to strengthen rehabilitation and assistive technology services**		
	OPT Indicator 5.5.a: Number of countries and territories that have defined a priority list of assistive devices and products	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Strengthen health systems, improve integrated service delivery, scale up appropriate interventions, and improve surveillance for noncommunicable diseases, mental health, disabilities, and substance use disorders. Equity, access, and quality will continue to be strong drivers to ensure that everyone benefits from screening and early detection, diagnosis, treatment, rehabilitation, and palliative care, in particular the most disadvantaged, marginalized, and hard-to-reach populations.
- Strengthen integrated approaches to implementing, scaling up, and evaluating evidence-based and cost-effective interventions for noncommunicable diseases, disabilities, mental health, and substance use. These should include, among others, the package of essential noncommunicable disease interventions for primary health care and technical packages such as "HEARTS" and the WHO Mental Health Gap Action Programme (mhGAP), including its delivery via tele-mental health.
- Improve access to health services by people with disabilities, including access to rehabilitation/habilitation services and assistive devices. This should include people facing long-term consequences of COVID-19.
- Improve country capacity for data collection, analysis, surveillance, and monitoring of NCDs and their risk factors, disabilities and rehabilitation, and mental health conditions (including neurological disorders and substance use disorders).

Outcome 6: Response capacity for violence and injuries

Outcome	**Proposed budget**	**Priority tier**
Improved response capacity for comprehensive, quality health services for violence and injuries	$3,000,000	Low

Outputs (OPT)

6.1	**Countries and territories enabled to increase health service response capacity for road traffic injuries**		
	OPT Indicator 6.1.a: Number of countries and territories that have a single emergency care access number with full national coverage	**Baseline [2021]** TBD	**Target [2023]** TBD

6.2	**Countries and territories enabled to develop national standard operating procedures, protocols, and/or guidelines to strengthen the health system response to violence**		
	OPT Indicator 6.2.a: Number of countries and territories that are implementing national standard operating procedures, protocols, and/or guidelines for the health system response to violence, aligned with PAHO and WHO guidelines	**Baseline [2021]** TBD	**Target [2023]** TBD
Key Technical Cooperation Interventions			
• Strengthen the health system response to victims of violence in all its forms, road traffic injuries, and other unintentional injuries. • Strengthen emergency care and trauma care for victims of road traffic injuries and other unintentional injuries, with a focus on employing best-practice measures such as having a single emergency number, a trauma registry, and formal certification for prehospital providers. • Build capacity of health care providers to prevent and respond to victims of violence, mitigate consequences, and reduce reoccurrence, with a special focus on violence against women, youth violence, and violence in migrant populations.		

Outcome 7: Health workforce

Outcome	**Proposed budget**	**Priority tier**
Adequate availability and distribution of a competent health workforce	$12,500,000	Medium

Outputs (OPT)			
7.1	**Countries and territories have formalized and initiated implementation of a national policy on human resources for health**		
	OPT Indicator 7.1.a: Number of countries and territories that are implementing a national policy on human resources for health	**Baseline [2021]** TBD	**Target [2023]** TBD
7.2	**Countries and territories have developed inter-professional teams at the first level of care with combined capacities for integrated care**		
	OPT Indicator 7.2.a: Number of countries and territories with a norm that defines the capacities and scope of practices of inter-professional teams at the first level of care	**Baseline [2021]** TBD	**Target [2023]** TBD
Key Technical Cooperation Interventions			
• Work with countries to articulate high-level coordination mechanisms between health, education, labor, and other sectors to reinforce strategic planning and regulation for human resources for health (HRH) to meet health system requirements and population needs. • Promote increased public investment and financial efficiency in HRH (as part of the goal of at least 30% of the public budget for health dedicated to the first level of care by 2030) and strengthen HRH information systems to better inform planning and decision making.			

- Implement strategies to maximize, upgrade, and regulate the competencies of inter-professional health teams to ensure their optimal utilization, in particular at the first level of care and including community health workers and caregivers.
- Develop tools, capacities, and evidence to promote the transformation of health professional education toward the principles of social accountability and inter-professional education, with special emphasis on training for priority specialties, primary health care, and public health.

Outcome 8: Access to health technologies

Outcome	Proposed budget	Priority tier
Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage	$36,400,000	Medium

Outputs (OPT)			
8.1	**Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies**		
	OPT Indicator 8.1.a: Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 8.1.b: Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products	**Baseline [2021]** TBD	**Target [2023]** TBD
8.2	**Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products**		
	OPT Indicator 8.2.a: Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool	**Baseline [2021]** TBD	**Target [2023]** TBD
8.3	**Countries and territories enabled to improve affordability and access to medicines and other health technologies**		
	OPT Indicator 8.3.a: Number of countries and territories with a comprehensive multisource/generic medicines strategy	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 8.3.b: Number of countries and territories with pricing strategies for medicines and other health technologies	**Baseline [2021]** TBD	**Target [2023]** TBD

8.4	**Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services**		
	OPT Indicator 8.4.a: Number of countries and territories implementing a national plan to strengthen access to radiological services and/or radiation safety	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 8.4.b: Number of countries and territories implementing a national plan to strengthen access to pharmaceutical services	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 8.4.c: Number of countries and territories implementing national strategies/mechanisms to improve access, quality, safety, or rational use of blood in their services	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 8.4.d: Number of countries and territories implementing a national plan or strategies to strengthen access to transplant services	**Baseline [2021]** TBD	**Target [2023]** TBD
8.5	**Countries and territories enabled to improve supply chain management of quality-assured and safe health products**		
	OPT Indicator 8.5.a: Number of countries and territories implementing plans to manage and oversee the essential medicines supply chain, including planning, forecasting, and availability	**Baseline [2021]** TBD	**Target [2023]** TBD
8.6	**Countries and territories enabled to improve antibiotic use and monitoring in support of the implementation of national plans for containment of antimicrobial resistance**		
	OPT Indicator 8.6.a: Number of countries and territories that have a strategy/mechanism for antibiotic sales estimation and that enforce antibiotic sales under prescription	**Baseline [2021]** TBD	**Target [2023]** TBD
8.7	**Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, and management, and for rational use of medicines and other health technologies**		
	OPT Indicator 8.7.a: Number of countries and territories with mechanisms for health technology assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Promote and update policies, norms, and strategies that ensure timely access to and rational use of safe, affordable, quality-assured, and cost-effective health technologies, including but not limited to pharmaceuticals, vaccines and diagnostics, and medical devices.
- Provide cooperation to strengthen national and subregional regulatory systems, as well as capacities to manage and oversee medical product supply chains and to ensure quality of affordable health technologies, through national and regional strategies such as the regional procurement mechanisms.
- Work with countries to ensure access to quality and safe radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services.

- Foster regional networks and other collaborative mechanisms to strengthen capacities, information sharing, and work sharing to improve governance and oversight of national health and regulatory authorities regarding the selection, incorporation, regulation, and use of medicines and other health technologies.

Outcome 9: Strengthened stewardship and governance

Outcome		**Proposed budget**	**Priority tier**
Strengthened stewardship and governance by national health authorities, enabling them to lead health systems transformation and implement the essential public health functions for universal health		$10,100,000	Medium
Outputs (OPT)			
9.1	**Countries and territories enabled to implement the essential public health functions**		
	OPT Indicator 9.1.a: Number of countries and territories implementing a strategy and/or plan of action to improve the essential public health functions	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 9.1.b: Number of countries and territories with the national health authority enabled to address ethical issues in public health	**Baseline [2021]** TBD	**Target [2023]** TBD
9.2	**Countries and territories enabled to monitor and evaluate health systems transformation strategies for universal health**		
	OPT Indicator 9.2.a: Number of countries and territories with mechanisms for monitoring and evaluating progress toward universal health using PAHO's framework	**Baseline [2021]** TBD	**Target [2023]** TBD
9.3	**Policy options, tools, and technical guidance provided to countries to improve the regulation of the provision and financing of health services**		
	OPT Indicator 9.3.a: Number of countries and territories implementing regulatory frameworks for the provision and financing of health services	**Baseline [2021]** TBD	**Target [2023]** TBD
9.4	**Countries and territories enabled to develop and implement legislative frameworks for universal access to health and universal health coverage**		
	OPT Indicator 9.4.a: Number of countries and territories that have established, reviewed, and/or updated health-related legislation and regulatory frameworks in support of universal access to health and universal health coverage, human rights, and other health-related matters	**Baseline [2021]** TBD	**Target [2023]** TBD

9.5	**Policy options, tools, and technical guidance provided to countries and territories for increasing equitable access to comprehensive, timely, quality health services and financial protection for migrant populations**		
	OPT Indicator 9.5.a: Number of countries and territories implementing interventions and actions to promote and protect the health and well-being of the migrant population within national health policies, plans, and programs	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Adapt and implement tools for the monitoring and evaluation of barriers to access and factors that influence access to health care in the Americas.
- Support countries in the development of policies and interventions that address institutional and organizational determinants of access to health care.
- Provide technical cooperation to strengthen health systems' capacity to deliver integrated and comprehensive public health actions.
- Develop and implement a tool to evaluate the essential public health functions and develop road maps for improvement.

Outcome 10: Increased public financing for health

Outcome	Proposed budget	Priority tier
Increased and improved sustainable public financing for health, with equity and efficiency	$4,400,000	Medium

Outputs (OPT)			
10.1	**Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health**		
	OPT Indicator 10.1.a: Number of countries and territories implementing equitable health financing strategies and reforms to sustain progress toward universal health	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 10.1.b: Number of countries and territories implementing systems for improved resource allocation for universal health	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 10.1.c: Number of countries and territories with institutional capacity to produce health accounts using the System of Health Accounts (SHA) 2011 methodology	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Develop fiscal space to invest in health and advance toward the reference target for public expenditure on health of 6% of GDP.
- Prioritize investments in the first level of care within Integrated Health Service Delivery Networks, with a people-, family-, and community-centered approach.
- Prioritize investments in the essential public health functions to improve resilience, preparedness, and response to health emergencies.

• Establish solidarity-based pooling arrangements for efficient and equitable use of diverse sources of public financing. • Develop systems for budgetary formulation and allocation and for purchasing and payment to suppliers that promote efficiency and equity in the allocation of strategic resources. • Develop tools and capabilities in health economics and health financing, including financial indicators for resource tracking and policy decision-making.

Outcome 11: Strengthened financial protection

Outcome		**Proposed budget**	**Priority tier**
Strengthened protection against health-related financial risks and hardships for all persons		$4,100,000	Low
Outputs (OPT)			
11.1	**Countries and territories enabled to implement strategies to strengthen financial protection in health**		
	OPT Indicator 11.1.a: Number of countries and territories implementing specific strategies to eliminate direct payments at the point of service	**Baseline [2021]** TBD	**Target [2023]** TBD
Key Technical Cooperation Interventions			
• Develop financing strategies to eliminate direct payments that constitute a barrier to access to health services at the point of service, increasing equity. • Develop financial protection against impoverishing or catastrophic expenditure, with new public financing for health. • Implement or advance in reforms toward solidarity-based pooling mechanisms to replace direct payment as a financing mechanism, combat segmentation, and increase solidarity and efficiency.			

Outcome 12: Risk factors for communicable diseases

Outcome		**Proposed budget**	**Priority tier**
Risk factors for communicable diseases reduced by addressing the determinants of health through intersectoral action		$26,000,000	High
Outputs (OPT)			
12.1	**Countries and territories enabled to improve awareness and understanding of antimicrobial resistance (AMR) through effective communication, education, and training**		
	OPT Indicator 12.1.a: Number of countries and territories that have campaigns on antimicrobial resistance and rational use aimed at the general public and at professional sectors	**Baseline [2021]** TBD	**Target [2023]** TBD

12.2	**Countries and territories 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 12.2.a: Number of countries and territories 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 [2021]** TBD	**Target [2023]** TBD
12.3	**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 12.3.a: Number of countries and territories with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance	**Baseline [2021]** TBD	**Target [2023]** TBD
12.4	**Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance**		
	OPT Indicator 12.4.a: Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance	**Baseline [2021]** TBD	**Target [2023]** TBD
12.5	**Countries and territories enabled to identify and address HIV, TB, STIs, and VH social determinants and risk factors through multisectoral action, with the participation of public and private sectors and engagement of civil society**		
	OPT Indicator 12.5.a: Number of countries and territories implementing the Engage-TB approach	**Baseline [2021]** TBD	**Target [2023]** TBD
12.6	**Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions**		
	OPT Indicator 12.6.a: Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs	**Baseline [2021]** TBD	**Target [2023]** TBD
12.7	**Countries and territories enabled to implement international standards and strategies for food safety to prevent and mitigate foodborne illnesses, including infections produced by resistant pathogens, with a One Health approach**		
	OPT Indicator 12.7.a: Number of countries and territories that have in place or under implementation intersectoral mandatory risk-based regulatory mechanisms, food monitoring and foodborne surveillance systems, or any other practice to protect public health from foodborne diseases, with a One Health approach	**Baseline [2021]** TBD	**Target [2023]** TBD

12.8	**Countries and territories enabled to implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach**		
	OPT Indicator 12.8.a: Number of countries and territories that have programs to prevent or mitigate zoonotic diseases	**Baseline [2021]** TBD	**Target [2023]** TBD
12.9	**Countries and territories enabled to implement actions for eliminating vector-borne transmission of *T. cruzi* by the main or secondary vector**		
	OPT Indicator 12.9.a: Number of countries and territories with integrated territorial actions for prevention, control, and/or surveillance of vector-borne transmission of *Trypanosoma cruzi*	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Implement and/or scale up interventions to increase civil society participation in TB prevention and control based on recent regional projects and country experiences.
- Implement strategies for control of domestic infestation by the main triatomine vector species or by the substitute vector. In addition, continue to foster capacity at country level for the prevention of blood transmission of Chagas disease and for management and clinical care of chronic patients.
- Develop and strengthen country capacities to monitor AMR in bloodstream infections; foster implementation of antimicrobial stewardship and infection prevention and control programs aimed at containing AMR; and promote behavior change based on a better knowledge of AMR under the One Health approach.
- Provide technical cooperation and support Member States to develop and implement effective strategies to increase vaccination coverage, especially for hard-to-reach populations and communities, and continue activities to control, eradicate, and eliminate vaccine-preventable diseases.
- Develop and implement interventions to strengthen national food safety systems, with a multisectoral approach, to prevent foodborne illnesses, including infections produced by resistant pathogens.
- Increase access to interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach.

Outcome 13: Risk factors for NCDs

Outcome	**Proposed budget**	**Priority tier**
Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action	$27,000,000	High

Outputs (OPT)			
13.1	**Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests**		
	OPT Indicator 13.1.a: Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions	**Baseline [2021]** TBD	**Target [2023]** TBD

	OPT Indicator 13.1.b: Number of countries and territories implementing policies to reduce physical inactivity and promote physical activity	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 13.1.c: Number of countries and territories implementing policies to reduce salt/sodium consumption in the population	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 13.1.d: Number of countries and territories implementing fiscal policies and/or regulatory frameworks on food marketing and/or front-of-package warning labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 13.1.e: Number of countries and territories implementing policies to regulate the marketing, sales, and availability of unhealthy food and drink products in schools	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 13.1.f: Number of countries and territories implementing policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 13.1.g: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Enable countries to improve legislation and multisector policies that address the major risk factors for NCDs, increasing capacity for advocacy and management of conflicts of interest.
- Support the drafting, enactment, design, implementation, and evaluation of tobacco control policies consistent with the WHO FCTC, with emphasis on the four WHO "best buys" (increase tobacco taxes, positioning them as part of COVID-19 recovery plans; establish smoke-free environments in all indoor public places and workplaces; establish mandatory large and graphic health warnings on tobacco packaging; and ban tobacco advertising, promotion, and sponsorship), and strengthen surveillance systems for tobacco. These measures will be implemented considering the existing regulatory options for new and novel tobacco and nicotine products.
- Implement the WHO SAFER package to reduce harmful use of alcohol, together with strengthening advocacy, evidence, and monitoring of alcohol consumption, harms, and policies.
- Support the development and implementation of policies, protocols, and technical tools to implement updated regional salt reduction targets for processed and ultra-processed food, as well as other salt reduction policies and interventions that are part of WHO's SHAKE package and "best buys."
- Support countries in implementing multisectoral policies to promote physical activity in line with the Global Action Plan on Physical Activity 2018-2030 (GAPPA).
- Support plans, policies, interventions, and surveillance to eliminate industrially produced trans-fatty acids in line with the regional Plan of Action for the Elimination of Industrially Produced Trans-fatty Acids 2020-2025 and WHO's REPLACE package.

Outcome 14: Malnutrition

<table>
<tr><th colspan="2">Outcome</th><th>Proposed budget</th><th colspan="2">Priority tier</th></tr>
<tr><td colspan="2">Malnutrition in all its forms reduced</td><td>$6,000,000</td><td colspan="2">Medium</td></tr>
<tr><td colspan="5">Outputs (OPT)</td></tr>
<tr><td rowspan="4">14.1</td><td colspan="4">Countries and territories enabled to develop and monitor implementation of policies and 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</td></tr>
<tr><td colspan="2">OPT Indicator 14.1.a: Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td colspan="2">OPT Indicator 14.1.b: Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td colspan="2">OPT Indicator 14.1.c: Number of countries and territories implementing policies to prevent stunting in children under 5 years of age</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td colspan="5">Key Technical Cooperation Interventions</td></tr>
<tr><td colspan="5">• Enable countries to address malnutrition in all its forms by strengthening intersectoral nutrition policies and applying a food and nutrition systems approach, with a view to achieving the WHO Global Targets 2025 and the nutrition targets of the Sustainable Development Goals.
• Develop updated guidance and tools for assessing, managing, and counselling on infant and young child feeding and nutrition and on overweight in children.
• Provide guidance to countries in conducting surveys for the assessment of nutritional status of children under 5 years of age.
• Guide countries in developing sustainable programs for implementation of the Baby-Friendly Hospital Initiative in accordance with revised WHO/UNICEF guidance and the health systems approach, and in monitoring application of the International Code of Marketing of Breast-milk Substitutes.</td></tr>
</table>

Outcome 15: Intersectoral response to violence and injuries

<table>
<tr><th colspan="2">Outcome</th><th>Proposed budget</th><th colspan="2">Priority tier</th></tr>
<tr><td colspan="2">Improved intersectoral action to contribute to the reduction of violence and injuries</td><td>$3,000,000</td><td colspan="2">Low</td></tr>
<tr><td colspan="5">Outputs (OPT)</td></tr>
<tr><td rowspan="2">15.1</td><td colspan="4">Countries and territories enabled to strengthen multisectoral policies and legislation that promote road safety and lower associated risk factors</td></tr>
<tr><td colspan="2">OPT Indicator 15.1.a: Number of countries and territories that have road safety laws or regulations on all five key risk factors: speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td rowspan="2">15.2</td><td colspan="4">Capacity of key sectors strengthened to prevent violence through multisectoral collaboration</td></tr>
<tr><td colspan="2">OPT Indicator 15.2.a: Number of countries and territories that have a national multisectoral coalition/task force to prevent and respond to violence that includes the health sector</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td colspan="5">Key Technical Cooperation Interventions</td></tr>
<tr><td colspan="5">

Advance evidence-based practices in violence prevention, road safety, and injury prevention.
Improve legislation that lowers risk factors for road safety (for example, speed limits, drink-driving limits, and laws on use of seat belts, helmets, and child restraints) and risk factors for violence (for example, laws limiting access to firearms and laws against corporal punishment, among others).
Implement cost-effective interventions for road safety, including the WHO technical package Save LIVES, a set of prioritized interventions to reduce road traffic deaths and injuries.
Support the establishment of national multisector agencies for road safety with the authority and responsibility to make decisions, administer resources, and coordinate actions across relevant government sectors.
Improve multisector collaboration and strengthen multisector plans for addressing violence in all its forms, with emphasis on youth violence, violence against women, and violence against children.
Improve the quality and use of data on violence to generate evidence-based policies and programming.
Implement and evaluate evidence-based and cost-effective interventions for violence against children, using INSPIRE, a set of strategies shown to successfully reduce violence against children.

</td></tr>
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Outcome 16: Intersectoral action on mental health

<table>
<tr><th colspan="2">Outcome</th><th>Proposed budget</th><th>Priority tier</th></tr>
<tr><td colspan="2">Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions[47] and suicide, and diminished stigmatization, through intersectoral action</td><td>$5,000,000</td><td>Medium</td></tr>
<tr><td colspan="4">Outputs (OPT)</td></tr>
<tr><td rowspan="2">16.1</td><td colspan="3">Countries and territories enabled to strengthen multisectoral policies and legislation for mental health in line with PAHO/WHO policies</td></tr>
<tr><td>OPT Indicator 16.1.a: Number of countries and territories implementing policies and legislative frameworks to promote and improve mental health</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td rowspan="2">16.2</td><td colspan="3">Countries and territories enabled to develop suicide prevention plans</td></tr>
<tr><td>OPT Indicator 16.2.a: Number of countries and territories with national multisectoral policies aimed at the prevention of suicide across the life course and addressing its risk factors and social determinants</td><td>Baseline [2021]
TBD</td><td>Target [2023]
TBD</td></tr>
<tr><td colspan="4">Key Technical Cooperation Interventions</td></tr>
<tr><td colspan="4">• Enable countries to address mental health conditions (including suicide and substance abuse) through a multisector approach, by supporting the development of multisector collaborations between mental health, social services, education, and other government sectors.
• Strengthen mental health and substance use policies and plans with the aim of integrating mental health care into general health care. This includes operational planning, capacity building, and attention to special programs such as suicide prevention, and protecting and promoting the human rights of people with mental health conditions.
• Strengthen suicide prevention interventions by supporting countries to develop and implement evidence-based multisectoral activities (e.g., the WHO program LIVE LIFE).</td></tr>
</table>

[47] Mental health conditions include mental, neurological, and substance use disorders.

Outcome 17: Elimination of communicable diseases

Outcome		Proposed budget	Priority tier
Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases		$26,000,000	Medium
Outputs (OPT)			
17.1	**Countries and territories enabled to provide early diagnosis, treatment, case investigation, and response toward malaria elimination and prevention of reestablishment**		
	OPT Indicator 17.1.a: Number of countries and territories implementing PAHO/WHO-recommended interventions in active foci and areas at risk of reestablishment of malaria	**Baseline [2021]** TBD	**Target [2023]** TBD
17.2	**Countries and territories enabled to accelerate, expand, or maintain interventions for the elimination of NIDs, HIV, STIs, TB, and viral hepatitis as public health problems**		
	OPT Indicator 17.2.a: Number of countries and territories implementing PAHO policies and frameworks for diseases targeted for elimination as recommended in the Elimination Initiative	**Baseline [2021]** TBD	**Target [2023]** TBD
17.3	**Implementation of the plan of action to eliminate perinatal transmission of hepatitis B**		
	OPT Indicator 17.3.a: Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours	**Baseline [2021]** TBD	**Target [2023]** TBD
17.4	**Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)**		
	OPT Indicator 17.4.a: Number of countries and territories with official status as foot-and-mouth disease (FMD) free, with or without vaccination, in accordance with the timeline and expected results established in the PHEFA Action Plan 2011-2020	**Baseline [2021]** TBD	**Target [2023]** TBD
17.5	**Maintenance of regional surveillance system for monitoring of acute flaccid paralysis**		
	OPT Indicator 17.5.a: Number of countries and territories that have met at least three of the indicators for monitoring the quality of epidemiological surveillance of acute flaccid paralysis cases	**Baseline [2021]** TBD	**Target [2023]** TBD
17.6	**Implementation of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023**		
	OPT Indicator 17.6.a: Number of countries that have met the established minimum annual rate of suspected measles/rubella cases plus at least three of the five surveillance indicators defined in the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023.	**Baseline [2021]** TBD	**Target [2023]** TBD

17.7	**Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus)**		
	OPT Indicator 17.7.a: Number of endemic countries and territories with screening and diagnosis of Chagas implemented for all newborns of mothers tested positive (for Chagas disease) during prenatal care	**Baseline [2021]** TBD	**Target [2023]** TBD
17.8	**Countries and territories enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs**		
	OPT Indicator 17.8.a: Number of countries and territories implementing plans of action to strengthen prevention, prophylaxis, surveillance, control, and elimination of rabies transmitted by dogs	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Strengthen innovative and intensified disease surveillance, diagnosis, and clinical case management of NIDs (including treatment) that tackles multiple diseases affecting at-risk populations living in conditions of vulnerability, with the underlying purpose of sustainable control and elimination.
- Develop integrated plans of action for the control and elimination of multiple NIDs and malaria as part of the new PAHO Initiative for the Elimination of Communicable Diseases and Related Conditions.
- Strengthen collaboration with maternal and child health and antenatal care platforms for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis B virus, and Chagas (EMTCT+) and possible expansion to other communicable diseases.
- Increase access of at-risk and exposed people to quality rabies immune globulin and rabies human vaccine.
- Scale up effective interventions based on surveillance, rapid response, and the achievement of homogenous vaccination coverage to maintain elimination efforts for vaccine-preventable diseases, such as measles, rubella, and polio.

Outcome 18: Social and environmental determinants

Outcome	**Proposed budget**	**Priority tier**
Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability	$17,000,000	Low

Outputs (OPT)			
18.1	**Countries and territories enabled to address the social determinants of health**		
	OPT Indicator 18.1.a: Number of countries and territories that have developed national, subnational, or local health policies, plans, programs, and projects that address the social determinants of health and inequities	**Baseline [2021]** TBD	**Target [2023]** TBD

18.2	**Countries and territories enabled to address environmental determinants of health including air quality, chemical safety, climate change, and water and sanitation**		
	OPT Indicator 18.2.a: Number of countries and territories with water safety plans, policies, and/or programs in place and aligned with the WHO guidelines	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 18.2.b: Number of countries and territories with sanitation safety plans, policies, and/or programs in place and aligned with the WHO guidelines	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 18.2.c: Number of countries and territories that incorporate health protection and prevention interventions in their outdoor air quality plans, policies, and/or programs, following the WHO guidelines	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 18.2.d: Number of countries and territories that incorporate health protection and prevention interventions in their chemical management plans, policies, and/or programs, following the WHO Chemicals Road Map, including implementation of the Minamata Convention	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 18.2.e: Number of countries and territories with health adaptation plans on climate change in place	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 18.2.f: Number of countries and territories that incorporate health protection and prevention interventions in their household air quality plans, policies, and/or programs to reduce emissions from cooking, following the WHO guidelines	**Baseline [2021]** TBD	**Target [2023]** TBD
18.3	**Countries and territories enabled to prevent key occupational diseases**		
	OPT Indicator 18.3.a: Number of countries and territories that apply guidelines and implement surveillance systems to prevent, diagnose, and record chronic kidney disease of nontraditional causes (CKDnT) and/or key pneumoconioses.	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Build capacity in countries at national, subnational, and local levels to implement policies that address the social determinants of health, to evaluate the health impact of policies outside of the health sector, and to monitor and evaluate the social determinants of health and intersectoral work.
- Strengthen national and subnational governance mechanisms to address environmental determinants of health using the essential public health functions framework in four technical areas: air quality, chemical safety, climate change, and water, sanitation, and hygiene. This will be implemented through three overarching initiatives: *a)* improving the performance of environmental public health programs and institutions; *b)* building climate-resilient and environmentally sustainable health care systems; and *c)* building climate-resilient and environmentally healthy cities and communities.
- Build capacity of countries to prevent, diagnose, and record occupational diseases. This includes supporting countries to use occupational health and safety approaches to protect the regional workforce within the context of COVID-19 response and recovery.

Outcome 19: Health promotion and intersectoral action

Outcome		Proposed budget	Priority tier
Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action		$6,000,000	Low
Outputs (OPT)			
19.1	**Countries and territories enabled to adopt, review, and revise laws, regulations, and policies to create healthy settings, including schools, universities, housing, and workplaces**		
	OPT Indicator 19.1.a: Number of countries and territories that produce annual progress reports on health promotion in at least two categories of healthy settings	**Baseline [2021]** TBD	**Target [2023]** TBD
19.2	**Countries and territories enabled to develop and/or strengthen city and municipal government capacities to include health promotion as a priority**		
	OPT Indicator 19.2.a: Number of countries and territories that have capacity-building programs to enable local-level governments to integrate health promotion in their planning	**Baseline [2021]** TBD	**Target [2023]** TBD
19.3	**National, subnational, and local governance mechanisms used to address health determinants, applying the Health in All Policies approach**		
	OPT Indicator 19.3.a: Number of countries and territories that have established an intersectoral mechanism at national or subnational and local government levels to address the determinants of health, applying the Health in All Policies approach	**Baseline [2021]** TBD	**Target [2023]** TBD
19.4	**Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector**		
	OPT Indicator 19.4.a: Number of countries and territories implementing a national health promotion policy[48]	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 19.4.b: Number of countries and territories implementing mechanisms that facilitate the participation of community organizations and leaders in public health programs	**Baseline [2021]** TBD	**Target [2023]** TBD

[48] In the case of federal countries, this can also include subnational health promotion policies.

Key Technical Cooperation Interventions
• Implement the Health in All Policies approach at all levels of government to promote health and well-being, including guidance and support to strengthen urban governance for health and well-being in cities and at local level. • Develop and implement regional criteria and guidance for Healthy Schools and Healthy Municipalities. • Build country capacity for the incorporation of health promotion within health services and systems, based on the principles of primary health care. • Support countries to strengthen mechanisms that enable community participation and civil society engagement. • Provide guidance and support countries to include the health promotion approach within the context of COVID-19 response and recovery.

Outcome 20: Integrated information systems for health

Outcome	Proposed budget	Priority tier
Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau	$16,400,000	High

Outputs (OPT)			
20.1	**Countries and territories enabled to develop and implement national plans for strengthening information systems for health (IS4H) that are based on assessments**		
	OPT Indicator 20.1.a: Number of countries and territories that have conducted an assessment and developed a plan to strengthen information systems for health (IS4H)	**Baseline [2021]** TBD	**Target [2023]** TBD
20.2	**Countries and territories enabled to adopt and implement national plans of action for strengthening the quality and coverage of vital statistics**		
	OPT Indicator 20.2.a: Number of countries and territories implementing an updated plan of action for strengthening the quality and coverage of vital statistics	**Baseline [2021]** TBD	**Target [2023]** TBD
20.3	**Countries and territories enabled to adopt and implement digital health strategies**		
	OPT Indicator 20.3.a: Number of countries and territories implementing a digital health strategy aligned with the WHO global strategy	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions
• Collaborate with Member States to strengthen information systems for health and to position the health sector within the process of digital transformation of governments. • Develop and/or reinforce Member States' information systems for health and digital health strategies to ensure critical data gathering and interoperability in all processes, including, but not limited to, data governance, data collection and archiving, inter-institutional data exchange, eHealth, monitoring and evaluation, reporting, policies, and laws regarding use of health-related data. • Build capacity for digital transformation, digital literacy, and inter-institutional exchange of data; information systems for health governance and leadership models; mechanisms for data collection; standardized health data that include disaggregated data at the national and subnational levels; and standards and processes that permit the measurement, monitoring, and ongoing improvement of high-quality information, as well as informed policy and decision making.

Outcome 21: Data, information, knowledge, and evidence

Outcome		Proposed budget	Priority tier
Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision making at national and subnational levels		$16,500,000	Low
Outputs (OPT)			
21.1	**Countries and territories enabled to generate and apply scientific evidence for health**		
	OPT Indicator 21.1.a: Number of countries and territories integrating scientific evidence on health into practices, programs, or policies, using standardized methodologies	**Baseline [2021]** TBD	**Target [2023]** TBD
21.2	**Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health**		
	OPT Indicator 21.2.a: Number of countries and territories with mechanisms (policies, standards, tools, etc.) in place for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 21.2.b: Number of PASB policies, standards, tools, etc., for the generation, dissemination, preservation, and access to scientific and technical data, information, and evidence for health	**Baseline [2021]** TBD	**Target [2023]** TBD
21.3	**Countries and territories enabled to generate, analyze, and present health-related information, including on SDG 3**		
	OPT Indicator 21.3.a: Number of countries and territories that generate and disseminate reports on SDG 3 indicators, disaggregated by relevant stratifiers	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions
• Develop and/or scale up institutional capacities within Member States for the systematic and transparent uptake of evidence to inform policy and decision making, and implement standardized evidence mechanisms derived from global science, local data, and specific contextual knowledge to improve policy, systems, and services. • Build capacity to collect, analyze, disseminate, and use data disaggregated by regional, national, and subnational levels to monitor progress toward the regional goals for health priorities. • Increase the availability and use of multilingual scientific and technical literature, facilitating more equitable access to information and knowledge among Member States and reducing the gaps of the digital divide.

Outcome 22: Research, ethics, and innovation for health

Outcome		Proposed budget	Priority tier
Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities		$3,800,000	Low
Outputs (OPT)			
22.1	**Countries and territories enabled to conduct research for health based on national health priorities**		
	OPT Indicator 22.1.a: Number of countries and territories with a defined policy framework for research for health, including public health and health systems research	**Baseline [2021]** TBD	**Target [2023]** TBD
22.2	**Countries and territories enabled to address priority ethical issues related to research for health**		
	OPT Indicator 22.2.a: Number of countries and territories with the national health authority enabled to address ethical issues and establish effective mechanisms for ethics oversight of research	**Baseline [2021]** TBD	**Target [2023]** TBD
22.3	**Countries and territories enabled to increase the production and dissemination of relevant health research**		
	OPT Indicator 22.3.a: Number of countries and territories that have increased the number of health research publications that respond to priority research agendas and the SDGs	**Baseline [2021]** TBD	**Target [2023]** TBD
22.4	**Countries and territories enabled to build institutional capacities and competent research networks and teams, with increased funding for research that is relevant to public health and health systems strengthening**		
	OPT Indicator 22.4.a: Number of countries and territories reporting updated data on funding flows to the WHO Global Observatory on Health Research and Development	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions
• Conduct an assessment of each country's research ethics system, provide technical assistance for the development of a framework to ensure that human subjects research is ethical, establish effective mechanisms for ethics oversight, and strengthen capacities for ethics analysis and ethical decision making in public health. • Develop institutional capacities for public health research to strengthen the implementation, monitoring, and evaluation of health policies, programs, and practice to improve health and reduce health inequalities. • Support and assess national innovations for health geared toward strengthening health systems and advancing toward universal health; monitor and evaluate the governance of research for health, including assessments of investments and returns; and develop and implement norms, standards, and recommendations for these purposes.

Outcome 23: Health emergencies preparedness and risk reduction

Outcome		Proposed budget	Priority tier
Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector		$27,000,000	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 [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 23.1.b: Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector	**Baseline [2021]** TBD	**Target [2023]** TBD
23.2	**Countries and territories enabled to strengthen capacities for emergency preparedness**		
	OPT Indicator 23.2.a: Number of States Parties with national action plans developed for strengthening International Health Regulations (2005) core capacities	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 23.2.b: Number of countries and territories with full-time staff assigned to health emergencies	**Baseline [2021]** TBD	**Target [2023]** TBD
23.3	**Countries and territories operationally ready to assess and manage identified risks and vulnerabilities**		
	OPT Indicator 23.3.a: Number of States Parties that have conducted simulation exercises or after-action review	**Baseline [2021]** TBD	**Target [2023]** TBD

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 [2021]** TBD	**Target [2023]** TBD
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 [2021]** TBD	**Target [2023]** TBD

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), as well as to address the priorities for action in the Sendai Framework for Disaster Risk Reduction and the health security-related targets of the Sustainable Development Goals. Strong emphasis will be placed on strengthening areas of low capacity highlighted by the COVID-19 pandemic.
- Work with countries 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; identifying and implementing inclusive strategies, particularly for groups in conditions of vulnerability; maintaining the essential public health functions to provide quality public health services that can handle epidemics while still advancing toward universal health care; and scaling up preparedness in special contexts, including urban settings, Small Island Developing States, overseas territories, and conflict settings, 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. PASB will work with countries to develop and apply quantitative and qualitative assessment that complements/reinforces the IHR monitoring and evaluation framework to illuminate the gaps and weaknesses in national systems, including in the areas of governance, preparedness, and readiness capacities at subnational and national levels. PASB will also provide support to translate that knowledge into action to better protect countries and communities against the impact of future public health crises and advocate for greater national investment in preparedness based on best practices in countries that responded effectively to COVID-19 and prior emergencies.
- 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.

- Support development and implementation of standardized assessment tools and approaches to assess, map, and prioritize health emergency risks according to context, and increase the operational readiness of countries and territories to respond to those risks 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**	**Priority tier**
Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens		$26,000,000	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 [2021]** TBD	**Target [2023]** TBD
	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 [2021]** TBD	**Target [2023]** TBD
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 [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 24.2.b: Number of countries and territories with strategies and/or plans in place to detect and respond to high-threat infectious pathogens	**Baseline [2021]** TBD	**Target [2023]** TBD
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 [2021]** TBD	**Target [2023]** TBD
	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 [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions
• Improve knowledge and information sharing on preventing and managing 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 capacities, 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 to prepare for and respond to high-threat pathogens and biosecurity hazards, strengthening the relevant components of their multi-hazard national preparedness plans designed to respond to major epidemics caused by high-threat pathogens with known and currently unknown countermeasures. These include epidemiological surveillance, laboratory strengthening and networking, case management and infection prevention and control, and intersectoral coordination to address the needs of populations in conditions of vulnerability. • Improve capacities for modeling and forecasting the risk of emerging and reemerging high-threat pathogens, including those at the human-animal interface, to monitor their level of occurrence and enable a more effective response. In readiness for future threats, PASB will support the refinement, formalization, and institutionalization of tools and systems that were rapidly scaled up and adapted in response to COVID-19, as applicable. • Build stronger capacities for health security preparedness at the human-animal interface in order to address identified risks, including zoonotic diseases of known and unknown origin, through the One Health approach. This work will be carried out with partners in animal health, mainly the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE). • Support countries to develop and implement innovative approaches to tackle the threat of misinformation and disinformation, such as building a new workforce of "infodemiologists and infodemic managers." Community engagement will be promoted before, during, and after emergencies.

Outcome 25: Health emergencies detection and response

Outcome		Proposed budget	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 [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 25.1.b: Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24 hours	**Baseline [2021]** TBD	**Target [2023]** TBD

	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 [2021]** TBD	**Target [2023]** TBD
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 [2021]** TBD	**Target [2023]** TBD
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 [2021]** TBD	**Target [2023]** TBD
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 [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Support countries to strengthen capacity at national and subnational levels for the implementation, monitoring, and evaluation of early warnings, alerts, and responses, and to improve compliance with the International Health Regulations (2005) in the areas of detection, verification, assessment, and communication on the Event Information Site (EIS) platform.
- 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. At the same time, PASB will work to continually improve public health intelligence systems and processes, including by capitalizing on new technologies for detecting, verifying, and assessing potential public health events.

- Enhance PASB's capacity to lead, monitor, coordinate, and manage 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 at all functional levels, including surge capacity response mechanisms, such as its regional health response team and the Global Outbreak Alert and Response Network (GOARN), as well as emergency management and response systems, 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 and implementation 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), as well as provision of technical assistance by developing strategic guidelines and standard operating procedures, based on evolving public health needs, for all graded and protracted emergencies.
- Support countries to increase the resilience of health systems in fragile, vulnerable, and conflict-affected settings and reduce the risks to affected populations from health emergencies. PASB will work with partners to mitigate the impact of protracted emergencies and prolonged disruption of health systems in fragile, vulnerable, and conflict-affected settings by improving access to quality and sustainable health services based on expanding primary health care services. The Bureau will also contribute to the development of humanitarian response plans for countries in protracted humanitarian emergencies and strengthen the delivery of life-saving and life-sustaining emergency operations, while continuing to provide gender-responsive and disability-inclusive programming.

Outcome 26: Cross-Cutting Themes: Equity, Ethnicity, Gender, and Human Rights

Outcome			**Proposed budget**
Strengthened country leadership and capacity to advance health equity and gender and ethnic equality in health, within a human rights framework			$7,000,000
Outputs (OPT)			
26.1	**Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work**		
	OPT Indicator 26.1.a: Number of outcomes in which PASB is advancing health equity, gender and ethnic equality, and human rights	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 26.1.b: Mechanisms in place to enable and monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB	**Baseline [2021]** TBD	**Target [2023]** TBD

26.2	**Countries and territories enabled to implement policies, plans, and strategies to advance health equity**		
	OPT Indicator 26.2.a: Number of countries and territories implementing policies, plans, and strategies to advance health equity	**Baseline [2021]** TBD	**Target [2023]** TBD
26.3	**Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health**		
	OPT Indicator 26.3.a: Number of countries and territories implementing policies, plans, and programs to advance gender equality in health	**Baseline [2021]** TBD	**Target [2023]** TBD
26.4	**Countries and territories enabled to implement policies, plans, and programs to advance ethnic equality in health**		
	OPT Indicator 26.4.a: Number of countries and territories implementing policies, plans, and programs to advance ethnic equality in health	**Baseline [2021]** TBD	**Target [2023]** TBD
26.5	**Countries and territories enabled to establish and implement health-related policies, plans, and/or laws to advance the right to health and other health-related rights**		
	OPT Indicator 26.5.a: Number of countries and territories using human rights norms and standards in the formulation and implementation of health-related policies, plans, programs, and legislation	**Baseline [2021]** TBD	**Target [2023]** TBD
26.6	**Countries and territories enabled to establish formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights**		
	OPT Indicator 26.6.a: Number of countries and territories implementing formal accountability mechanisms for health equity, gender and ethnic equality in health, and human rights	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Ensure integration of the equity, gender, ethnicity, and human rights components of the COVID-19 response (including vaccination rollout) and recovery.
- Strengthen health sector leadership for health equity, with priority setting at the highest level of health sector decision making; advocacy for normative and policy frameworks that promote health equity and equality, in which human rights play a steering role; institutionalization of inclusive and transparent governance structures; creation of enabling environments for broad intersectoral collaboration; and adequate and sustainable human and financial resource allocation for health equity.
- Strengthen capacity at all levels to identify and address health inequities and inequalities and their drivers, and to address them in the planning and implementation of all health sector actions as well as through intersectoral engagement, in order to advance equitable, gender- and culturally sensitive approaches to health within a human rights framework.
- Promote inclusive and transparent governance by ensuring strong and effective social participation of all relevant groups at all levels.
- Implement evidence-based monitoring and evaluation that is equity-focused, gender- and culturally sensitive, and based on respect for human rights.

Outcome 27: Leadership and governance

Outcome			Proposed budget
Strengthened PASB leadership, governance, and advocacy for health			$78,500,000
Outputs (OPT)			
27.1	**Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020-2025 and drive health impact at the country level, based on strategic communications and in accordance with the SHAA 2030**		
	OPT Indicator 27.1.a: Number of countries and territories with a current Country Cooperation Strategy	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 27.1.b: Proportion of agenda items of PAHO Governing Bodies aligned with the SP20-25	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 27.1.c: Number of PAHO/WHO Representative Offices and Pan American Centers implementing a communication plan aligned with the PAHO Communications Strategic Plan 2018-2022	**Baseline [2021]** TBD	**Target [2023]** TBD
27.2	**The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation**		
	OPT Indicator 27.2.a: Proportion of corporate risks for which mitigation plans are approved	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 27.2.b: Proportion of assignments in the internal audit work plan completed	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 27.2.c: Time taken to address fraud and corruption as well as staff misconduct issues	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 27.2.d: Proportion of personnel who believe that PAHO has organizational integrity and maintains a strong ethical culture	**Baseline [2021]** TBD	**Target [2023]** TBD
	OPT Indicator 27.2.e: Expenditure on evaluation as a share of PAHO's total expenditure	**Baseline [2021]** TBD	**Target [2023]** TBD
27.3	**Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships**		
	OPT Indicator 27.3.a: Proportion of outcomes rated as "high" priority (tier 1) that are more than 90% funded at the end of the biennium	**Baseline [2021]** TBD	**Target [2023]** TBD

	OPT Indicator 27.3.b: Number of technical outcomes with at least 50% of their non-flexibly funded budget ceilings covered by voluntary contributions	**Baseline [2021]** TBD	**Target [2023]** TBD
27.4	**Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate planning, performance monitoring and assessment, and responding to country priorities**		
	OPT Indicator 27.4.a: Proportion of countries and territories where output and outcome indicators are evaluated jointly with the national health authorities	**Baseline [2021]** TBD	**Target [2023]** TBD
27.5	**PAHO's corporate culture and personnel engagement strengthened through improved information strategies, intelligence, and internal communications**		
	OPT Indicator 27.5.a: PAHO's overall score on the personnel engagement survey	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Champion and advocate for universal health by supporting Member States through strengthened country presence, multisectoral engagement, global health diplomacy, and South-South and triangular cooperation with a country focus approach.
- Strengthen PAHO's governance structure by supporting effective inter-governmental negotiations between Member States and expanding the exchange of intelligence information.
- Increase managerial transparency, accountability, and risk management, and promote and enforce ethical behavior and a culture of compliance with internal controls at all levels of the Organization.
- Reinforce risk management for projects funded by voluntary contributions in order to reduce reputational, legal, operational, and/or programmatic risks.
- Enhance the capacity of PASB to monitor the implementation of internal controls, using the three lines of defense model.
- Strengthen the evaluation action areas of the PAHO Evaluation Policy: *a)* enabling evaluation environment and governance; *b)* capacity development and networking; *c)* implementation; and *d)* evaluation usage.
- Implement mechanisms, processes, and procedures to further consolidate a Results-based Management approach across the Organization.
- Reinforce strategic partnerships to ensure that health is prominently positioned within political and development agendas at all levels and implement new approaches to external relations and resource mobilization.
- Strengthen the effectiveness and impact of PAHO's mission and increase its visibility by integrating communications at all levels of technical cooperation, by improving communications capacity, and by monitoring and evaluating communications across the Organization.
- Conduct proactive public communications to build a regional agenda around strengthening the response to the COVID-19 pandemic in the Americas.

Outcome 28: Management and administration

Outcome			Proposed budget
Increasingly transparent and efficient use of funds, through improved PASB management of financial, human, and administrative resources			$98,500,000
Outputs (OPT)			
28.1	**Sound financial practices and oversight managed through an efficient and effective internal control framework**		
	OPT Indicator 28.1.a: Unmodified audit opinion issued each financial year	**Baseline [2021]** TBD	**Target [2023]** TBD
28.2	**Effective and efficient management and development of human resources to attract, recruit, and retain talent for successful program delivery**		
	OPT Indicator 28.2.a: Percentage of post descriptions that have been reprofiled or updated within the last five years	**Baseline [2021]** TBD	**Target [2023]** TBD
28.3	**Effective, innovative, and secure digital platforms and services aligned with the needs of users, corporate functions, technical programs, and health emergencies operations**		
	OPT Indicator 28.3.a: Percentage of PASB entities storing 100% of their documents on secure cloud-based corporate platforms	**Baseline [2021]** TBD	**Target [2023]** TBD
28.4	**Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care**		
	OPT Indicator 28.4.a: Percentage of requested vaccines and supplies delivered to Member States within the planned time frame	**Baseline [2021]** TBD	**Target [2023]** TBD

Key Technical Cooperation Interventions

- Reduce manual processes in transaction management and accounting through fuller utilization of new functionalities of the PASB Management Information System (PMIS).
- Expand in a systematic manner the use of the PAHO Shared Services Center to optimize the delivery of administrative functions at PWR Office level.
- Expand the use of virtualized contingent workers outside the United States of America to perform temporary support for Headquarters entities.
- Ensure systematic implementation of PAHO's People Strategy, including by strengthening alignment of human resources with the goals set out in the Strategic Plan 2020-2025, through functional optimization, innovation, and agility.
- Continue to implement and promote new modalities of work to facilitate delivery of technical cooperation and operations through virtual platforms, based on lessons and experiences of 2020-2021.
- Promote full utilization of cloud-based, mobile-enabled corporate systems, including systematic upgrading of required infrastructure and equipment, and user-friendly, readily accessible user training.
- Streamline procurement administration to fully automate routine mechanical processes and improve focus on understanding customer needs and meeting customer expectations.
- Improve safety, security, and efficiency of PASB facilities through implementation of the Master Capital Investment Plan.

Annexes

Annex A: Country Pages

1. This section provides a short overview for each country or territory in line with the Pan American Health Organization's goal of highlighting country-level impact. Each one-page summary includes the following elements:

a) PAHO budget allocated to the country or territory for the 2022-2023 biennium

b) Key selected indicators and relevant links that provide additional details on the health situation in the country or territory.

c) PAHO key interventions for the 2022-2023 biennium

d) Top tier prioritization results

2. This section is under development. A sample of country pages is included below for illustrative purposes. The complete country pages will be included in the PB22-23 that will be presented to the 59th Session of the PAHO Directing Council.

BOLIVIA (PLURINATIONAL STATE OF) KEY COUNTRY

BUDGET 2022-2023: US$ 11,460,000

KEY INDICATORS

- **Population:** 11,353,142 (2018)
- **GDP per capita (constant 2010 US$):** $2,560 (2018)
- **SHIe+:** 0.499
- **Health expenditure as percentage of GDP:** 6.3% (2018)
- **Mean years of education attained:** 10.4 years (2019)
- **Health-adjusted life expectancy (HALE):** 63.1 years (2019)
- **Neonatal mortality rate (NMR):** 14.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 26.0 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 155 deaths per 100,000 live births (2017)
- **Prevalence of diabetes:** 8.0% (2014)
- **Proportion of births attended by skilled health professionals:** 71.3% (2017)
- **Percentage of postnatal checks within 2 days:** 56.4% (2016)
- **Probability of dying between ages 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 17.9% (2019)

USEFUL LINKS

- **Country Office website:** https://www.paho.org/bol/
- **PAHO Program Budget Portal:** https://open.paho.org/2020-21/country/BOL

PAHO/WHO KEY INTERVENTIONS

- Provide technical cooperation for implementation of the Unified Health System, contributing to COVID-19 preparedness and response.
- Support stewardship and governance of departmental and local health services, generating bipartite and tripartite structures including SEDES (departmental health services), and support coordination of networks and municipalities.
- Strengthen inter-programmatic and intersectoral articulation and coordination to expand health promotion and address health problems in health service networks.
- Provide technical cooperation to improve management of hospitals by connecting them to networks, and monitor investments in hospitals.
- Support the development of national capacity to improve the quality of care in maternal and child health programs.
- Increase health system response capacity to provide integrated, comprehensive, and quality health care for older people by eliminating barriers to access.
- Expand equitable access to quality care in prevention, surveillance, early detection, treatment, rehabilitation, and palliative care for NCDs and risk factors, mental health, disability, and road safety.
- Participate in the process of strengthening the Unified Intercultural Community and Family Health System (SAFCI) policy.
- Strengthen national and subnational capacity for risk reduction and for preparedness and response to health emergencies.
- Support the design and implementation of COVID-19 vaccination campaigns and efforts to strengthen immunization coverage of the national schemes, recovering and improving upon pre-pandemic levels.
- Strengthen the International Health Regulations core capacities and the coordination between levels of care for the prevention and control of events with epidemic and pandemic potential.

TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 3.** Quality care for older people
- **Outcome 5.** Access to services for NCDs and mental health conditions
- **Outcome 13.** Risk factors for NCDs
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 23.** Health emergencies preparedness and risk reduction
- **Outcome 24.** Epidemic and pandemic prevention and control

GUYANA

BUDGET 2022-2023: US$ 7,020,000

KEY INDICATORS

- **Population:** 779,004 (2018)
- **GDP per capita (constant 2010 US$):** $3,966 (2018)
- **SHIe+:** 0.548
- **Health expenditure as percentage of GDP:** 5.9% (2018)
- **Mean years of education attained:** 11.1 years (2019)
- **Health-adjusted life expectancy (HALE):** 56.3 years (2019)
- **Neonatal mortality rate (NMR):** 18.6 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 29.3 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 169 deaths per 100,000 live births (2017)
- **Prevalence of diabetes:** 10.9% (2014)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 29.2% (2019)

Proportion of births attended by skilled health professionals: 85.7% (2014)

USEFUL LINKS

- **Country Office website:** https://www.paho.org/guy/
- **PAHO Program Budget Portal:** https://open.paho.org/2020-21/country/GUY

PAHO/WHO KEY INTERVENTIONS

- Strengthen IHSDNs by focusing on the organization of quality, people-centered health services at all levels of care based on needs, with a strong focus on access at community level and on responding adequately to the COVID-19 pandemic.
- Strengthen interventions for health throughout the life course to reduce maternal, child, and adolescent mortality and morbidity.
- Build capacity to increase access to interventions targeting the elimination of neglected infectious diseases, zoonotic diseases, COVID-19, and other emerging threats.
- Contribute to the achievement of the new National Health Strategy (Health Vision 2030) by adopting a new health system model, service delivery model, health finance architecture, and human resources for health plan based on the principles of equity, access for all, sustainability, efficiency, and financial risk protection.
- Improve surveillance and disease management through screening and detection, verification, information management, and vaccination of at-risk populations to address disease control and prevention for people in all age groups.
- Provide technical support for implementation of the Guyana NCD Strategic Plan to reduce the most common risk factors for the leading NCDs and strengthen the management of cardiovascular disease, cancer, diabetes, and chronic respiratory diseases.
- Collaborate with key stakeholders to implement intersectoral policies and plans that focus on promotion of mental health and psychosocial support, especially in the context of COVID-19, including prevention, early detection, treatment, and surveillance of mental health and substance use disorders and their risk factors throughout the life course.
- Build capacity of the Health Emergency Operations Centre and the Disaster Risk Management programme of the Ministry of Health, with a focus on preparedness and response and management of disasters and COVID-19.

TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 4.** Response capacity for communicable diseases
- **Outcome 7.** Health workforce
- **Outcome 12.** Risk factors for communicable diseases
- **Outcome 13.** Risk factors for NCDs
- **Outcome 16.** Intersectoral action on mental health
- **Outcome 25.** Health emergencies detection and response

HONDURAS

KEY COUNTRY

BUDGET 2022-2023: US$ 15,050,000

KEY INDICATORS

- **Population:** 9,587,522 (2018)
- **GDP per capita (constant 2010 US$):** $2,204 (2018)
- **SHIe+:** 0.396
- **Health expenditure as percentage of GDP:** 7.0% (2018)
- **Mean years of education attained:** 7.2 years (2019)
- **Health-adjusted life expectancy (HALE):** 62.8 years (2019)
- **Neonatal mortality rate (NMR):** 9.2 deaths per 1,000 live births (2019)
- **Under-5 mortality rate (U5M):** 16.8 deaths per 1,000 live births (2019)
- **Maternal mortality ratio (MMR):** 65 deaths per 100,000 live births (2017)
- **Prevalence of diabetes:** 9.3% (2014)
- **Probability of dying between ages of 30 and 70 years from NCDs (cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases):** 18.7% (2019)
- **Proportion of births attended by skilled health professionals:** 74.0% (2017)

USEFUL LINKS

- **Country Office website:** https://www.paho.org/hon/
- **PAHO Program Budget Portal:** https://open.paho.org/2020-21/country/HND

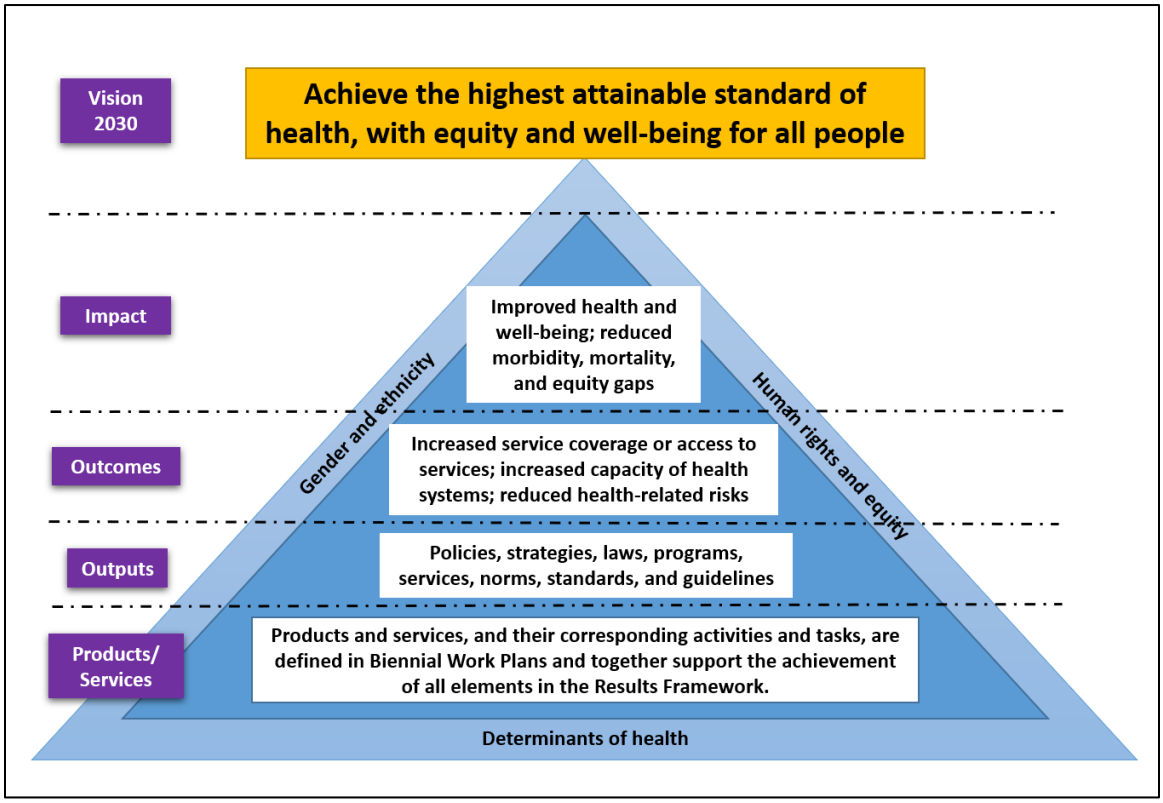
PAHO/WHO KEY INTERVENTIONS

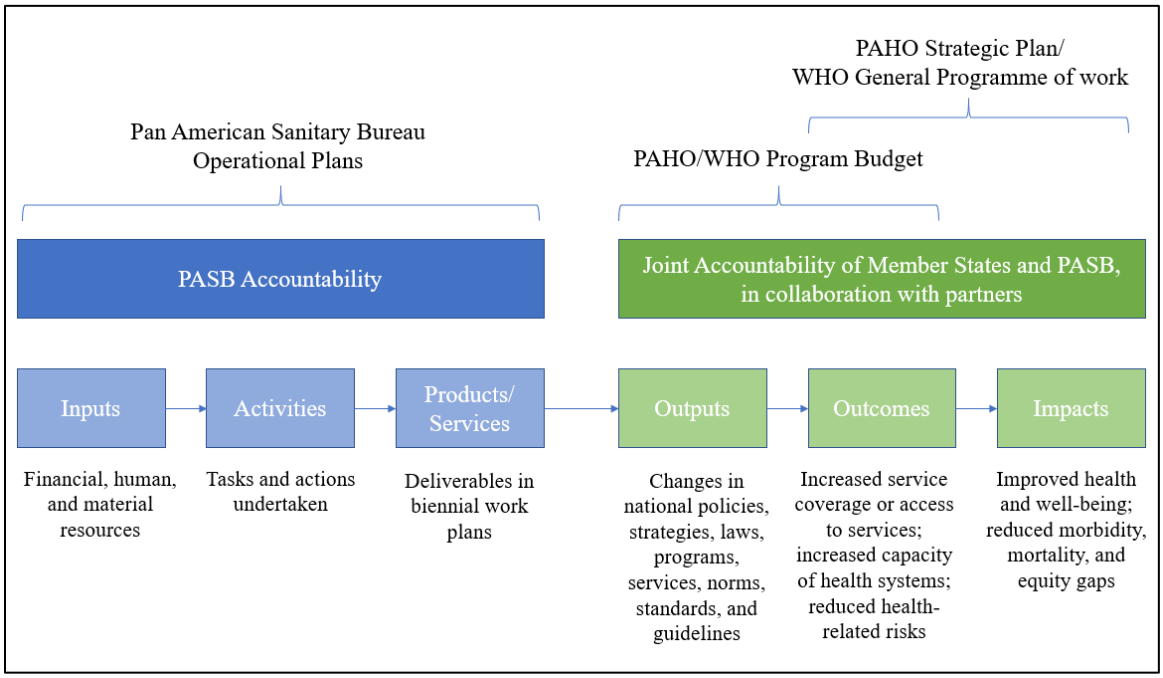
- Provide technical cooperation to implement the new essential public health functions tool and prioritize investment in actions based on diagnostics.
- Promote the transition of interventions at the first level of care in response to SARS-CoV-2.
- Promote and strengthen capacities for disaster management and health emergencies within the International Health Regulations framework and the Sendai Framework for Disaster Risk Reduction.
- Promote and strengthen the Safe Hospitals and Smart Hospitals initiatives to mitigate the socioeconomic impact of emergencies, disasters, and crises on populations in conditions of vulnerability.
- Implement the tools developed by the "Con Calidad Salvando Vidas" initiative for comprehensive health management with a people-, family-, and community-centered approach.
- Strengthen inter-programmatic coordination and articulation to address health problems in IHSDNs.
- Support the identification and reduction of barriers to access to comprehensive health services by generating strategies and an action plan.
- Support the development of a reliable and integrated information system within the health system.
- Promote high-level articulation and coordination between health, education, labor, and other sectors for strategic planning and regulation of human resources for health and to comply with the requirements of the health system and the needs of the population.
- Strengthen the quality of strategic information and promote the improvement of the HRH competencies required to implement multisectoral actions aimed at a comprehensive approach to the health of women, newborns, children, adolescents, and adults.
- Strengthen national capacities, at national to local levels, for health promotion based on primary health care in health systems and services and on mechanisms that promote the involvement of civil society in decision making.

TOP TIER PRIORITIES FOR 2022-2023

- **Outcome 1.** Access to comprehensive and quality health services
- **Outcome 2.** Health throughout the life course
- **Outcome 7.** Health workforce
- **Outcome 9.** Strengthened stewardship and governance
- **Outcome 10.** Increased public financing for health
- **Outcome 19.** Health promotion and intersectoral action
- **Outcome 20.** Integrated information systems for health
- **Outcome 23.** Health emergencies preparedness and risk reduction

Annex B: PAHO Results Chain and Accountability Framework





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