



Third Consultation for the PAHO Strategic Plan 2026-2031: Working Document

20 December 2024

Introductory note

1. This document presents the working draft Strategic Plan of the Pan American Health Organization (PAHO) 2026-2031 (“SP26-31” or the “Plan”) for the third round of consultation with Member States and other stakeholders. It will be further refined using input from these sessions and complemented with remaining content for the version to be submitted to the 19th Subcommittee on Program, Budget, and Administration (SPBA).
2. This working document was developed in accordance with the roadmap endorsed by the 61st PAHO Directing Council on 2 October 2024.¹ It includes the second draft of the situation analysis and results framework, including the scope of the strategic objectives and outcomes, as well as the first draft of the proposed impact and outcome indicators. It builds on the proposals discussed with Member States and stakeholders in the two consultations conducted in 2024 and the feedback received.
3. Producing a results-based and country-focused SP26-31 involves applying a wide-ranging participatory, inclusive, and iterative approach for collaborating with Member States and other stakeholders (in health and non-health sectors) in a strategic and transparent manner (Figure 1). Importantly, the responsibility for the approval of the Strategic Plan rests with Member States through the PAHO Governing Bodies.
4. The Plan responds to global and regional contexts; the needs of countries in the Region; latest evidence including findings from latest health data analysis and forecasting methods; input from Member States and other stakeholders; lessons learned from implementing the current SP20-25, and recommendations from audits, and external evaluations, including the evaluation of PAHO’s Results-based Management Framework. It is being prepared making use of technology and other innovations to shape the development of the Plan.

¹ PAHO, 2024. Roadmap for Developing the Strategic Plan of the Pan American Health Organization 2026–2031. Document CD61/INF/1. Available at: <https://www.paho.org/en/documents/cd61inf1-roadmap-developing-strategic-plan-pan-american-health-organization-2026-2031>.

Figure 1. Strategic Plan development process and timeline (as of 20 December 2024)

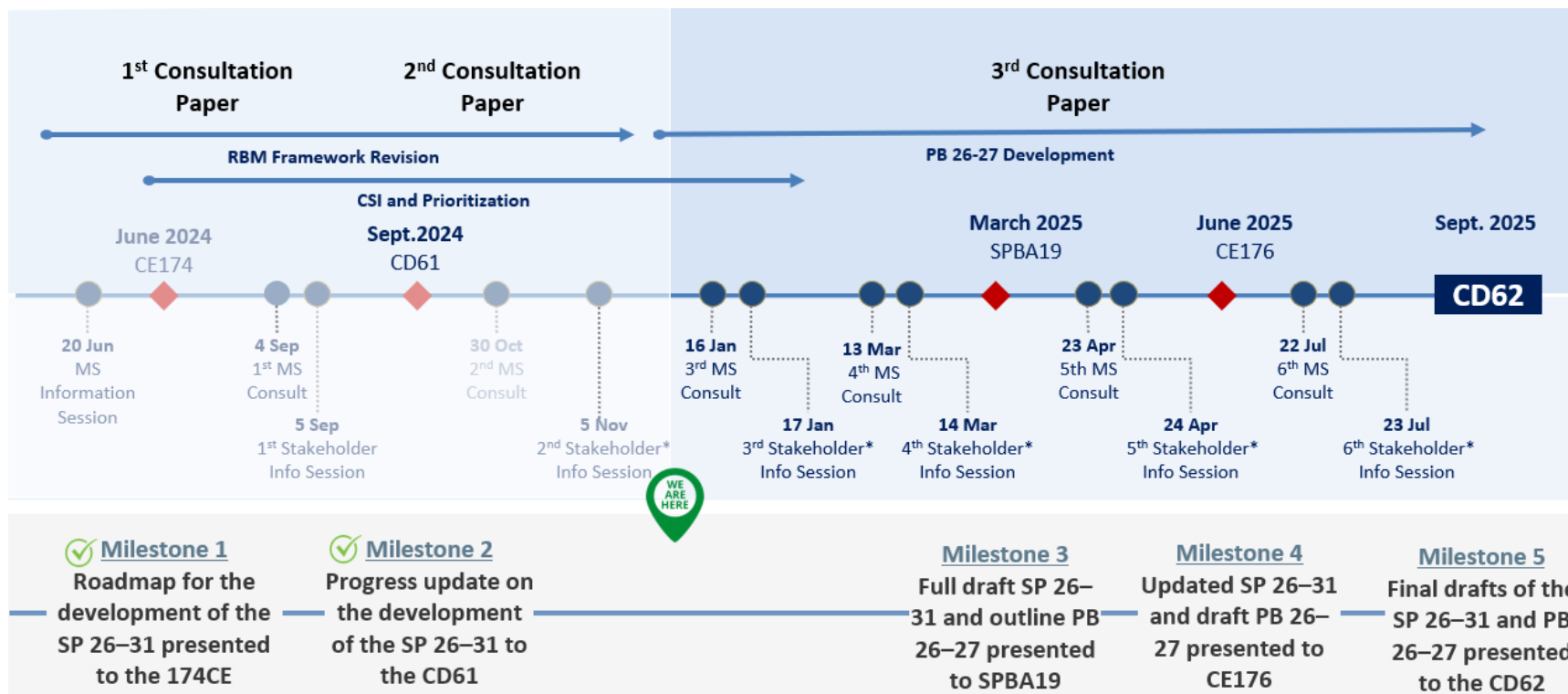


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1. Overview of the Strategic Plan

1. This Strategic Plan of the Pan American Health Organization 2026-2031 (“SP26-31” or the “Plan”) sets out the health impact and outcome results that the Pan American Health Organization (PAHO) and its Member States commit to collectively achieve by the end of 2031. It responds directly to the highest-level regional mandate in health, the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030), which represents the regional response to the Sustainable Development Goals (SDGs). The Plan also aligns with the 14th General Programme of Work (GPW 14) of the World Health Organization (WHO), ensuring that PAHO meets its global obligations in carrying out its functions as the WHO Regional Office for the Americas. This Plan serves as the principal means of ensuring accountability and transparency in the achievement of health objectives mandated by PAHO Governing Bodies.

2. Under the theme **Accelerating Together toward a Healthier Americas with Equity and Resilience**, this Plan reinforces the commitment of the Pan American Sanitary Bureau (PASB or “the Bureau”) and PAHO Member States to redouble collective efforts in striving for health equity across the Region of the Americas and strengthening the resilience of health systems in the pursuit of universal access to health and universal health coverage. To grasp the vision behind the theme, it is important to explore the significance of each word, as they guide the strategic direction of this Plan and provide the foundation for its Results Framework.

- **Accelerating** the pace of implementation to achieve the health impact and outcome results is critical in light of the profound setbacks in health that occurred because of the COVID-19 pandemic, as well as other preexisting systemic barriers. Making progress in regaining lost ground and achieving the Region’s health goals demands faster, smarter, and more decisive actions, accompanied by increased and sustainable investments in health.
- **Together** is about harnessing the collective strength of PASB, Member States, partners, and other stakeholders to transform the Region’s health outcomes. Building on a strong tradition of Pan Americanism and solidarity, working in concert to resolve health challenges is essential for addressing shared health challenges with a unified sense of purpose and direction.
- **Healthier** means attaining higher levels of health and well-being for all and striving for the highest attainable standard of health as one of the fundamental rights of every human being.
- **The Americas** refers to all countries and territories in the Americas, in all their diversity. Achieving health results requires both a collective approach rooted in Pan American solidarity and tailored, territorial, and targeted interventions to meet the unique needs of each country.
- **Equity** is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).² Equity is one of the values of PAHO and is integral to achieving the SP 26-31 results. Equity in health is achieved when everyone can attain their full potential for health and well-being.
- **Resilience** refers to a system’s ability to adjust its activity in order to retain its basic functionality when challenges, failures, and environmental changes occur. It is a defining property of many complex systems.

² WHO. Available at: <https://www.who.int/health-topics/health-equity>.

Health system resilience refers to the ability to absorb disturbances and to respond and recover with the timely provision of needed services.³

3. The SP26-31 builds on lessons learned from experiences across the Region. The COVID-19 pandemic demonstrated the inextricable links between health, social development, and the economy and showed the need to build stronger and more resilient health systems better able to respond to shocks and emergencies. The pandemic reaffirmed PAHO's vital role as a catalyst, convener, and trusted broker. Learning the lessons from the pandemic, PAHO advocated for the strengthening of essential health services and health systems with equity, showing that even in acute emergencies, public health priorities can be addressed. Other important lessons in the post-pandemic period included the need to align strategies for integrated primary health care (PHC) and promote digital health innovations at the local level to improve health outcomes. Strengthening partnerships to maximize impact and tailoring strategies that respond to each context are crucial to meeting the diverse needs of Member States and increase ownership on the implementation of the Plan. PASB reinforced the need to work inter-programmatically for a more integrated response to Member States' needs. Finally, advocating for health at the highest political levels, addressing equity in health, and ensuring PAHO's resilience and agility to respond to the Member States' priorities in an efficient, accountable, and transparent manner remain critical priorities.

4. The new Plan has several new features and improvements upon the current SP20-25.
- **The Plan's concept of equity has been updated** to ensure an integrated approach to equity in all its dimensions.
 - **The Results Framework has been streamlined to be more concise and integrated.** The number of outcomes has been reduced from 28 to 12, the number of impact indicators from 28 to 19. At outcome level, the number of indicators is currently at 87, a reduction from the 99 currently in the SP 20-25. There are also concerted efforts underway to ensure indicators are measurable and monitorable.
 - **The Results-Based-Management Framework is being updated,** drawing upon lessons from an evaluation of the implementation of PAHO's Results-Based-Management Framework and in response to a changed landscape. Amongst other things, this has also led to the introduction of a theory of change (*under development*) which will also help to better demonstrate how PASB will contribute to the results in the SP26-31.
 - **There is a revised definition of accountability of Member States, PASB, and partners** for their respective contributions toward the achievement of results. The accountability of PASB emphasizes principles of transparency, integrity, and responsibility, and the commitment to deliver on the Organization's mandate to promote and protect health in the Region.
 - **Procedures for amendments to the SP26-31 are being introduced,** so that the Plan can be agile and respond to unforeseen and changing circumstances across the Region.

5. Following this overview, Section 2 outlines the Situation Analysis underpinning the Plan's development, providing a high-level summary of the social, economic, and environmental context in which this Plan is developed as well as the main health challenges and the opportunities which exist to confront them. Section 3 elaborates on the Regional Agenda, including updates to results chain and results framework. Section 4 presents the approaches for effective implementation, risk management, and monitoring and reporting on the Plan. Additional information and other sections will be included in future versions of the consultation document. Annexes include illustration

³ PAHO. Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains. https://iris.paho.org/bitstream/handle/10665.2/55858/PAHOHSSHSCOV-19210015_eng.pdf?sequence=1&isAllowed=y. PAHO. Resilient Hospitals. An inter-regional guidance on strengthening resilience to health emergencies and disasters in health facilities. <https://iris.paho.org/handle/10665.2/61339>.

of the proposed results framework, proposed list of outcome indicators, mapping of regional and global mandates by strategic objectives and outcomes, and an initial glossary of key terms.

2. Situation Analysis

Introduction

6. The Region of the Americas made significant strides during the past two decades in improving population health and well-being. This progress was reflected in an overall increase in life expectancy at birth, which rose from 73.2 years in 2000 to 76.7 years in 2019.⁴ Similarly, health-adjusted life expectancy (HALE) at birth⁵ steadily increased from 63.57 years in 2000 to 65.76 years in 2019.⁶ However, the COVID-19 pandemic caused a sharp decline, with life expectancy dropping to 73.7 years in 2021—a setback equivalent to two decades of progress—while HALE decreased to 63.25 years, reflecting the profound impacts of the pandemic. Encouragingly, recovery has been evident in recent years, with life expectancy rebounding to 77.1 years in 2023 and projected to reach 77.3 years in 2024. Despite improved health and well-being overall, the Region faces significant challenges due to deep inequities, both between and within countries.

7. The Region has seen many important public health milestones, such as the eradication of smallpox and polio; elimination of endemic transmission of measles, rubella and congenital rubella syndrome; elimination of malaria and other diseases in individual countries; and reduced neonatal, infant, and child mortality rates. Additionally, access to preventative and treatment interventions to reduce the burden of communicable and noncommunicable diseases (NCDs) has increased. These gains were made possible thanks to tireless and collective efforts to increase access to health services and address the root causes of ill health.

8. The Americas was the hardest hit of all the regions in the world by the COVID-19 pandemic in relation to morbidity and mortality. COVID-19's toll was exacerbated by the entrenched inequalities in the Region. These inequalities jeopardized the effectiveness of public health measures, with a disproportionate impact on populations in situations of vulnerability. Additionally, women faced increased levels of violence and food insecurity and lower access to jobs and income, yet the burden of care increased. The pandemic laid bare the need to transform health systems towards universal health, with a strong focus on primary health care (PHC) and ensuring equitable access to vaccines, medicines, diagnostics, and health products. Some targets were already off track, and the negative impact of COVID-19 on health service coverage and public health programs deepened pre-existing gaps and inequalities. Together, these have further derailed the Region's progress toward the health-related commitments in the 2030 Agenda for Sustainable Development (SDGs), Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030), and other regional and global mandates (see **Annex 2**).

9. Global megatrends impact the Region of the Americas in ways that have implications for how health systems promote, provide, and protect the health and well-being of populations. These big picture forces interplay in the complex context in which health systems operate. Some of these include 1) demographic shifts driven by improved healthy life expectancy, population aging, declining birth rates, urbanization, and migration, among

⁴ PAHO. Core Indicators Portal. Region of the Americas. Washington D.C. [Accessed 12 Dec 2024]. <https://opendata.paho.org/en/core-indicators/about-data>.

⁵ Health-adjusted life expectancy estimates the average time in years that a person (at a given age) could expect to live in good health (that is, taking into account fatal health outcomes caused by premature mortality and non-fatal health outcomes caused by disability). It serves as a summary measure of population health.

⁶ WHO. Healthy life expectancy (HALE) at birth. [Accessed 12 December 2024]. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/66>

others; 2) political changes in the Region and at the global level, which take place in the overarching global context that has become increasingly prone to crises and challenges in multilateralism; 3) economic forces that affect the prospects for economic growth, reduction of poverty, and access to essential inputs and technologies; 4) environmental changes such as the impact of climate change on health and health systems; 5) social and cultural shifts; and 6) technological progress, notably in the digital transformation of governments and the health sector and the increasing applications and risks linked to artificial intelligence. Yet the same forces can also provide opportunities for acceleration that can be seized if there is prudent stewardship and governance of health systems, renewed implementation of innovative measures, and relentless drive toward universal health.

10. Responding to health and development challenges in a context of deepening global uncertainty and crisis will require comprehensive, integrated, inclusive, intersectoral, equity-oriented and gender-responsive strategies that prioritize health and well-being with solidarity and collaboration among countries. Over halfway through the SDGs framework timeframe, with health-related SDG targets not on track in the Region or globally, the challenge of our time is to ensure that equity, universal access to health, and universal health coverage remain at the core of the health and development agenda. Regaining pre-pandemic trajectories of development will not be sufficient to reach the health-related SDG targets. Achieving the goal of a sustainable post-pandemic recovery that puts countries back on track requires bold commitments and laser-focused actions to build back better and at an accelerated rate.

Regional and global progress toward 2025 and 2030 targets

The Region of the Americas is not on track to achieve the 2025 impact targets established in the PAHO SP20–25, nor the 2030 targets in the SHAA2030 and the health-related SDGs.

At the end of 2023, the assessment of progress of the 28 impact indicators in the PAHO SP20-25 showed that only 1 indicator - on dengue case fatality rates - had reached the 2025 target. Another 6 indicators (21%) are likely to reach their targets if current efforts are steadfastly maintained. These are: reduction of within-country health inequalities, health-adjusted life expectancy, neonatal mortality rate, under-5 mortality rate, incidence rate of measles, and number of endemic countries in 2015 that maintain or achieve elimination of malaria. However, 15 of the indicators (54%) have insufficient or no progress toward the 2025 targets. Even more concerning is that five indicators - maternal mortality ratio, suicide mortality rate, incidence rate of congenital syphilis, mortality rate due to chronic viral hepatitis, and incidence rate of tuberculosis - are regressing.

At the global level, although there has been some progress in 42 of the 53 health-related SDG indicators; however, none of the 32 indicators with defined targets has been achieved, nor are they likely to be achieved by 2030 based on current trends.⁷ When reviewing the implications of the 2022-2023 assessment for progress toward the regional SHAA2030 targets, PASB estimates that only one third of the targets were on track.

Context: the world and region in which we live

Demographic, socioeconomic, and political factors

11. The world is grappling with **crises and complex geopolitical dynamics** that have an impact on the health and well-being of the Region of the Americas. At a time when global and regional solidarity and cooperation are crucial to advancing the Sustainable Development Goals, conflicts have emerged that threaten peace and

⁷ WHO, 2024. World health statistics 2024: monitoring health for the SDGs. Available at: <https://www.who.int/publications/i/item/9789240094703>.

sustainable development. Despite relative stability in the Americas, the Region is not immune to the consequences of these crises, with violence and political and social unrest hindering progress in some countries. In the past five years, these have been compounded by the COVID-19 pandemic, global supply chain disruptions, and natural disasters exacerbated by climate change, among others. Moreover, complex social and political dynamics, coupled with emerging misinformation, and disinformation and an infodemic during the COVID-19 pandemic, have undermined the level of trust people have in institutions. These challenges have strained the capacity of many systems, including the health system, affecting countries' ability to invest in health and well-being, accelerate the adoption of impactful interventions, and deliver essential health and social services.

12. The Americas is a diverse region, and dual challenges of high **inequities** within and between countries and low economic growth reinforce one another.⁸ Inequities are evident in access to healthcare, education, and economic opportunities, with populations living in situations of vulnerability experiencing social exclusion and the worst health outcomes. Income inequality stagnated in the 2010s and was worsening in some countries even before the pandemic. The pandemic impacted the Region's economies with a contraction of growth in most countries, high rates of inflation, and increased unemployment, informal labor, poverty, and food insecurity. People living in especially precarious conditions, such as informal sector workers and people with migrant status or living in informal settlements, have been affected the most. Some countries struggle to provide social protection and employment for their populations, and many people live without adequate social safety nets.

13. Deep socioeconomic inequalities, the intersection of poverty, social exclusion, gender, ethnicity and social class, as well as discrimination, combined with enormous disparities in healthcare access and outcomes between population groups together with demographic and epidemiological transitions, contribute to the rising burden of noncommunicable diseases (NCDs), and exacerbate the suffering caused by reemerging and new infectious diseases. Together, these factors create populations burdened by multiple risk factors for ill health and multiple barriers to accessing care.

14. The Americas is facing a rapidly **aging** population due to declining fertility rates and major socioeconomic and public health successes, which extend life expectancy. It is expected that in 2030 the Region will have a greater number of older people than children under 15, a situation that will occur 25 years before the world average. The proportion of people aged 60 and older in the Region is expected to rise from 8.3% in the 2000s to 25% by 2050.⁹ The fastest-growing age group globally is those aged 80 and above, with projections that the number of this age group will surpass the number of infants (1 year or less) by the mid-2030s.¹⁰ Since 2020, at least eight million older adults in Latin America and the Caribbean required long-term care, a number expected to triple to 23 million by 2050.¹¹ Although countries experience this demographic shift at different speeds and times, the impacts of these changes for individuals' health, including long term care needs, as well as for health systems' organization, workforce, and budget will be very important regionwide.

15. Latin America and the Caribbean face the world's largest **migration** crisis. Some 6.8 million Venezuelans alone have fled their homes, with more than 80% settling in other countries in the Region. Movement from

⁸ United Nations Development Programme. Regional Human Development Report 2021 Trapped: High Inequality and Low Growth in Latin America and the Caribbean. Available at: <https://www.undp.org/latin-america/publications/regional-human-development-report-2021-trapped-high-inequality-and-low-growth-latin-america-and-caribbean>.

⁹ PAHO, 2023. Demographic Outlook for Population Aging in the Region of the Americas. Available at: <https://iris.paho.org/handle/10665.2/58088>.

¹⁰ United Nations Department of Economic and Social Affairs, Population Division, 2024. World Population Prospects 2024: Summary of Results (UN DESA/POP/2024/TR/NO. 9).

¹¹ PAHO, 2024. Policy on Long-term Care [Document CD61/8]. Available at: <https://www.paho.org/en/documents/cd618-policy-long-term-care>.

northern Central American countries has continued with high numbers arriving at the Southern border of the United States of America.¹² This is a complex and ongoing reality in the Region that is a priority in national agendas of many Member States. Despite some efforts made by receptor countries and international aid, the increased demand for health services and public health programs to promote health and prevent diseases by large movements of people markedly increased the demands on institutions, and health care systems have struggled to adequately address the health needs of migrants, while addressing those of the local population. Women, children, and older persons are particularly at risk, as they may require more care.

Determinants of health, risk factors, and climate change

16. **Social determinants of health**, such as housing, transportation, work, income, among others, impact nearly 40% of health outcomes¹³. The COVID-19 pandemic has underscored how deeply structural and systemic conditions shape the outcomes of global health threats. Those structural social determinants of health also define the distribution of risk factors and shape the intermediary social determinants, such as access to essential services like housing, water, sanitation, healthy foods, energy, and health services, resulting in and perpetuating health inequities. Furthermore, the health needs of the population and the demand for health services are heavily influenced by the social conditions in which populations are embedded, particularly for populations in vulnerable situation¹⁴. These conditions lead to increased exposure, heightened vulnerabilities, and greater impacts on health and risk factors across the life span.

17. **Gender** is one of the key social determinants of health. Although progress has been observed in advancing gender equality in health through the integration of gender approaches in policies, plans, data, research, and programs in line with PAHO's Gender Equality Policy, significant gaps remain. Disparities persist in health risks that are linked to biological differences and social roles, which affect health outcomes. For example, the health service response to violence, especially around post-rape care, faces increasing obstacles in several countries due to broader political and social trends. This situation leaves survivors without the support and care they urgently require. The pandemic had a disproportionate impact on women in the Americas, especially those from ethnic minorities and lower social classes, contributing to increased gender inequality in health.¹⁵ As women form most of the health workforce and served as caregivers at home in many instances, they bore the brunt of responding to the pandemic and its effects. At the same time, women continue to have a longer health-adjusted life expectancy, with men disproportionately affected by premature mortality and disability due to external causes, largely stemming from interpersonal violence and road traffic injuries.¹⁶

18. **Indigenous Peoples and Afro descendants** face specific challenges and vulnerabilities that can be worsened by factors such as racism. It is important to ensure access to culturally appropriate health services to

¹² United Nations Office for Disaster Risk Reduction. Overview of disasters in Latin America and the Caribbean 2000-2022. Available at: <https://www.undrr.org/publication/overview-disasters-latin-america-and-caribbean-2000-2022> (accessed 3 October 2024).

¹³ Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. Global action on the social determinants of health. *BMJ Glob Health*. 2017 Dec 1;3(Suppl 1):e000603. doi: 10.1136/bmjgh-2017-000603.

¹⁴ Levesque, J.F., Harris, M.F., Russell, G. (2013) 'Patient-centred access to health care: conceptualising access at the interface of health systems and populations'; *Int J Equity Health*. 11(12), pp. 18. doi: 10.1186/1475-9276-12-18. PMID: 23496984; PMCID: PMC3610159.

¹⁵ PAHO, 2021. Gendered Health Analysis: COVID-19 in the Americas. Available from: <https://iris.paho.org/handle/10665.2/55432>.

¹⁶ PAHO, 2024. Leading causes of death and disease burden in the Americas: Noncommunicable diseases and external causes. Available from: <https://iris.paho.org/handle/10665.2/59568>.

address their needs, taking into account their worldviews. The conditions faced by other groups living in extreme conditions of vulnerability, such as people deprived of liberty, represent significant challenges for the care and maintenance of their health and their right to health, due to overcrowding, poor sanitation conditions, lack of availability and access barriers to quality health services, among other factors.

19. Reducing the burden of NCDs requires addressing the modifiable **risk factors** of tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and exposure to environmental factors such as air pollution. Tobacco use continues to be a major public health problem worldwide, as it is the leading preventable risk factor for the four main groups of NCDs: cardiovascular disease, cancers, chronic respiratory diseases, and diabetes. Globally, air pollution is the second highest driver of NCDs after tobacco, and the greatest environmental cause of disease and premature death. In addition, oral diseases are linked to NCD risk factors and their underlying social and commercial determinants, and poor oral health is also associated with increased risk of cardiovascular disease. The COVID-19 pandemic put a spotlight on the damaging effects of poor nutrition and lack of adequate physical activity, while corporate interest groups were observed to have stepped up attempts to counter evidence-based legislation that aims to curb risk factors and promote healthier environments across Member States.

20. The Americas has made significant progress on implementing some tobacco control measures such as establishing smoke-free environments in all public places including bars and restaurants and is the only region in the world to have policies in place to regulate ultra-processed food products by requiring the application of warning labels and restricting those in the school environment. However, other measures such as banning and restricting advertisement, promotion, and sponsorship of these harmful products by law are far from being the norm. Taxes on tobacco, alcohol, and sugar-sweetened beverages (where they are applied) are either too low or not well-designed to sufficiently reduce their affordability and hence consumption, despite evidence of their effectiveness. Additionally, social and physical environments are not sufficiently conducive to promoting access to healthy foods and opportunities for physical activity.

21. Much of the burden of NCDs in adulthood is related to modifiable risk factors early in life and strongly influenced by underlying social conditions. Many studies have shown how low birth weight, usually due to the mother's living and working conditions, is associated with cardiovascular disease and diabetes in adulthood. Additionally, it is during childhood and adolescence that many become proportionally more exposed to NCD risk factors such as smoking, harmful alcohol use, unhealthy diet, physical inactivity, and air pollution, among other health-related risk behaviors and unhealthy environments. Furthermore, the earlier the exposure to NCD risk factors starts, the worse are the chances for people to thrive, and children and adolescents are often particularly targeted by unhealthy commodity industries such as tobacco, alcohol and ultra-processed foods, with messages and a myriad of commercial tactics used to encourage the use of their products. In particular, emerging tobacco products, such as electronic cigarettes, are increasingly aggressively promoted among youth, with consumption among young people exceeding that of adult populations in most countries. For these reasons, this is a critical period for interventions aimed at NCD prevention. Yet, efforts to address NCDs still largely focus on the adult population.

22. The Americas is one of the most vulnerable regions to **climate change** because of its susceptibility to extreme weather events, economies dependent on climate-sensitive sectors such as agriculture and tourism, and high levels of social inequality. The impacts of climate change on health in the Americas are profound and far-reaching, with the worst affected groups generally being those already excluded or with limited access to services, and those living in conditions of vulnerability. Vector-borne diseases, including dengue, malaria, chikungunya, and oropouche are rising due to vectors expanding in new areas as a result of increasing temperatures and longer

active seasons.¹⁷ Excess heat alone kills over 56,000 people annually¹⁸ in the Americas and the Region reported over 6 million confirmed cases of dengue in 2024, the highest on record.¹⁹ WHO has forecast an estimated 250,000 additional deaths per year worldwide from climate-sensitive diseases (heat exposure in older adults, diarrhea, malaria, and childhood malnutrition) from 2030 onward.²⁰

23. While the health sector must respond to the impacts of climate change, it is also vulnerable to climate-related natural disasters, which can damage health care infrastructure and disrupt service delivery. Over 88% of 20,396 hospitals evaluated by PAHO are at risk of environmental hazards.²¹ At the same time, the health sector contributes 3 to 10% of national greenhouse gas emissions in the Americas.²² Yet, progress in addressing climate change and its health impacts has been uneven across the Region of the Americas. Only a few countries are implementing essential health adaptation and mitigation measures, and most such efforts have not sufficiently integrated health equity considerations in their policies and programs.

24. Household and ambient **air pollution** is affecting and even costing the lives of millions of people, particularly those in situations of vulnerability, leading to over 367,000 deaths attributable to air pollution in 2019 in the Americas.²³ Air pollution and secondhand smoke are significant contributing factors to respiratory diseases among children in the Americas. Children are particularly vulnerable to the harmful effects of air pollution. Exposure to air pollution is linked to a wide range of health outcomes, including chronic obstructive pulmonary disease, lung cancer, acute respiratory infections, stroke, and an increased risk of developing dementia. Combinations of heat, varying temperature, poor air quality, and pollution exacerbate poor health in older people, particularly from cardiovascular and respiratory diseases. Furthermore, people are exposed to poor air quality in the workplace, particularly in heavy industry and plastic manufacturing, among others.

25. As cities expand, often without adequate planning and infrastructure, disparities in access to health, education, and essential services are pronounced. Rapid **urbanization** further exacerbates housing shortages and displaces low-income residents, restricting their access to public spaces and essential services. In the Americas, 9 million people still practice open defecation, more than 338 million lack access to safely managed sanitation services, and nearly 161 million lack access to safely managed water in 2021. Each year, this contributes to more than 50,000 deaths.²⁴ Inadequate solid waste management in large cities, coupled with growing concern about the impacts of heavy metals, such as mercury, lead, and arsenic, which can lead to contamination of water sources

¹⁷ PAHO, 2024. Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health [Document CD61/6]. Available at: <https://www.paho.org/en/documents/cd616-policy-strengthening-equity-oriented-health-sector-action-climate-change-and-health>.

¹⁸ Ryan E, Wakefield J, Luthen S. Born into the climate crisis. Save the Children; September 2021.

¹⁹ PAHO. PLISA data on Dengue. Available at: <https://www3.paho.org/data/index.php/en/mnu-topics/indicadores-dengue-en.html>.

²⁰ WHO, 2024. Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. Available at: <https://www.who.int/publications/i/item/9789241507691>.

²¹ Pan American Health Organization. Emergency hospitals in the Americas: natural hazards exposure. Natural Hazards and Public Health Emergencies Geo-HUB. Washington, D.C.: PAHO; 2023 [cited 16 April 2024]. Available from:

<https://www.arcgis.com/apps/dashboards/afe0beff737a4a7981b0a3084ebeb742>.

²² Health Care Without Harm. 2019. Health Care's Climate Footprint: How the health sector contributes to the global climate crisis and opportunities for action. September 2019.

²³ WHO Global Health Observatory, Household and ambient air pollution attributable deaths. Available from: <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-and-household-air-pollution-attributable-deaths>

²⁴ WHO/UNICEF. Data from <https://washdata.org/>.

and food, constitute a significant health threat in some countries, given the pollution that can occur due to activities such as mining, agriculture, and industry. Contamination by heavy metals and other substances can also have a significant impact on fetal development and on children.

26. Increased use of **electronic products, plastics, and chemicals** that can affect human and environmental health presents a major challenge that needs to be addressed in an intersectoral manner. Currently there are international agreements to address the inadequate management of persistent pollutants (Stockholm Convention), or mercury (Minamata Convention), and progress is being made toward an agreement for the reduction of plastic pollution (international agreement on plastics).

Barriers to access health care: exacerbating inequities in health

27. Latest figures²⁵ show that on average, about one-third of people in countries of the Americas (29.3%) reported forgoing care due to multiple **access barriers**. Of these, 17.2% attributed their decision to organizational issues such as long waiting times, inappropriate hours of operation, and cumbersome administrative requirements. In addition, 15.1% reported financial barriers, 8.4% cited inadequate availability of resources such as health personnel and medicines, and 5.4% cited geographic barriers. Importantly, 8.0% attributed their decision to acceptability issues such as language barriers, lack of trust in health personnel, being mistreated by personnel, or a preference for traditional and indigenous medicine. People in the poorest wealth quintile were more likely to experience barriers related to acceptability issues, financial and geographic access, and availability of resources.

28. A clear inverse relationship exists between national income levels and the percentage of the population reporting **unmet healthcare needs** in the Americas. High-income countries report 23% of their population with unmet needs, while upper-middle-income countries show 35%, and lower-middle-income countries reach 49%. The analysis of disparities in unmet healthcare needs between income quintiles within countries highlights inequalities in access to healthcare services. The lowest income quintile consistently shows higher unmet healthcare needs, averaging 38.5%, than the highest income quintile, which averages 32.8%.²⁶ Despite efforts, members of certain ethnic groups—including Indigenous, Afro-descendant, and Roma populations—continue to face situations of inequality, discrimination, and social exclusion. These result in them facing healthcare access barriers and receiving poor quality of care, furthering inequitable health outcomes across the Region. Progress has been made in the production, comprehensive management, and analysis of health information disaggregated by ethnicity, gender, and socio-economic status. However, the capacity is uneven across countries, and it is necessary to continue strengthening this.

29. By the end of 2021, the point at which services were most disrupted by the COVID-19 pandemic, 93% of countries had reported interruptions in the provision of **essential health services** through all modalities, with 26% reporting interruptions in 75–100% of services. For both primary care and palliative care and rehabilitation services, 70% of countries reported interruptions. Even though these figures have improved,²⁷ countries still need significant support to restore service access to pre-pandemic levels. Although most Member States increased

²⁵ Báscolo E, Houghton N, Del Riego A. Leveraging household survey data to measure barriers to health services access in the Americas. *Rev Panam Salud Publica*. 2020;44:e100. <https://doi.org/10.26633/RPSP.2020.100>. PAHO Health Topics page, available from: <https://www.paho.org/en/topics/universal-health>

²⁶ PAHO, 2024. Progress in universal health in the Americas. Available from: https://iris.paho.org/bitstream/handle/10665.2/63086/9789275129470_eng.pdf.

²⁷ PAHO, 2023. Fourth Round of the National Survey on the Continuity of Essential Health Services During the COVID-19 Pandemic: Summary of Key Findings for the Region of the Americas. November 2022–January 2023. Available at: <https://iris.paho.org/handle/10665.2/57792>.

public expenditure on health in response to the COVID-19 pandemic—per capita public expenditure on health increased by almost 10% on average—a decrease in financing has been observed post-pandemic.

Health security - constant and increasing crises and emergencies

30. Latin America and the Caribbean is the second most disaster-prone region in the world, with 190 million people affected by 1,534 **disasters**, caused by various hazards, including the COVID-19 pandemic, between 2000 and 2022.²⁸ Climate change is driving greater frequency and severity of disasters caused by natural hazards, with the frequency of Category 4 and 5 hurricanes, a major hazard in the Atlantic basin, projected to rise by 13% with a global temperature increase of 2°C²⁹. **Public health threats** are ever-present, driven by rapid changes in social, demographic, epidemiological, and environmental contexts, increases in international travel and trade, conflict and social unrest, and the emergence and reemergence of new pathogens, such as influenza and other respiratory viruses. The public health risk of known emerging infectious diseases, including zoonotic and foodborne diseases, represents a constant challenge for health services. This picture underscores the diverse and frequent threats that have significantly impacted communities across the Americas.³⁰

31. No country or organization was fully prepared for the impact of the COVID-19 pandemic. It revealed significant barriers, which limited countries' core capacities to prepare for, prevent, detect and respond to health emergencies, including **epidemics and pandemics**. In 2023, all 35 States Parties completed the State Party Self-Assessment Annual Reporting as per the International Health Regulations (2005). The results showed a decrease in the regional average for core capacities from 67% to 64% between 2022 and 2023.³¹ Maintaining a state of health security, underpinned by equity, with relevant capacity in countries is an ongoing challenge because attention, political will, and health-focused investments wane when crises end. This challenge is compounded by regular changes in political leadership and key personnel in ministries and the lack of available and adequate financial resources for multi-hazard emergency preparedness and risk reduction.

The state of regional manufacturing, supply chain, digital transformation, science, and innovation

32. The pandemic accelerated **innovations in health systems** across the Region, presenting a powerful opportunity to use the momentum of change to continue addressing long-standing inequities and challenges. It revealed Latin America and the Caribbean's structural dependence on imported vaccines and other health technologies, geographic concentration in innovation and production capacities, and vulnerable global supply chains. This created shortages and inequities in essential health technologies required for pandemic response and the delivery of essential health services, putting at risk public health gains and the capacity to control COVID-19 transmission. Agreements to develop regional mRNA vaccine manufacturing ecosystems, coupled with better use of PAHO's Regional Revolving Funds, represent groundbreaking steps forward in addressing the Region's health needs and vulnerabilities.

²⁸ Overview of Disasters in Latin America and the Caribbean 2000 – 2022. United Nations Office for Disaster Risk Reduction (UNDRR) <https://www.undrr.org/publication/overview-disasters-latin-america-and-caribbean-2000-2022>

²⁹ Knutson T, Camargo SJ, Chan JC, Emanuel K, Ho CH, Kossin J, Mohapatra M, Satoh M, Sugi M, Walsh K, Wu L. Tropical cyclones and climate change assessment: Part II: Projected response to anthropogenic warming. Bulletin of the American Meteorological Society. 2020 Mar 1;101(3):E303-22.

³⁰ Overview Of Disasters In Latin America And The Caribbean 2000 – 2022. United Nations Office for Disaster Risk Reduction (UNDRR)

³¹ PAHO, 2024. Implementation of the International Health Regulations. Document CD61/INF/4. Available at: <https://www.paho.org/en/documents/cd61inf4-implementation-international-health-regulations>.

33. There is rising demand for enhanced **information systems** as a strategic investment in building stronger and more resilient health systems, as well as for stronger country capacities in science and research and development. Progress has been made in solidifying research and development and evidence systems, scaling up the production and use of digital tools for training health staff (e.g., telehealth and teletriage). However, the progress in digital transformation of the health sector, particularly the establishment of interconnected and interoperable information systems for health, is affected by the lack of robust and formally structured governance mechanisms with a comprehensive and cross-sectoral approach. These obstacles impede the seamless exchange of standardized data, resulting in fragmented information systems and hindering holistic, patient-centric care. Furthermore, while innovative digital health solutions are poised to revolutionize health care, their evolution has outpaced the capacity of healthcare professionals to effectively integrate and harness their potential. There is a need to improve digital literacy among policy and decision-makers, health workforce, and members of the general public to support adoption of novel healthcare technologies.

34. There is wide variation among countries in the extent to which **evidence and data** are available, analyzed, used in decision-making, or managed in a rigorous, standardized way even though accurate data from countries are essential for effective decision-making, planning of interventions, resolving implementation challenges, monitoring progress, identifying gaps, and explaining negative trends.

35. At the same time, technological advances, particularly in **artificial intelligence** (AI), have significantly impacted the spread of misinformation, as information can be produced at scale, with the potential to target specific audiences and introduce biases. Although there are ways to combat this threat, it does bring specific risks for health promotion and prevention efforts.

Impact on human health and well-being

Communicable diseases

36. Over the past decades, the Region has achieved remarkable milestones in **disease elimination**. The Region continues these efforts and under a renewed Disease Elimination Initiative is striving to eliminate more than 30 prioritized diseases and related conditions by 2030. These diseases and conditions are linked to diverse social and environmental determinants of health that include access to safe drinking water and basic sanitation, poverty, housing conditions, climate change risks, gender inequity, stigma and discrimination, ethnicity, and sociocultural and other factors. They feed the vicious generational cycle of poverty and disease: families who cannot afford preventive care are the most vulnerable to falling ill, and the least able to afford treatment. Ending these diseases through the adoption of integrated approaches to disease prevention, control, and elimination, such as integrated vector control, will contribute to the reduction of poverty and inequality in the Region.

37. By 2024, several countries in the Region had achieved elimination of malaria and mother-to-child transmission of HIV and congenital syphilis. However, challenges persist as communicable diseases pose a substantial threat to health and continue to be a burden for many populations, especially those in situations of vulnerability. HIV, syphilis, tuberculosis and other communicable diseases have shown increasing incidence and outbreaks. Challenges remain in the reorientation of health and social services to respond to communicable diseases through integrated approaches at the first level of care, expanding access to health technologies, and addressing complex barriers to access. Barriers include stigma and discrimination and limited access to housing, quality education, and well-planned urban settings.

38. The Region has made solid progress in protecting children against **vaccine-preventable diseases**, with routine childhood vaccination coverage reaching very high levels. Yet data from 2004 to 2023 reveal concerning

patterns. Most countries are failing to meet the target of 95% coverage for key vaccines, a situation exacerbated by the COVID-19 pandemic. Many children missed routine vaccinations, exacerbating gaps in immunization.³² Between 2022 and 2023, countries in the Region managed to halt this decline in routine vaccination coverage and even achieved an increase for most antigens, reaching 88% regional coverage for the third dose of DPT in 2023. However, this progress is still below the 95% target, indicating that our efforts need to be strengthened. Additionally, measles, diphtheria, and yellow fever outbreaks have highlighted the need for improved vaccination coverage to prevent outbreaks.³³ Furthermore, 22 countries in the Region have not managed to recover their vaccination coverage to pre-pandemic levels. This situation, coupled with surveillance systems and outbreak response capacity that are not ideal, puts at risk the elimination gains made so far.

39. **Antimicrobial Resistance (AMR)** poses a significant and growing public health challenge that threatens to undermine decades of medical advancements and compromise the effectiveness of essential treatments for infections, which could jeopardize the achievement of the goals of PAHO's Disease Elimination Initiative. Among the most concerning threats is the rise of carbapenem-resistant *Klebsiella pneumoniae*, which is increasingly implicated in healthcare-associated infections across the Region. Data indicates that the prevalence of resistant bacteria, including *Escherichia coli*, *Staphylococcus aureus*, and *Klebsiella*, among others, varies widely, with rates of resistance significantly impacting patient outcomes in hospitals and long-term care facilities. The over-prescription and misuse of antimicrobials in both healthcare and agriculture, along with inadequate infection prevention and control practices in healthcare settings have contributed to the rise of AMR. Meanwhile, insufficient development of new antimicrobial agents in the pipeline poses a risk for treating infections that have become resistant to current ones.³⁴ Disparities in healthcare access and resources across different countries exacerbate this situation. Vulnerable populations are disproportionately affected, especially older people and those with chronic diseases.

NCDs, mental health, and neurological conditions

40. **Noncommunicable diseases**, including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, continue to be the leading causes of ill health, disability, and death in the Region of the Americas. Across the Region, the risk of dying from NCDs is 46% higher for persons aged 30–69 in the poorest group compared to the wealthiest group.³⁵ NCDs were responsible for 6 million deaths (65% of total deaths) in 2021, of which 38% are preventable and premature deaths.³⁶ These figures represented a decline in the 80% observed deaths due to NCDs in 2019 and prior years, likely influenced by the COVID-19 pandemic.³⁷ Cardiovascular diseases and cancer together are responsible for approximately 60% of all NCD deaths followed by chronic respiratory disease and diabetes. In 2019, men consistently presented higher NCD mortality than women, with rates ranging between 326 and 489 per 100,000 among women and 404 and 604 per 100 000 among men. The lowest mortality rates were

³² Immunization in the Americas – 2023 Summary. PAHO/CIM. Available at:

<https://www.paho.org/en/documents/immunization-americas-2023-summary>

³³ Immunization Newsletter, volume XLVI, Number 1, March 2024.

³⁴ WHO, 2024. 2023 Antibacterial agents in clinical and preclinical development: an overview and analysis. Available at:

<https://www.who.int/publications/i/item/9789240094000>.

³⁵ Economic Commission for Latin America and the Caribbean (ECLAC) and the Pan American Health Organization (PAHO), 2024. The urgency of investing in health systems in Latin America and the Caribbean to reduce inequality and achieve the Sustainable Development Goal. Available at <https://www.paho.org/en/documents/urgency-investing-health-systems-latin-america-and-caribbean-reduce-inequality-and>

³⁶ WHO Global Health Estimates 2021. Available from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>

³⁷ PAHO. ENLACE: data portal on noncommunicable diseases, mental health, and external causes. Washington, D.C.: PAHO [cited 10 January 2023]. Available from: <https://www.paho.org/en/enlace>.

seen in the Andean subregion and the highest in the Latin and non-Latin Caribbean, with overall rates lower in high-income countries.

41. Furthermore, in Latin America and the Caribbean (LAC), over 29 000 children and adolescents (persons aged 0 to 19 years) are diagnosed with cancer each year, with 10 000 of them succumbing to the disease, which represents the second leading cause of death in this age group. In LAC, the survival rate for children with cancer is 55%, although the rate varies widely across countries, reflecting disparities in healthcare availability and access. Among the key factors contributing to poor survival from childhood cancer are misdiagnosis, late diagnosis, high rates of treatment abandonment, mortality associated with infections, and difficulty in accessing treatment.

42. The persistent burden of NCDs in the Americas underscores an urgent need for improved prevention, equitable access to health services, and targeted interventions. NCDs are not only a health issue but can also adversely affect the socioeconomic development of low- and middle-income countries as well as continue to pose a significant socioeconomic burden for high-income countries. Furthermore, NCDs emerged as the principal determinant of complications and increased mortality from COVID-19, especially among older people, those with pre-existing conditions, and those living in situations of vulnerability.

43. **Mental health conditions** constitute a serious public health issue in the Region of the Americas. This is due to their high burden, low treatment coverage, and rising suicide rates. The COVID-19 pandemic not only contributed to the development of new cases of mental health conditions, but also worsened preexisting ones, with major depressive disorders and anxiety disorders rising by 35% and 32%, respectively, in Latin America and the Caribbean in 2020. Women, young people, Indigenous populations, Afro-descendants and members of other ethnic groups, and people living in poverty are among those most severely impacted by mental health conditions in the Region. The COVID-19 pandemic also decreased access to essential mental health care. To address these gaps, adequate investment is required in the form of increased funding for mental health services commensurate with the disease burden.

44. **Suicide** mortality rates are increasing on average across the Region. Recent data show that, each year, nearly 100,000 people die by suicide in the Region (an age-adjusted rate of 9 per 100,000 population), with significant variability among countries. Between 2000 and 2019, the regional suicide rate increased by 17%, making the Americas the only WHO region where suicide is rising, principally due to rising rates in North America. The Caribbean has the highest rate, with increases also evident in the Southern Cone. Worldwide and in the Region of the Americas, suicide rates among males continue to be higher than among females. People living in situations of vulnerability, including those with severe mental health conditions, are more likely to die by suicide.

45. Together, **mental, neurological, and substance use disorders including suicide** account for over one-third of years lived with disability and a fifth of disability-adjusted life years in the Americas.³⁸ Among mental and substance use disorders, drug use disorders accounted for 71% of all deaths and 24% of all years of lost health. The Region has the highest prevalence rate of anxiety disorders and the second-highest rate of depressive disorders of all WHO regions. It also has a high prevalence of alcohol consumption, with 8.2% of the population over 15 years suffering from an alcohol use disorder.

46. **Neurological disorders**, including dementias and epilepsy, account for over 500,000 deaths annually. Mortality and disability rates for neurological conditions **rose** by 60% and 15%, respectively. Alzheimer's disease

³⁸ PAHO. Annual Report of the Director of the Pan American Sanitary Bureau. Available at: <https://www.paho.org/sites/default/files/2024-09/cd61-od371-e-annual-report-director-pasb.pdf>

and other dementias are the fourth leading cause of death. Among neurological conditions, Alzheimer disease and dementias accounted for 73% of all deaths and 37% of all years of lost health.³⁹

47. Overall, the proportion of mental health disorders that receive appropriate treatment remains very low, at about 10–20% of cases, and countries only devote an average of 3% of their health budget to these conditions, demonstrating the extent of the unmet needs. Significant funding is allocated to psychiatric hospitals (17% in Central America, Mexico, and Latin Caribbean, and 62% in North America), while insufficient prioritization is given to MNS programs and services in the Region.

Violence and injuries

48. High-risk behaviors related to external injuries, such as traffic and firearm-related incidents, are significant public health concerns in the Americas. These behaviors contribute to a substantial burden of injury and death, particularly among males and the younger population.⁴⁰ **Violence** is a significant public health issue that can have far-reaching implications beyond deaths and injuries. Overall physical and mental health, the delivery of essential health services, and economic development are all affected by violence. This is particularly true for countries facing protracted emergencies and populations living in situations of vulnerability. In 2019, the Region's homicide rate was over 3 times higher than the global average, with 19.2 homicides per 100,000 population (4.8 in females and 34.0 in males). Young men aged 15 to 29 are most affected. The causes of homicide are complex and include social and gender inequality, high levels of impunity for violence and crime, drug and arms trafficking and access, low educational attainment, and ineffective public policies.

49. Other forms of interpersonal violence are also frequent in the Region. One in 3 women and girls aged 15 and older are estimated to have experienced physical or sexual violence, often by an intimate partner. High rates of sexual violence against girls contribute to the burden of adolescent pregnancy. Child and forced labor remain prevalent forms of violence, affecting those most vulnerable. As of June 2024, estimates from UNICEF suggest that child labor affects approximately 5% of children aged 5 to 17 years in Latin America and the Caribbean.⁴¹

50. The Region accounts for 11% of global **road traffic deaths**. Road traffic injuries are the leading cause of death for people aged 15 to 29 years, with higher mortality rates among men than women (22.9 versus 6.3 deaths per 100,000 population).

Health throughout the life course – Maternal, reproductive, children's, adolescent, and older persons health

51. Since 2015, **maternal mortality** has been steadily increasing in the Americas, highlighting the need for urgent action. The maternal mortality ratio (MMR) in 2020 returned to the same level observed in the early 2000s, marking a setback of 20 years. Between 2015 and 2020, the MMR increased by 17% in the Americas, leading to 25 maternal deaths per day in 2020. This situation has highlighted the fragility of progress in the Region, which needs to decrease the current rate of MMR to achieve the regional goal of the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) of 30 deaths per 100,000 live births by 2030 and achieve the target of SDG 3.1.

³⁹ PAHO. Leading causes of death and disease burden in the Americas. Available at: <https://www.paho.org/pub/en/leading-causes-death-disease-burden-americas/>

⁴¹ UNICEF global databases, 2024, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2015-2023, available at: <https://data.unicef.org/topic/child-protection/child-labour>

Across the Region, outcomes are worse for socially vulnerable groups. The maternal mortality ratio in the lowest income quintile is more than seven times that of the highest income quintile. The situation is similar for the under-five mortality rate, which in the poorest quintile is some 4.5 times higher than in the wealthiest quintile.⁴² In 2020, 20% of countries with the poorest social conditions according to the sustainable development index had 129 more maternal deaths per 100,000 live births than the 20% of countries at the top of the index.

52. There has been limited progress in the coverage and quality of **prenatal, delivery, postpartum, and postnatal care** in the Americas. Coverage of 4 or more prenatal visits increased from 60% in 2000 to 80% in 2020, enhancing the detection and management of complications. However, this is still below WHO recommended coverage of 8 (up from 4 in 2016) or more prenatal visits to enhance the detection and management of complications.

53. As a measurement of health systems performance, significant disparities in quality and timely access to **essential reproductive, maternal, newborn, and child health services** persist between and within countries across the Region. This is especially so in many rural areas, poor peri-urban areas, and among populations in situations of greater vulnerability, such as indigenous and Afro-descendant communities. In 2021, coverage of these services ranged from 37.9% to 84.5% in the lowest income quintile of the population, and 65.3% to 89.6% in the highest quintile.

54. The **use of modern contraceptive methods** among women aged 15 to 49 in the Region has increased from 62% in 2000 to 75% in 2020, helping to reduce rates of unintended pregnancies. Despite this progress, unmet demand for contraception remains a problem across most countries, particularly among adolescents and young women, ranging from 15%-20% in 2020, compared to 20%-25% in 2000.

55. **Neonatal and infant mortality rates** decreased notably over the past two decades. Between 2015 and 2022, the neonatal mortality rate in the Americas decreased by 13% with an average annual decline of 1.9%. However, disparities in access to services persist between and within countries. The **under-5 mortality rate** in the Region declined substantially from 26.4 deaths per 1 000 live births in 2000 to 12.9 deaths per 1 000 live births in 2021, although it remains disproportionately high in several countries in the Region. In most countries, a significant portion of under-5 mortality is attributed to infectious diarrhea and pneumonia and social inequalities play a significant role in the distribution of these diseases.

56. **Unintended adolescent pregnancy** rates have declined across the Region, although lower-income, rural, indigenous, and Afro-descendant girls experience birth rates up to four times higher, reinforcing intergenerational cycles of poor health and poverty. The Americas remains the region with the second highest rate of unintended adolescent pregnancy globally. Reducing these rates will require focused and targeted action across health, education, and social development sectors, guided by a vision that empowers women and adolescents in the protection of sexual and reproductive rights, the right to information and education, and access to contraception.

57. In 2022, over 78,000 women were diagnosed with **cervical cancer** in the Americas, and over 40,000 died from the disease. The mortality rates in Latin America and the Caribbean are three times higher than those

42 Economic Commission for Latin America and the Caribbean (ECLAC) and the Pan American Health Organization (PAHO), 2024. The urgency of investing in health systems in Latin America and the Caribbean to reduce inequality and achieve the Sustainable Development Goal. Available at <https://www.paho.org/en/documents/urgency-investing-health-systems-latin-america-and-caribbean-reduce-inequality-and>

observed in North America. Inadequate vaccination against the human papillomavirus (HPV) and screening are barriers to increasing survival rates. **Breast cancer** remains highly prevalent in women in the Americas, with over 462,000 new diagnoses a year, and nearly 100,000 deaths caused by this disease.

58. **The Region of the Americas in the next two decades will age faster than ever.** As the gap between life expectancy and healthy life expectancy is over 10 years, many years are spent with chronic conditions, disabilities, and dependency on care, particularly among women. The prevalence of noncommunicable diseases increases with age with a higher proportion of mortality, increased disability, functional decline, and care dependence. Multimorbidity, the presence of two or more chronic illnesses in an individual, is much more common in older populations, with around 70% of community-dwelling older adults experiencing polypharmacy. As a result, older adults have become major users of health services across the Americas and are also more vulnerable to catastrophic health expenditures. Furthermore, aging populations bring increasing care dependency that has significant implications for health financing, service delivery, and long-term care.

Health System Response: Resilient Health Systems based on Primary Health Care

59. Numerous countries within the Region have long grappled with multiple health system challenges: inadequate investments, understaffing, and institutional fragmentation, exacerbated by decades of neglect in health policy, imbalanced resource allocation, and hospital-centric models of care. Before the COVID-19 pandemic, the Region of the Americas was making progress toward the achievement of **universal access to health and universal health coverage**, although gains were slow due to persistent systemic deficiencies and inequalities. Since the pandemic, this progress has been reversed, exposing and exacerbating structural weaknesses in health systems and inequalities in health. In addition, natural disasters continue to impact the capacity of health systems to respond to the needs of the population, including to reach populations in situations of vulnerability.

60. To ensure capacity to address current and future health needs, expand access and coverage, and build resilience throughout the health systems, countries are prioritizing **health systems transformation based on primary health care** and making investments in health infrastructure and digital technology. The integration of service delivery and care across services networks and disease programs, following life course and territorial approaches, and responding to the differentiated needs of populations, especially those in conditions of vulnerability, will support countries in moving toward and beyond the targets set out in SDG indicator 3.8.1 (Coverage of essential health services).

61. It is increasingly evident that the lack of an available, well-qualified, and well-distributed **health workforce** is a key rate-limiting factor to shore up health system resilience and expand PHC. The COVID-19 pandemic highlighted the chronic shortfall in human resources in the Region's health systems, as well as having a direct and severe impact on the availability, distribution, and quality of health personnel. In 2022, WHO projected a shortage of at least 600,000 health professionals in Latin America and the Caribbean by 2030, based on the target of 44.5 professionals (medical, nursing, and midwifery personnel) per 10,000 population. COVID-19 response measures somewhat improved health worker availability, but the shortage remains substantial. Numerous factors contribute to the problem, including: a lack of policies and strategic processes for recruitment development; mobility and migration (particularly from the Bolivarian Republic of Venezuela and some countries in the Caribbean); and a lack of demand for health professions from young people. Furthermore, in recent years, working conditions have worsened and salaries have dropped in real terms, which drives attrition rates higher and makes the professions unattractive to newly qualified young adults. Standards in education, licensing, and practice differ substantially across the Region, impacting quality of care. Mental health issues among health workers are also a significant challenge contributing to high numbers of resignations across these professions. An ongoing challenge is the

shortage of health professionals in remote and underserved areas, even in countries where national workforce numbers are in line with recommendations.

62. Shortages and inequities in access to **essential health technologies** during the pandemic hampered the response capacity of health systems. The lack of equitable access to health technologies underscores the need for the Americas to have strategic autonomy and self-reliance through strengthened regional innovation and production capacities. Important strides have been made to strengthen capacities for the development and production of mRNA vaccines in the Americas, such as the advancement of a public-private alliances in Argentina and Brazil. However, key challenges remain, including limited regulatory capacity, multisectoral access policies, evidence-driven decision making, and inclusion of the Region's countries and stakeholders in regional and global strategies related to innovation and access.

63. Mobilizing adequate resources to ensure health system renewal and address equity issues—specifically related to improving access among currently underserved poor and racial and ethnic groups, tackling discrimination in the health systems, and expanding equity oriented, gender responsive and culturally sensitive approaches to health service provision—remains a weak spot.

Outlook and opportunities for the future: key success factors for accelerating health and well-being

64. The COVID-19 pandemic served to make underlying weaknesses in the Region's health systems more visible and to shed light on the opportunities for advancing substantial positive transformation. The challenge at this stage is to move forward at an accelerated pace while addressing historical and structural gaps. Rising to meet this challenge calls for transformational investment in health with a focus on strengthening health systems based on PHC while also recognizing the importance and benefits of promotion and prevention. Overcoming barriers in achieving health system resilience and health equity also requires an integrated approach that considers multiple converging factors and prioritizes interventions that are most impactful and bring the greatest return on investment. While tackling these challenges, there are also opportunities, such as those listed below, to be seized to reach the potential of the Region and its peoples.

Capitalizing on the momentum for health from the pandemic

65. Recovery and recuperation of health systems post-COVID-19 calls on the need for substantive health system transformation to expand access and coverage of health services and integrated care, delivered through integrated health services networks, with a highly resolute first level of care. Concerted efforts to sustain, increase and improve public financing in health will be required as health systems and services target persistent inequities in access to care, while at the same time strengthening disease prevention and addressing the needs of a rapidly aging population. Governance and stewardship of health systems transformations to this end constitute a priority for countries in the post-pandemic period, with political commitment acting as the key accelerating factor.

66. Though much progress remains to be made, models of care are being transformed throughout the Region to prioritize PHC as the foundation for expanding access to quality health services that meet the needs of people, families, and communities. Lessons from COVID-19 pandemic are also being applied on how to ensure equitable access to health technologies, including promoting regional innovation and manufacturing. Building resilient, responsive, and adaptive health systems that are based on PHC requires long-term strategic investment, reforms, and transformation. Seizing the momentum for health seen during the COVID-19 pandemic, now is the time to take a quantum leap in strengthening health stewardship and governance capacities across all levels of decision-

making in health, finance, and other areas. This shift is necessary to position health systems to achieve national, regional, and global targets. These ambitions need to go hand in hand with mobilizing human and financial resources, scientific evidence, and innovations, including medicines and other health technologies. In many cases, models of care require rethinking to address new epidemiological, socioeconomic, and demographic realities while adopting emerging innovations.

67. The COVID-19 pandemic starkly highlighted how social determinants, such as housing, education, income inequality, access to healthcare, and environmental conditions, can exacerbate health inequities. For instance, people living in inadequate housing or overcrowded conditions faced higher exposure to infection due to the inability to maintain physical distancing or the lack of access to water for handwashing. Similarly, neighborhoods with lower socioeconomic status experienced higher mortality rates, and the lack of social protection prevented informal workers from staying at home. Recognition of this reality has presented an opportunity to call attention to the importance of addressing the social determinants of health as a fundamental strategy for reducing health inequities and building more resilient public health systems. Furthermore, the pandemic confirmed the central role of community participation and local governments in the implementation of actions and policies that are adapted to local contexts and foster social innovation.

68. Promoting health equity requires a targeted approach that prioritizes addressing social protection and health together. Reducing barriers to accessing health services could help avoid an estimated 150 000 preventable deaths per year. Faced with new impetus coming out of the pandemic to design and implement strategies that transform health systems toward people-centered care, an opportunity emerges to prioritize policy initiatives on equitable access to health services. The challenge for targeting deeply rooted health inequities lies in ensuring policies and programs simultaneously expand access to health services and address the social determinants of health.

69. At the same time, confronting historical and structural barriers to accessible, quality care requires a paradigm shift within the health sector toward greater intersectoral collaboration. To create health systems that are genuinely inclusive and responsive to the needs of all individuals, including populations in situations of vulnerability, it is crucial to design and implement strategies and interventions centered on equity as the guiding principle. This entails the recognition of intersecting dimensions of equity such as gender, including sexual orientation and gender identity, ethnicity, socioeconomic conditions, migration status, disability, age, among others.

70. The pandemic brought greater attention to personal health and well-being and the role of health in development, raising health and well-being awareness among the general public that has never been seen before. This has brought unprecedented opportunities to work on key areas to maximize health and well-being. For example, increased visibility of mental health problems during the pandemic and in other health emergencies has led to calls for increasing capacity in mental health promotion, prevention, and integration within primary care. Engagement of individuals and communities in taking charge of their own health has increased, bringing with it greater expectations for the delivery of quality health services.

71. Finally, the pandemic changed the definition of what it means to be prepared for health emergencies. As documented in the Evaluation of the Pan American Health Organization Response to COVID-19 2020-2022,⁴³ the PASB and Member States need to build on lessons learned to be better prepared for the next pandemic. Building on the Region's active role in the negotiations for the pandemic accord and the IHR amendments, PAHO has a key

⁴³ PAHO, 2023. Evaluation of the Pan American Health Organization Response to COVID-19 2020–2022. Available at: <https://iris.paho.org/handle/10665.2/57700>.

role in strengthening preparedness for future pandemics and other health emergencies and in ensuring that efforts are led by countries.

Breaking down access barriers through primary health care

72. A new impetus to strengthen primary health care offers an opportunity to prioritize policy initiatives that respond directly to the challenges in access to health services. Reducing and eliminating access barriers is an essential step toward achieving universal health and resilient health systems. It begins with understanding and addressing the full range of factors that act as barriers. The complexity and magnitude of the different access problems faced by various population groups, particularly populations in situations of vulnerability and those facing intersecting forms of discrimination, as well as the context and underlying factors related to the implementation of policy initiatives require analysis. Through targeted action at the national, subnational, and local levels, addressing barriers will result in significant improvement in health outcomes.

73. Evidence generated by the PASB indicates that barriers to accessing health care – including availability of health services; geographical, financial, or organizational accessibility; and cultural acceptability – are not homogenous between countries and can differ significantly within countries. However, it is important that countries measure access barriers to health care; work to strengthen the steering role and governance capacities of national health authorities; increase public financing for health, especially at the first level of care; mainstream interculturality; and improve the quality of care by focusing on organizational aspects of health care delivery.

Harnessing innovation and access to health technologies

74. The pandemic left painful lessons in terms of equitable access to vaccines and other essential health technologies. At the same time, it opened opportunities to accelerate innovation, with greater awareness of the role of science- and evidence-based decision making and coherent policy ecosystems. This in turn brings the potential to improve health systems, regulatory processes, and public health outcomes. An important lesson from the pandemic is that ensuring equitable access to health technologies requires addressing the whole life cycle of health technologies, including strengthening regional innovation, production and regulatory capacities.

75. As emerging technologies like genomics and personalized medicine, gene therapy, synthetic biology, nanotechnology, artificial intelligence, telemedicine, and remote monitoring disrupt and revolutionize the practice of medicine, inequities will grow if Member States do not scale up their capacity to assess evidence and create coherent policy frameworks, harness the power of science to advance health, and put these technologies to good use in reaching underserved populations.

76. The current surge of digitization in the health sector, spurred by the COVID-19 pandemic, offers an unprecedented opportunity to enhance and reshape healthcare models, empowering stakeholders within a PHC framework, and to bridge the gap between health services and underserved populations. The potential of interoperable and interconnected systems, synergistically supported by digital solutions, to augment health services cannot be underestimated. This approach empowers governments, individuals, and service providers to ensure seamless continuity of care and equitable access to health services. The rapid expansion of telemedicine during the past two years has occurred in recognition of its potential to address human resource shortages and the challenges of reaching remote populations.

Growing interest and engagement of health actors and partners

77. In recent years, increasingly more action has been taken involving multiple sectors, actors, and countries to tackle the health and development challenges that go beyond the capacity of any single actor to address. High-level coordination across sectors played a crucial role in the containment and mitigation of the pandemic and is recognized as an essential pillar of action to achieve the Sustainable Development Goals. This emphasizes the need for a Health in All Policies approach, which integrates health considerations into policy frameworks, aligning efforts to address key social determinants of health and promote holistic health outcomes.

78. Moving forward, there is an opportunity to sustain momentum created by the crisis for continued health sector leadership on intersectoral action and community participation to address the social determinants of health including the creation of social and physical environments that promote health. For example, recent years have seen an increase in coordination at the inter-governmental level to advance a One Health approach through the quadripartite cooperation between the Food and Agriculture Organization, World Organization for Animal Health, UN Environment Programme, and WHO. This approach is essential for tackling emerging threats such as antimicrobial resistance, climate change, and zoonotic diseases by engaging the health, animal, agriculture, and environmental sectors to promote multisectoral collaboration and help align technical cooperation agendas to avoid duplication of efforts in addressing challenges at the human-animal-environment interface.

Leveraging PAHO's unique position to ensure that all people and communities in the Americas enjoy optimal health and well-being

79. Recovery and building better in the post-pandemic era must rest on the premise that health is a foundational pillar of equitable and sustainable development. As the leading public health agency in the Americas, PAHO has a convening power in calling attention to the health needs of the Region, which are increasingly linked to underlying social conditions that extend beyond the health sector but that have an impact on it. These include factors such as migration, poor working and living conditions, and climate change. Additionally, PAHO has the capacity to bring together diverse sectors to collaborate effectively in addressing the social determinants of health through a Health in All Policies Approach to promote health, well-being, and health equity. The PHC agenda has provided powerful entry points to support health systems transformation as a political priority. PAHO has a strong legacy of cooperation in the Americas for public health, both in terms of the technical cooperation it provides and as a facilitator of regional solidarity, dialogue, and collaboration between Member States.

80. PAHO is strategically positioned to act in partnership with Member States and other stakeholders to fulfill its mandate across the Region. Since the beginning of the PAHO SP20-25, a growing number of partnerships, both new and established, have enabled the Organization to leverage the value of its technical cooperation for greater impact. The position of PAHO as the preferred health sector partner in the Region is reinforced through its actions as an honest broker in health. Driving the elimination and health security agendas, maximizing health promotion and prevention efforts, and reducing barriers in access to health services means harnessing the power of strategic alliances and partnerships, such as the Alliance for Primary Health Care in the Americas, drawing on the wealth of experience that exists in the Region.

81. With renewed commitment to work toward the health-related SDGs and the Sustainable Health Agenda for the Americas 2018-2030, PAHO's leveraging capacity is fundamental to accelerate progress toward ensuring healthy lives and promoting well-being for all at all ages across the Region. It does this through the value of its technical cooperation and the exercising of the six core functions of the Organization, as well as through inter-programmatic and integrated initiatives and platforms that can catalyze efforts to promote equitable access to health and health services and reduce inequities while better coordinating and channeling resources. These

include initiatives such as Disease Elimination, Better Care for NCDs, HEARTS in the Americas, Zero Preventable Maternal Deaths, the Regional Revolving Funds which are PAHO's pooled procurement mechanisms, and PAHO Forward, among others.

82. At the policy level, the transformation of health systems based on PHC has risen to the top of the political agenda in many countries in the Region as the cornerstone of efforts to build back better from the pandemic. Building on this momentum with an equity focus, PAHO is at the forefront, engaging with countries and partners in other areas, such as the digital transformation agenda, the elimination agenda, and on issues such as NCDs, mental health, and climate change and health, which are increasingly being recognized as interconnected with health and development.

A Secretariat fit for purpose to accelerate progress

83. Many of PAHO's successes in delivering results have been made possible thanks to its established position as the leading public health authority in the Region, solidified over 120 years. During the SP20-25 period, important strides were made to strengthen the Organization's leadership and governance, and to enhance the performance of PASB, in advancing the regional health agenda through the technical cooperation that it provides.

84. PASB is becoming more fit for purpose, both agile and responsive to the needs of Member States, while at the same time managing risks and improving the efficiency of its management and administration. In 2023, PASB began implementing PAHO Forward, a results-based, Organization-wide initiative to systematically innovate and modernize PASB management practices.⁴⁴ Its specific objectives are to strengthen PASB's efficiency, transparency, and accountability; bolster PAHO's visibility, country focus, and capacity to deliver technical cooperation; and enhance PASB human resources performance and drive innovation to move the Organization forward. These measures provide a critical framework and a set of actions necessary to position the Organization to manage the complex regional and global landscape during the 2026–2031 period.

Efficiency, transparency, and accountability

85. The way forward requires a shared understanding and commitment, both internally within PASB and with the involvement of Member States and stakeholders, to improve the effectiveness of the Organization. PASB has started integrating key actions across the Organization to enhance its efficiency, transparency, and accountability, thus enabling PASB to responsibly, measurably, and sustainably strengthen its capacity to deliver results. Efficiency optimizes resource utilization; transparency fosters openness and disclosure; and accountability promotes responsibility for actions, resources, and results. It also enables PASB to better respond to current and future priorities in a more deliberate manner.

Visibility, country focus, and ability to deliver technical cooperation

86. PASB has successfully taken action to ensure that PAHO's focus, and presence is well positioned with Member States and highly valued by key partners. Country-centered cooperation, tailored to each country's unique needs, capacities, and priorities, is the key to accelerating progress toward the SDGs. Delivering results for health and well-being in the Americas also requires that PASB works together with all stakeholders, for which the strategic positioning of the Organization is key.

⁴⁴ PAHO Forward. An organization-wide approach to strengthen efficiency, transparency, and accountability (2023) PAHO/PUB/23-0002 <https://iris.paho.org/handle/10665.2/58554>

87. During the pandemic, PAHO was an authoritative voice for public health in the Americas, calling for unity to mitigate and manage COVID-19 and key foundational investments in public health. PASB called attention to the need to recover, protect public health gains, and accelerate efforts to get back on track. It sought to address inequities, such as the impact of the pandemic on people living in situations of vulnerability, and to build back better with strong health systems that are more resilient and equipped to handle future challenges.

Human resources performance and driving innovation

88. PAHO's core technical cooperation is dependent on its most important asset, its committed and resourceful personnel. Responding to the needs of countries means that PASB counts on an engaged workforce, where personnel are involved and drive innovation and change. PASB's actions to ensure a respectful, diverse, and inclusive work environment have allowed it to foster a positive work culture for a supportive, respectful, and inclusive environment. This means valuing diversity, facilitating inclusion, promoting work-life balance, and recognizing and rewarding employee contributions.

89. Relentless efforts to embrace new technologies and innovations are needed to expand PAHO's technical engagement and reach, including as it relates to digital health, data analytics, innovation in health technologies and other emerging areas that require up-to-date and relevant public health competencies. PASB's embrace of cutting-edge technologies like artificial intelligence offers the potential for greater organizational results and impact. Data-driven decision-making and analytics better inform PASB policies and allocate resources more effectively. By embracing technology, fostering a culture of creativity, focusing on sustainable solutions, and leveraging data-driven insights, the Organization can strengthen its position as a trailblazer in public health throughout the Americas.

3. Regional Agenda

90. The regional agenda for the SP26-31 presents the strategic framework for health for the six-year period of the Strategic Plan. It is grounded in the analysis of the main challenges and opportunities presented in the Situation Analysis. It provides the basis for PAHO's program planning, monitoring, and assessment and acknowledges the vital contribution of the Plan to the SDGs, SHAA2030, and WHO's GPW 14, as well as PAHO's commitment to the achievement of results in line with the priorities of each country.

Updated Results Chain

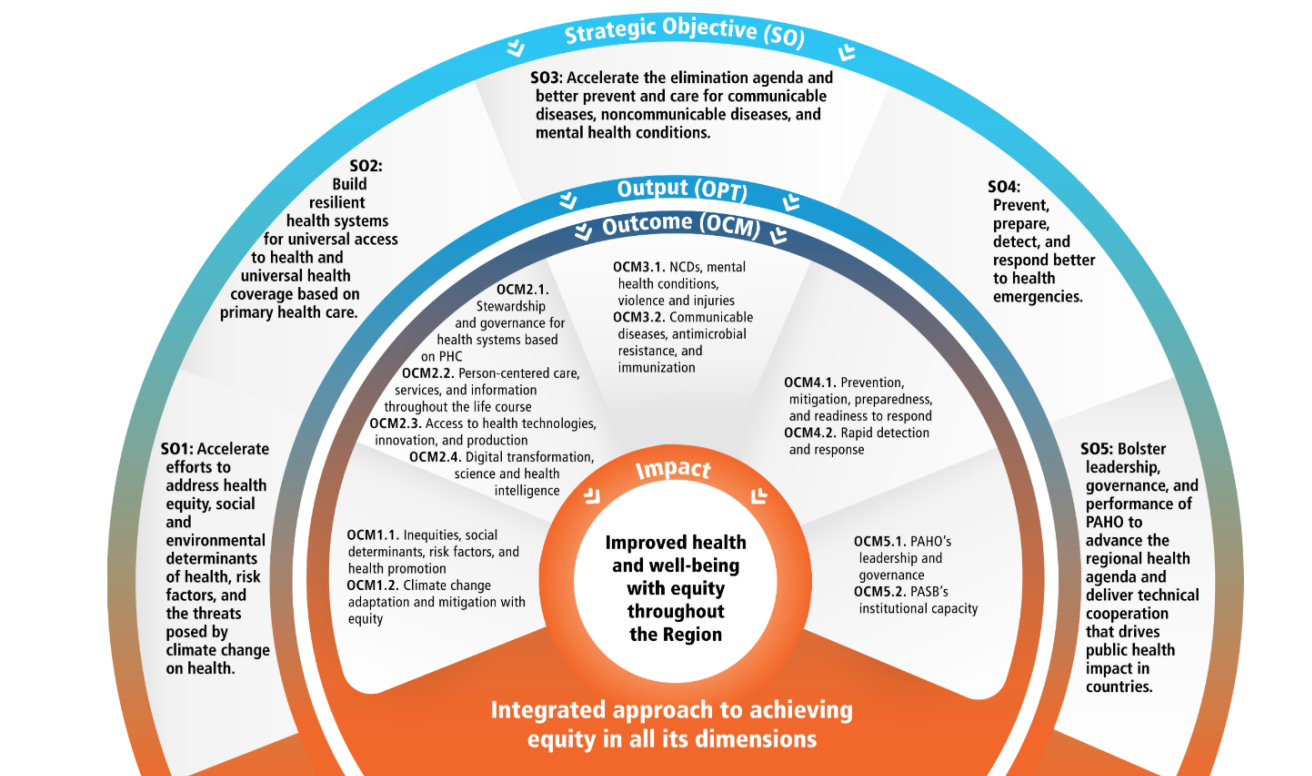
91. In 2010, PAHO adopted its **Results-based Management (RBM)** Framework (Document CD50/INF/2). Since then, the global and regional health landscape has evolved with the advent of the SDGs, new technologies, and the impact of the COVID-19 pandemic, among many other changes. PAHO has also identified good practices and lessons learned from applying different components of RBM, which are documented in the report of the evaluation of PAHO's RBM Framework implementation.⁴⁵ The new Strategic Plan is an opportunity to revise and renew the RBM Framework to be responsive to these changes and be more relevant and useful to the organization and Member States in implementing the program of work. A future version of the consultation document will contain detailed information on the updates that will be made to the RBM framework. One of the most significant changes that affects the proposed Results Framework for this Strategic Plan is the updated **Results Chain**, which is summarized in Figure 2. The change to the definition of output and product and services in the results chain not

⁴⁵ PAHO, 2024. Evaluation of the Pan American Health Organization results-based management framework implementation. Available from: <https://iris.paho.org/handle/10665.2/59260>.

94. The Results Framework is anchored at the highest level by the overarching **impact goal**. Progress toward this goal will be measured by **impact indicators** (*under development*) that measure sustainable changes in the health and well-being of populations. Twelve **outcomes** (OCMs) are proposed as the results that represent the collective or individual changes in the factors that affect the health of populations to which the SP26-31 interventions will contribute. The outcomes are organized by five **strategic objectives** (SOs), which are high-level objective statements that serve to group related outcomes but that are not part of the results chain. Through the development of **outputs** in the Program Budgets under this Strategic Plan, PASB will implement deliverables that influence, enable, and catalyze the joint action of Member States and partners toward the delivery of targeted outcomes and impacts.

95. As the situation analysis shows, the Region faces a critical juncture with a limited window of opportunity to get back on track and reach the health-related SDGs. The Results Framework for the SP26-31, illustrated in **Figure 3**⁴⁶ follow a more integrated and interprogrammatic approach aimed at acceleration. Multiple areas of complementarity can be observed; for instance, addressing the determinants and risk factors, promoting intersectoral action, tackling the health impacts of climate change, adopting One Health approaches, reinforcing the central role of primary health care, enhancing health system resilience, strengthening information systems and surveillance and laboratory capacities, increasing the collection and use of disaggregated data, among others. The SOs and OCMs have been reviewed to ensure that these areas are appropriately integrated, maximizing the benefits of interprogrammatic approaches, while avoiding any potential duplication.

Figure 3. Proposed Results Framework: PAHO Strategic Plan 2026-2031



⁴⁶ The titles of Outcomes in the image have been abbreviated due to space constraints. An illustration of the results framework in tabular format with the complete titles of the Outcomes is available in Annex 1a.

96. Although all strategic objectives and outcomes are of equal importance, their presentation aims to follow the logical approach of first promoting health and addressing in Strategic Objective 1 the underlying determinants and risk factors that lead to inequities and ill health. Strategic Objective 2 seeks to strengthen the health systems and services that are required to advance toward universal access to health and universal health coverage to ensure health care can be provided when needed. Strategic Objective 3 seeks to accelerate the disease elimination agenda and better prevent and care for communicable diseases, NCDs and mental health conditions. The Region's preparedness, prevention, detection, and response to health emergencies is addressed in Strategic Objective 4, and Strategic Objective 5 covers the leadership and governance role of PAHO and the performance of PASB in supporting Member States to achieve the Plan's objectives.

An integrated approach to achieving equity in all its dimensions

This section provides a general overview of the approach which will be refined by PASB in collaboration with the Health Equity Expert Working Group. Additional information will be provided in the document presented to Governing Bodies in 2025.

97. Longstanding systemic inequities were highlighted and deepened by the COVID-19 pandemic, demonstrating the urgent need for a comprehensive and sustainable equity approach. To achieve health equity an integrated strategy that addresses the complex interplay of conditions such as socio-economic status, gender, ethnicity and race, employment, and migration, is required, ensuring that everyone can reach their full potential for health and well-being.

98. Understanding the social conditions and mechanisms that generate and perpetuate vulnerability is key to reducing health inequities. The social determinants of health, including the unequal distribution of power and resources due to social class, income, gender, and ethnicity, along with living conditions and behaviors, shape the risk of disease, limit access to health and social services, and reduce the effectiveness of treatments, thus resulting in worse health outcomes. Addressing these systemic barriers is essential for creating equitable opportunities for health and well-being for all populations.

99. A health equity approach requires that the diverse dimensions of equity—such as gender, ethnicity, socio-economic position, education, income, employment conditions, migration status, and disability—be systematically embedded in the Strategic Plan. This approach emphasizes the importance of intersectionality, recognizing the interconnectedness of these dimensions and the compounded disadvantages experienced by populations in situations of vulnerability. By integrating equity into its own policies, plans, strategies, and programs and supporting member states to do the same, PAHO aims to deliver technical cooperation that meaningfully addresses the underlying causes of inequities and improves health outcomes for all.

100. The integration of equity into SP 26-31 will follow a two-pronged approach: as a **standalone outcome** and through **integration across all other outcomes**. To ensure meaningful integration, the organization is explicitly incorporating equity into the scope of strategic objectives, outcomes, and outputs, as well as the corresponding indicators, with a clear focus on identifying and addressing the social determinants and mechanisms that generate inequities. Strategies will be adapted to meet the needs of populations in situations of vulnerability, ensuring that actions are more effective, context-sensitive, gender-responsive, and culturally appropriate.

101. In addition to programmatic integration of equity, achieving these goals will require intersectoral action and collaboration and active social participation to foster inclusive solutions. Furthermore, robust monitoring and evaluation mechanisms will be established, including the monitoring of the social determinants and their impact on health equity, to track progress and ensure accountability in advancing health equity across the Region.

Impact Goal and Indicators

102. The impact goal of SP 26-31 is to **improve health and wellbeing with equity throughout the Region**. Its achievement is proposed to be measured through a suite of 18 **impact indicators**, which will also be used to report on the Organization's contribution to the collective achievement of the SHAA2030 goals and the Region's contribution toward the global GPW 14 and health-related SDG targets. Indicators were defined considering lessons learned from the current PAHO Strategic Plan 2020-2025 and commitments already made by Member States, including in the GPW14, SHAA2030 and Governing Bodies mandates. Technical specifications, including definitions of terms, technical criteria, and sources, as well as baseline and target values, will be developed in early 2025 to ensure clarity and consistency in their application for monitoring and evaluation.

Table 1. List of proposed impact indicators

Impact indicator	SP20-25	SHAA 2030	GPW	SDG
1. Reduction of within-country health inequalities	✓	11.1	N/A	10.2, 10.3
2. Mortality rate attributed to household and ambient air pollution*	✓	11.3	✓	3.9.2
3. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene*	✓	11.3	✓	3.9.2
4. Health-adjusted life expectancy	✓	All	✓	3
5. Neonatal mortality rate	✓	1.3	✓	3.2.2
6. Maternal mortality ratio	✓	1.2	✓	3.1.1
7. Mortality amenable to health care	✓	1.1	N/A	3
8. Unconditional probability of dying between ages 30 and 70 years from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	✓	9.1	✓	3.4.1
9. Mortality rate due to cervical cancer	✓	9.1	N/A	N/A
10. Proportion of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months*	✓	9.4	✓	5.2.1
10. Mortality rate due to suicide	✓	9.6	✓	3.4.2
12. Mortality rate due to road traffic injuries	✓	9.5	✓	3.6.1
13. Incidence rate of HIV infections	✓	10.1	✓	3.3.1
14. Incidence rate of congenital syphilis (including stillbirths)	✓	10.3	N/A	N/A
15. Incidence rate of tuberculosis	✓	10.2	✓	3.3.2
16. Number of endemic countries that achieve elimination of malaria	✓	10.6	N/A	N/A
17. Vaccine-preventable diseases (tbd)	N/A	tbd	tbd	tbd
18. Health emergencies indicator (tbd)	N/A	tbd	tbd	tbd

*Inclusion subject to availability of data to determine baseline and target.

Strategic Objectives and Outcomes

103. The following section provides the detailed strategic objectives and outcomes, including overview and scope statements, which have been refined for the third Member State consultation and information session for stakeholders, considering their feedback during the second round.

1. Health equity, social determinants, risk factors, climate change and health

Strategic Objective 1: Accelerate efforts to address health equity, social and environmental determinants of health, risk factors, and the threats posed by climate change on health.



Overview: Strategic Objective 1 aims to accelerate efforts to address health equity, social determinants of health, risk factors, and the threats posed by climate change and other environmental factors, such as air pollution, to health. It focuses on enhancing country capacities to reduce health inequities and address social and environmental determinants of health, promote health and well-being, and address risk factors. Additionally, it seeks to strengthen country capacities to adapt to and mitigate climate-related health threats, ensuring a comprehensive approach to improving regional health outcomes.

Outcome 1.1: Inequities, social determinants, risk factors, and health promotion

Country capacities enhanced to reduce health inequities, address risk factors and social and environmental determinants of health, and promote health and well-being

Scope: The outcome aims to reduce health inequities, prevent diseases and promote health and well-being by addressing the social determinants of health across structural commercial, political, economic, cultural, and environmental dimensions and risk factors. Achieving this requires intersectoral action, strengthening local governance for health, and fostering social participation and community engagement with special focus on populations in situations of vulnerability. Specifically, the following actions will be implemented:

- Reduce health inequities through **action on social determinants of health** in all its dimensions (structural, commercial, political, economic, etc.) as well as **environmental determinants, including through** enhancing the health sector capacity to **monitor social determinants of health and health inequalities**, and assess the health equity impact of policies within and outside the health sector, as well as by advancing multisectoral coordination to address the determinants.
- Better respond to the health needs of **populations in situations of vulnerability**, including populations living in poverty, those with pre-existing health conditions, migrant populations, informal workers, indigenous communities, among others, recognizing cultural and gender diversity, and protecting human rights.
- **Overcome demand side barriers to access to health and health care**, with a focus on Primary Health Care, considering special needs related to gender, ethnicity, social class, migrant status and informal workers, among others.
- Strengthen **intersectoral action and Health in All Policies** including collaboration with social protection, labor, environment, education and other sectors.
- Strengthen **legal frameworks** to promote health and to prevent diseases and injuries.

- Strengthen **social participation and community engagement** to improve health, health equity and well-being and to enhance effectiveness and sustainability of policies and programs and strengthen **local governance for health** and well-being and tackle urban health challenges.
- Promote health and well-being by implementing effective population-based **health promotion strategies** including healthy settings (schools, workplaces, universities, markets, and housing) and a Health in All Policies approach.
- Take decisive action to achieve the SDGs related to the environmental determinants of health such as by improving air quality and reducing exposure to air pollution, providing clean household energy, enhancing waste management, including healthcare waste, and ensuring safely managed water and sanitation services.
- Intensify efforts to prevent diseases and premature death by taking action on risk factors and by promoting healthy environments. This includes:
 - a. Reduce modifiable risk factors for **noncommunicable diseases** including all forms of malnutrition, through action on their determinants (with special emphasis on the commercial and economic dimensions of the social determinants of health), intersectoral action, and community participation.
 - b. Intensify efforts to prevent **communicable diseases** and related conditions through action on risk factors and their underlying causes such as environmental determinants, and through strengthened community engagement and intersectoral coordination, and the One Health approach, where applicable.
 - c. Address **occupational and environmental risk factors** to health by improving working and environmental conditions.

Outcome 1.2: Adapt to and mitigate climate change risks to health with equity

Country capacities strengthened to adapt to and mitigate risks posed by climate change on health, using an equity-oriented approach.

Scope: Achieving this outcome will require close intersectoral coordination to design health and other sector's policies that reduce carbon emissions and maximize health benefits and reduce health inequities. It is essential that the health sector has the human, technological and financial capacity to fully understand the current and future impacts of climate change on health and to implement adaptation and mitigation actions for low-carbon and climate-resilient health systems, developed with social participation and tailored to the needs of populations in situations of vulnerability. Specifically, the following actions will be implemented:

- Position climate change and health centrally in the health sector and other sector's agendas and ensure investment for climate change and health by strengthening intra and intersectoral governance mechanisms and galvanizing political and social support including through community and civil society participation particularly civil society groups representing groups in situations of vulnerability and populations highly affected by climate change.
- Strengthen the health sector's capacity for adaptation and its climate resilience by strengthening capacities, improving programs and coordinating with other sectors to anticipate, prevent, prepare for, respond to, and recover from the health impacts of climate change, while protecting populations in situations of vulnerability and small island states.
- Improve actions to develop low-carbon and climate-resilient health systems.
- Foster sustainable and climate-friendly societies to achieve health co-benefits and reduce health inequities by strengthening the health sector's capacity for mitigation.

- Improve the development and implementation of adaptation and mitigation strategies that protect health and reduce health inequities by strengthening surveillance on climate change and health, and the generation, communication and use of evidence that considers the differential risks by different population groups.

2. Resilient health systems and services based on PHC

Strategic Objective 2: Build resilient health systems for universal access to health and universal health coverage based on primary health care.



Overview: This Strategic Objective (SO) aims to support the transformation of health systems and services based on primary health care (PHC), to ensure resilience, equity, and universal access to health and universal health coverage in the Americas. Leveraging lessons learned during the COVID-19 pandemic and innovations in digital transformation and health technologies, the SO emphasizes the need to strengthen leadership, governance, and stewardship in health, incorporating science and evidence in the development and implementation of policies, plans, and strategies to expand health systems and integrated care and services based on PHC, throughout the life course. The SO requires the provision of critical resources: health financing, health information and the availability of quality data, infrastructure and health workforce; and requires comprehensive interventions to increase access to health technologies including the promotion of regional innovation and production.

Outcome 2.1: Stewardship and governance for health systems based on primary health care

Stewardship and governance strengthened for resilient health systems based on primary health care and equity.

Scope: Achievement of this outcome requires improved national and subnational health policies and planning, strengthening of the essential public health functions, sustained and improved public financing for health, addressing financial and non-financial barriers to access to health, and a fit for purpose health workforce. Specifically, the following actions will be implemented:

- Strengthen the capacities of health authorities to lead **inclusive national and subnational processes**, and formulate, monitor, and evaluate policies, plans, and programs to improve health throughout the life course, based on evidence and quality data, **reorienting health systems towards primary health care**, including the **regulation** of resources (financial, technological, health workforce) impacting the achievement of universal health, equity, and resilience of health systems.
- Improve and prioritize the evaluation and implementation of **essential public health functions** at all institutional levels, in collaboration with civil society, to strengthen the development of health systems based on primary health care.
- Generate evidence and information in **health financing** and the economy, increase and improve public expenditure in health, prioritizing investments in health development and promotion, disease prevention, and the expansion of health systems based on primary health care. Protect against financial risks that cause impoverishing or catastrophic expenditure.

- Promote and undertake continued analysis of the **health workforce and labor market**, and lead intersectoral planning processes to attract, recruit and retain health workers, and address substantive workforce gaps, accelerating the availability of a well-qualified and well distributed workforce, particularly for remote and underserved areas and populations.
- Promote the transformation of **health professional education** based on primary health care, supporting interprofessional capacity development and the organization of interprofessional teams within health services, and the development of public health capacities.

Outcome 2.2: Person-centered care, services, and information throughout the life course

Person-centered healthcare, services, and information strengthened for communities and people throughout the life course.

Scope: Achievement of this outcome requires the expansion of integrated, quality, and highly resolute health care and services to be delivered throughout the life course, including sexual and reproductive health services for women, as well as health services for mothers and newborns, responding to the diverse needs of populations where they live, and based on the primary health care approach. Specifically, the following actions will be implemented:

- Strengthen the capacity of health systems and services to increase resilience and deliver **integrated people-centered care throughout the life course**, and ensure access to and coverage of high-quality, equitable, and people-centered health services, addressing the differentiated needs of people where they live, in the context of a rapid demographic and epidemiological transition.
- Strengthen **integrated and person-centered care through the primary health care approach** to boost and maintain health capacities and to address communicable and noncommunicable diseases; vaccine preventable diseases; risk factors across the life course; sexual, reproductive, maternal, newborn, child, adolescent, and older persons' health; and the social determinants of health.
- Strengthen **integrated health service delivery networks** and enhance the organization, management, and governance of health services at both individual and population-based levels, increasing the resolute capacity of the first level of care. This involves developing **innovative models of care** that are intersectoral, people-, family-, and community-centered; that promote coordination, communication and information, and continuity of care; and the integration of priority health programs, health technology and telemedicine services within health services networks.
- Promote, strengthen, and improve **health care for women and adolescents, mothers, and newborns**, accelerating the reduction of maternal, neonatal, and child mortality, and strengthening capacities in reproductive health policies, care, and services.
- Improve the capacity to respond to the diverse needs of all populations, through the **reduction of availability, geographic, organizational, acceptability, and financial barriers to access healthcare and services**, particularly for **older persons** and other people in conditions of vulnerability.

Outcome 2.3: Access to health technologies, innovation, and production

Increased equitable access to and rational use of quality, affordable and effective medicines, vaccines, diagnostics and other health technologies and services, strengthening innovation and production, generating ecosystems, and addressing barriers to access across the full life cycle of health technologies.

Scope: Achievement of this outcome requires supporting and promoting cooperation with Member States and relevant stakeholders in efforts to generate enabling policies, strategies and ecosystems in addressing barriers to access across the full life cycle of health technologies, in an integrated and coherent manner, including increasing regional innovation and production capacities, strengthening regulatory systems, supporting evidence-based decision making, competition, transparency, and rational use. This will require, as well, the definition of strategies across all categories of relevant health technologies, including medicines, vaccines, diagnostics, medical equipment, and other pharmaceutical and health services, such as radiological, blood, and organs for transplantation. Specifically, the following actions will be implemented:

- Update and support implementation of **policies and strategies** that improve timely and equitable **access** to quality, affordable and effective health technologies, including medicines, vaccines and diagnostics and radiological, pharmaceutical, transplant, and blood services to prevent, diagnose, treat, eliminate, and palliate diseases and other medical conditions with a comprehensive, coherent and integrated approach.
- Foster **regional innovation, research and development, and production** of health technologies, supporting enabling environments and ecosystems for sustainable and public health driven impact.
- Promote adequate **financing and financial protection** mechanisms to foster innovation and access of health technologies and services, including the progressive elimination of out-of-pocket expenditures, according to national public health priorities and the context of each health system. Support comprehensive strategies to address the high prices and costs of some health technologies including promotion of competition and evidence-based decision making.
- Promote the development and strengthening of **national, regional and subregional regulatory systems** and harmonization processes that can ensure access, regional production and the quality, safety, and effectiveness of health technologies and services, including medicines, vaccines and medical devices.
- Promote sustainable, efficient, and transparent public **procurement mechanisms**, including **PAHO's Regional Revolving Funds**, which limit fragmentation, improve availability, and take advantage of economies of scale to improve equitable access to essential and strategic health technologies.

Outcome 2.4: Digital transformation, science and health intelligence

Digital transformation of the health sector and the institutionalization of science accelerated by advancing the development and integration of information systems for health, fostering robust regional health intelligence and evidence-informed decision-making, and strengthening the scientific ecosystem.

Scope: This digital and scientific transformation will enhance health outcomes by supporting equitable access to quality health services, strengthening information systems and integration across existing surveillance systems, and addressing public health priorities. It envisions a robust global evidence ecosystem that empowers governments, professionals, and civil society members to make well-informed decisions for a better future. PAHO will work to improve capacities of the scientific ecosystem by enabling greater integration of the research, ethics, evidence and knowledge systems, fostering quality, translation and impact, safeguarding integrity, and building trust in science. Specifically, the following actions will be implemented:

- **Promote digital transformation** to improve the efficiency, accessibility, and quality of health services and public health initiatives. Ensure systems are resilient to health emergencies by fostering digital literacy, innovation, and strong governance. Support the appropriate and responsible use of AI, big data, and digital public goods through partnerships that ensure equitable access and better public health outcomes.
- **Strengthen information systems for health** to support data-driven decisions, enhance surveillance, and monitor health goals. Focus on interoperable, secure systems like electronic health records and related platforms to improve care coordination, safety, and patient outcomes, adhering to regional and global privacy and cybersecurity standards.
- **Strengthen health analysis** by leveraging real-time data, predictive modeling, and geospatial information systems to inform decision-making and optimize public health interventions. Enhance the production and use of quality disaggregated data to generate health intelligence and monitoring of health inequalities. Build capacity to utilize health intelligence for impactful communication and policy action.
- Harness the power of **science to advance health** by strengthening research and knowledge systems, fostering trust in science, and leveraging innovation and emerging technologies to produce and share knowledge and promote equitable access to scientific information.

- Ensure **health action is grounded on evidence** through institutionalizing evidence and ethics in health decision-making for policy and practice and establishing mechanisms to assess evidence rigorously and engage with values transparently.

3. Accelerate disease prevention, control, and elimination

Strategic Objective 3: Accelerate the disease elimination agenda and better prevent and care for communicable diseases, noncommunicable diseases, and mental health conditions.



Overview: SO3 seeks to intensify efforts leading to disease elimination while strengthening surveillance, prevention, early diagnosis, and management of communicable diseases, NCDs, and mental health conditions, reducing their disease burden, premature mortality, and resulting disability across the life course. SO3 also aims to enhance a comprehensive health system’s response to disabilities, violence, road safety and unintentional injuries. Additionally, SO3 addresses antimicrobial resistance and promotes the One Health approach.

Outcome 3.1: NCDs, mental health conditions, violence and injuries

Prevention and optimal management of NCDs, mental health conditions, violence and unintentional injuries accelerated and sustained.

Scope: Achievement of this outcome requires strengthening the capacity of the health system to prevent and better manage NCDs, mental health conditions, disabilities, survivors of violence and unintentional injuries based on the primary care approach. This involves capacity building, scaled up quality services, and multisectoral policies that improve health outcomes throughout the life course with equity. Specifically, the following will be implemented:

- Strengthen **national capacity, leadership, governance, and partnerships to accelerate the response** for screening, early detection, management, rehabilitation and palliative care for the main NCDs, and mental and neurological health conditions.
- Strengthen the health system response for **disabilities, violence in all its forms, including gender-based violence, and unintentional injuries.**
- Strengthen **information and surveillance system capacity** to monitor progress on the early detection, management and control of NCDs, mental health, substance use and neurological conditions, disabilities and rehabilitation, all forms of violence, road safety, self-harm and suicide, and unintentional injuries to allow the prioritization of resources and ensure an effective response.
- Incorporate the One Health approach, where applicable, to intensify efforts to prevent, manage, and control NCDs, mental health conditions, violence, and unintentional injuries.
- Facilitate and promote public awareness, **community engagement and multisectoral partnerships** to promote supportive environments that lead to increased access to services and improved care for people with NCDs and mental health conditions, and survivors of violence, and unintentional injuries.

Outcome 3.2: Communicable diseases, antimicrobial resistance, and immunization

Prevention, control, and elimination of communicable diseases and related conditions accelerated and sustained.

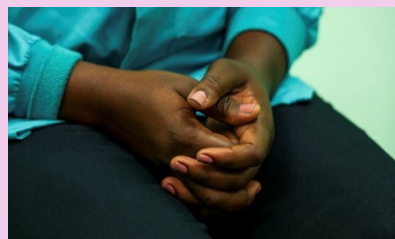
Scope: This outcome aims to increase the health system’s response capacity to prevent, control and eliminate communicable diseases, including vaccine-preventable diseases, by ensuring access to

interventions throughout the life course and addressing the needs of vulnerable populations. Achievement of this outcome will require strengthening the response capacity of the first level of care as well as close intersectoral coordination to address the social and environmental determinants of health and reduce health inequities, in collaboration with civil society. Specifically, the following actions will be implemented:

- Strengthen country capacities to ensure **equitable access to comprehensive, people-centered health services** by leveraging evidence-based strategies, primary health care, life-course approaches, and robust governance and financing to effectively prevent, control, and eliminate communicable diseases and sustain elimination gains.
- Advance coordinated efforts to ensure **equitable access to essential health technologies**— such as diagnostics, vaccines, vector control measures, and treatments— and accelerate the adoption and use of innovative solutions to effectively and sustainably prevent, control, and eliminate communicable diseases and related conditions, and protect elimination achievements.
- Enhance **information, surveillance, and laboratory systems and capacities** to integrate human, animal, and environmental efforts to anticipate risks, prioritize resources, and ensure effective responses for preventing, controlling, and eliminating diseases, outbreaks, and antimicrobial resistance.
- Advance **multisectoral coordination to address social and environmental determinants, climate change, and pollution, and incorporate the One Health approach**, where applicable, to intensify efforts to control, and eliminate communicable diseases and related conditions, and safeguard elimination achievements.
- Facilitate **inclusive participation processes that empower civil society and communities** to actively and meaningfully engage in planning, implementing, monitoring, and evaluating integrated strategies and health services to prevent, control, and eliminate communicable diseases and related conditions, while protecting the gains of elimination.

4. Health emergencies

Strategic Objective 4: Prevent, prepare, detect, and respond better to health emergencies.



Overview: This strategic objective aims to build and reinforce capacities at all levels, with a focus on addressing gaps where they exist, to ensure that this Region is better prepared to prevent, mitigate, prepare for, and be ready to respond to health emergencies and disasters caused by any hazard. Through joint efforts of both PASB, Member States, and stakeholders, this strategic objective seeks to ensure that threats are rapidly detected, verified, and assessed, and that the Region mounts an effective, timely, and lifesaving response to health emergencies and disasters caused by any hazard.

Outcome 4.1: Prevent, mitigate, prepare, be ready to respond

Country capacities strengthened to prevent, mitigate, prepare for, and be ready to respond to health emergencies and disasters caused by any hazard.

Scope: With a focus on addressing gaps where they exist, this outcome seeks to ensure Member States have systems, capacities, plans, and mechanisms in place so that the Americas can be better prepared to mount a multisectoral response to existing and emerging threats and shocks. This approach aims to build up and

reinforce the systems needed to prevent and mitigate the impact of adverse events of public health consequences of any origin, including high-infectious hazards of epidemic and pandemic potential. This requires the leveraging of stakeholders from within the health sector and beyond through a One Health lens as applicable, complemented with investments bearing in mind the impact of the COVID-19 pandemic. Specifically, the following actions will be implemented:

- Increase national capacities in **emergency planning including risk assessment and management, and testing** at all levels and across all health emergency phases through the **full implementation** of the International Health Regulations (IHR), **pandemic agreement**, and the **Sendai Framework for Disaster Risk Reduction**, using a One Health lens as applicable, while building upon lessons from the COVID-19 pandemic. PAHO will reinforce country capacities under the IHR monitoring and evaluation framework to identify and address gaps in governance, preparedness, and readiness capacities.
- **Incorporate comprehensive risk reduction actions** using sound risk assessment practices incorporating the One Health approach as applicable into national and territorial policies and strategies to reduce disaster risks (such as those linked to climate change, among others) and prevent epidemics/pandemics. Risk reduction measures will include strengthening the resiliency of health facilities to health emergencies and disasters (while incorporating steps to safeguard equitable access for persons in situations of vulnerability during emergencies), clinical management, infection control and prevention, whole-of-society resilience, and reduction of emergency impacts, while ensuring the continuity of essential health services across all levels.
- Strengthen **disease and event surveillance** with a One Health approach by strengthening epidemiological and virological systems, enhancing diagnostic **laboratory networks** for epidemic-prone and emerging pathogens (including those zoonotic) under biosafety and quality assurance policies, expanding **genomic surveillance**, leveraging **technological innovation**, and ensuring **early warning and detection** through interconnected information and analyses.
- **Engage and empower communities** in evidence-based risk reduction, preparedness, readiness, and response to health emergencies and disasters, through differentiated and efficient risk communication and community engagement strategies that strengthen feedback loops. Special attention will be paid to people and populations in situations of vulnerability that are often disproportionately affected by adverse events (such as women, children, Indigenous people, persons with disabilities, people living with non-communicable diseases, elderly, people on the move, and marginalized groups).
- Coordinate across sectors and stakeholders to enhance subregional, regional, and global health security and equitable **access to countermeasures and supplies during epidemics, pandemics, and other health emergencies**.

Outcome 4.2: Rapid detection and response

Regional and national capacities enhanced to rapidly detect, verify, and respond to health emergencies and disasters caused by any hazard.

Scope: Through the joint efforts of Member States and PASB, this outcome aims to ensure that systems are in place for the rapid detection, verification, assessment, and alert of acute public health events and health emergencies of any origin. Efforts will be geared toward ensuring a timely, effective, and lifesaving response to health emergencies and disasters from hazards of any origin through the forging and deepening of response coordination mechanisms and constant building and strengthening of readiness capacities. Specifically, the following actions will be implemented:

- Strengthen **integrated surveillance for early warning** as well as approaches for **rapid risk assessment** to detect, verify, and assess the risk, in order to report and alert on acute public health events and health emergencies with a One Health approach.
- Enhance the use of **Artificial intelligence-driven systems and scaling up the non-traditional surveillance approach** to enable earlier detection, rapid investigation, efficient risk assessment and timely early

warning on health emergencies and disasters, while leveraging effective risk communication and infodemic management.

- Strengthen national and subnational capacities in **data collection, management, and analysis for health emergencies**, including the use of Geographic Information Systems (GIS) for spatial analysis, and advanced analytics for forecasting, nowcasting, and scenario modeling. Public health decision making during response activities will be guided by improved data, enhanced analysis, and actionable insights. PAHO will support countries by expanding existing capacity-building activities and developing a network of modelers and other risk assessment professionals and relevant subject matter experts who can act as surge capacity for health emergencies in the Region to promote international, multi-disciplinary, and multi-sectoral collaboration.
- Enhance **countries'** response capacity by strengthening and leveraging global, regional, and subregional **coordination mechanisms** and improving **information management** during emergencies and disasters.
- **Coordinate, and when needed, lead the international response to large epidemics and health humanitarian assistance in the Americas, and expand and deploy multisectoral rapid-response teams** with diverse expertise in technical areas to effectively contain health threats and mitigate the impact of outbreaks and emergencies.
- Strengthen **PAHO's institutional capacity for emergency response** through the implementation of improved policies and procedures.

5. Bolster PAHO's leadership, governance and performance

Strategic Objective 5: Bolster leadership, governance, and performance of PAHO to advance the regional health agenda and deliver technical cooperation that drives public health impact in countries.



Overview: This strategic objective includes the strategic and enabling functions and services that contribute to bolstering PAHO's leadership, governance, and performance to effectively deliver on its mandate. Building upon previous successes and lessons learned, PAHO aims to continue strengthening its relevance in the Region and globally to optimize its impact at country level. This strategic objective encompasses those efforts to systematically innovate and modernize management practices, including risk management, oversight, and fostering a culture of efficiency, transparency, accountability and enhanced internal and external cooperation in the delivery of technical cooperation. These functions contribute directly to all the Strategic Plan's strategic objectives and outcomes, and are delivered at the country, subregional, and regional levels.

Outcome 5.1: PAHO's leadership and governance

PAHO's leadership capacity and governance mechanisms strengthened, bolstering its resilience and strategic collaboration to drive results and impact for advancing health development with equity.

Scope: This outcome incorporates strategic leadership, governance, and advocacy functions to reinforce PAHO's leading role in health development in the Region. It includes effective **health leadership** through convening, agenda-setting, and fostering partnerships. Work toward this outcome includes championing health and health equity in support of Member States through the effective development and implementation

of technical cooperation agendas and collaboration with key partners. Specifically, the following actions will be implemented under this outcome:

- Foster collaboration, cohesion and engagement as an honest broker to catalyze and drive collective action among Member States and partners, in health and non-health sectors, providing evidence and proposing solutions to address current and emerging public health challenges and improve health, well-being and equity in health.
- Champion and advocate for the health, health equity, and well-being agenda in key policy and multilateral political and technical forums in support of Member States through the effective development and implementation of technical cooperation agendas.
- Promote and coordinate partnerships among countries, international organizations, including other UN agencies and programs, and other health-related actors to tackle health challenges in the Region more effectively, including by prioritizing health and well-being outcomes in policy agendas.
- Promote cooperation among countries through south-south and triangular cooperation, fostering subregional and interregional exchanges to enhance knowledge sharing, capacity building, and collective action in addressing shared challenges and advancing the Sustainable Development Goals.
- Enhance effectiveness of PAHO's governance mechanisms, facilitating strategic engagement of Member States in regional and global governing bodies.
- Ensure that the PAHO funding model promotes a more sustainable and resilient financing approach with improved predictability, sustainability and flexibility of funds to respond to priorities and needs defined with Member States.
- Enhance mutual collaboration and coordination with WHO across all levels.
- Strengthen country focus presence to effectively address national priorities, including strengthening and streamlining the Country Cooperation Strategies.
- Enhance the results-based management (RBM) approach, covering all components of the RBM cycle, with clearer PASB contribution to health outcomes and accountability for results and resources.
- Improve external and internal communications.

Outcome 5.2: PASB's institutional capacity

PASB's institutional capacity enhanced to deliver PAHO's mission in an efficient, transparent, and accountable manner through modern and innovative management practices that foster an engaging, inclusive, and respectful culture.

Scope: This outcome covers the infrastructure and resources that ensure that the Organization can perform its corporate functions to effectively achieve its mission and goals. Achievement of this outcome requires updating, streamlining, and strengthening management and administrative policies, processes, and systems to promote innovative, inclusive, and relevant practices for advancing PAHO's efficiency, transparency and accountability. Specifically, the following actions will be implemented under this outcome:

- Modernize, innovate, and streamline policies, processes, and systems to strengthen internal management, controls, and decision-making at all levels of the Organization.
- Continue to improve budget and management of resources with increased efficiency and accountability.
- Implement the People Strategy 2025-2030 to attract and retain top talent, fostering an inclusive and diverse work environment with enhanced individual accountability.
- Strengthen the internal justice system to ensure an effective and agile response to misconduct, including intensified efforts to prevent and address sexual exploitation, sexual abuse, harassment, and fraud. To promote a respectful culture, the Organization will educate and sensitize personnel on preventing and responding to wrongdoing.
- Strengthen procurement through market intelligence, strategic negotiation tactics, innovative contracting, and partner/supplier relationship management while upholding strict ethical standards.

- Implement sustainable environmental practices and policies aimed at reducing the carbon footprint of the Organizations operations.
- Ensure an efficient investment in modernization and maintenance of all PAHO premises.
- Implement the IT strategy to work smarter using new tools and with governance mechanisms in place, as well as the use of artificial intelligence in PAHO processes by defining protocols, directives and systems, including safety, ethical and data protection considerations.
- Strengthen enterprise risk management, compliance and accountability to better support strategic decision-making and protect PAHO from financial and reputational harm.

4. Approaches for effective implementation, risk management, and monitoring and reporting

104. This section describes the approaches or mechanisms that are required for the successful achievement of SP26-31 results.

Implementation

105. This sub-section outlines the approach for a) providing country-focused technical cooperation, b) embracing innovative modalities needed to scale PASB's impact (*under development*), c) leveraging partnerships to achieve better results, and d) ensuring that the Secretariat is fit for purpose to accelerate progress (*under development*).

Providing country-focused technical cooperation.

106. Country-focused technical cooperation, tailored to each country's unique needs, capacities, and priorities, is the key to accelerating progress toward the SDGs. Details on technical cooperation modalities are under development.

107. PAHO works with all countries and territories of the Americas to improve and protect their people's health in line with the joint priorities defined in its Strategic Plan and country cooperation strategies and in alignment with regional and global mandates. At the same time, there are some countries that require a differential level of support from the Organization given their specific context, health situation, and needs. The Sustainable Development Health Index expanded plus (SHIe+) has been used by PASB to capture this specific context, health situation, and needs. For the new PAHO Budget Policy (*under development*), the SHIe+ Sustainable Health Index Expanded Plus has been updated considering the latest available data (*publication reference forthcoming*). The Index provides a comprehensive and comparable measure of countries' situation regarding the three dimensions of sustainable development (i.e., economic, social, and environmental) along with other three core dimensions: health outcomes, and health access, and within-country inequality, and economic, social, and environmental development.

108. The results of the index serve to establish the needs-based component of the budget policy and designate key countries that receive priority attention in terms of the provision of technical cooperation, allocation of resources, and overall support from the three levels of PASB. Seven countries are proposed as key countries for the 2026-2031 period: Belize, Bolivia, Guatemala, Haiti, Honduras, Nicaragua, and Venezuela. This list differs from

that of 2020-2025 with the removal of Paraguay and Suriname given their stronger position in the index and the addition of the Bolivarian Republic of Venezuela due to the relative decline in its position in the index.

109. Providing more country-focused technical cooperation also entails close collaboration with the subregional integration mechanisms. PAHO's subregional work complements country and regional technical cooperation, focusing on coordination, cooperation, and strategic and political dialogue in health to the subregional integration mechanisms in the Caribbean, Central America, and South America. These mechanisms are essential partners in delivering on the shared agenda for health. They play an important role in ensuring health policy convergence among and within subregional geographic areas. PAHO facilitates discussions among and within subregional integration mechanisms on relevant health issues that are amenable to subregional action, facilitates cooperation between countries and integration mechanisms, and promotes South-South technical cooperation among subregions. PAHO has formal relationships with a number of major subregional integration mechanisms, including Caribbean Community (CARICOM), Central American Integration System (SICA), Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), Mesoamerican Integration and Development Project, ORAS-CONHU (Andean Health Agency-Hipólito Unanue Agreement), Amazon Cooperation Treaty Organization (ACTO), Common Market of the South (MERCOSUR), and Union of South American Nations (UNASUR).

Embracing innovative modalities needed to scale PAHO's impact.

110. This section is under development.

Leveraging collaboration and partnerships to achieve better results.

111. PAHO's success in implementing the Strategic Plan hinges on its ability to build strong, trusted, and long-term partnerships. Leveraging the broad and participatory approach used in the SP26-31 development process, PAHO will strengthen partnerships with academic and research institutions, PAHO/WHO Collaborating Centers, government organizations, nongovernmental organizations, civil society (including youth groups), philanthropic foundations, private sector, subregional integration mechanisms, and other United Nations agencies and inter-governmental organizations. These partnerships will complement the efforts of PASB and Member States by helping to mobilize resources, fostering innovation and creativity, and addressing complex health issues, particularly in countries facing complex health and development challenges.

112. Increasing stakeholder engagement is both a *goal* in the Strategic Plan (covered under outcome 1.1 related to intersectoral action and community participation and under outcome 5.1 for strengthening partnerships with PAHO) and a crucial *overarching strategy* for achieving the Plan's results more effectively. Moving forward, there is an opportunity to sustain momentum for continued health sector leadership on intersectoral action and community participation to address the social determinants of health including the creation of social and physical environments that promote health.

113. For example, recent years have seen an increase in coordination at the inter-governmental level to advance a One Health approach through the quadripartite cooperation between the Food and Agriculture Organization, World Organization for Animal Health, UN Environment Programme, and WHO. This is essential for tackling emerging threats such as antimicrobial resistance, climate change, and zoonotic diseases by engaging the health, animal, agriculture, and environmental sectors to promote multisectoral collaboration and help align technical cooperation agendas to avoid duplication of efforts in addressing challenges at the human-animal-environment interface. Coordinated efforts can also strengthen disaster preparedness, ensure equitable access to essential services, and mitigate the disproportionate effects on populations in conditions of vulnerability. Empowering

communities and strengthening civil society partnerships are vital for reaching marginalized populations. Collaboration with youth organizations is especially critical to ensure the involvement of future leaders in decision-making processes.

114. By fostering partnerships and aligning strategies, PAHO can maximize the impact of interventions and drive progress toward achieving universal health and equity. Continuously strengthening PASB's ability to engage with relevant stakeholders and facilitating engagement in alignment with the Framework of Engagement with Non-State Actors will provide a solid foundation for harmonizing and pooling efforts. This will extend the reach of the Organization, enhance the public health impact of non-State actors, influence them to address the determinants of health, and strengthen adoption of regional and global policies, norms, and standards.⁴⁷

Demonstrating the unique contribution of PASB toward the results in the Strategic Plan.

115. As defined in the updated RBM framework (*under development*), PASB contributes toward the impact and outcome results in the Strategic Plan as part of a collaborative effort with Member States, who are primarily responsible for these results. *Additional information will be provided as the document is updated for presentation to PAHO Governing Bodies.*

Risk management (*under development*)

116. Achieving the results defined in the PAHO Strategic Plan requires proactive identification, monitoring, and mitigation of risks which may negatively affect their delivery, as well as capitalizing on emerging opportunities. Risk management is an integral component of PAHO's RBM approach. PASB is currently undertaking identification of high-level risks, their occurrence, probability, impact and mitigation actions.

117. Building on lessons from previous planning cycles, the new Enterprise Risk Management (ERM) strategy introduces significant enhancements for monitoring and addressing risks, including the establishment of defined levels of acceptable risk appetite. These enhancements aim to further empower PAHO to navigate complex and rapidly evolving environments, transforming challenges into opportunities for impactful technical cooperation. By embedding these practices into the SP26-31, the ERM strategy provides a structured framework for identifying, monitoring, and mitigating risks while leveraging emerging opportunities. This proactive approach strengthens organizational resilience and fosters innovation, enabling PAHO to adapt to diverse contexts and sustain progress toward its strategic objectives. Furthermore, the ERM strategy enhances accountability and agility within the Organization, ensuring that risks are systematically addressed and that opportunities are strategically capitalized upon to maximize the impact of technical cooperation across the Americas.

Monitoring, assessment, and reporting (*under development*)

118. Monitoring, assessment, and reporting on the implementation of the PAHO Strategic Plan and Program Budget is an integral part of PAHO's Results-based Management framework. It is also a key strategy for better targeting interventions and demonstrating and communicating to stakeholders how the Organization and the Region are advancing toward expected results. The Plan will be monitored and assessed internally by PASB on a continual basis through the **performance monitoring and assessment** process. The **end-of-biennium assessment** will be presented to the Governing Bodies during the cycle after the end of each biennium. It will provide a

⁴⁷ WHO, 2016. Framework of engagement with non-State actors[Resolution WHA69.10]. Available at: https://apps.who.int/gb/ebwha/pdf_files/wha69/a69_r10-en.pdf.

comprehensive appraisal of PAHO's performance, including an assessment of progress made toward achieving output, outcome, and impact targets. A final assessment will be conducted at the end of the Strategic Plan period.

119. **Reporting on the SP26-31 impact indicators** through the end-of-biennium reports will be carried out primarily using information from regional and global reference databases that draw from data reported by Member States. In addition to analyzing the overall trends in indicator performance, pursuant to the integrated approach for equity in this Plan, monitoring will also draw upon the use of disaggregated data to identify gaps and target interventions, as well as to generate increased political commitment through the evidence-informed advocacy by PASB.

120. The Organization's commitment to continuously improving accountability and transparency is exemplified by the longstanding practice of the **joint assessment of outcome and output indicators** with Member States as the primary basis for reporting on the achievement of results, first established in Resolution CD52.R8 (2013). The joint assessment has undergone improvements over the years since, benefiting from experience engaging with countries and improved technology that underpins the PAHO Strategic Plan Monitoring System. It constitutes a good practice from the Region that is now serving to inform the piloting of the process at the global level. The commitment of all countries and territories to report on the indicators will be required to effectively monitor the implementation of the Strategic Plan.

121. Progress toward results will be monitored and assessed by measuring progress toward the attainment of indicator targets. To standardize monitoring, assessment, and reporting, an **enhanced and digitized compendium of indicators** will be developed and made available to Member States. In addition to providing standard definitions, measurement criteria, and data sources, the aim moving forward is to expand the compendium to encompass the theory of change for each outcome and the suite of interventions and technical packages provided by the Organization, so that the compendium can become a more comprehensive guide for planning and monitoring.

122. Importantly, the results from monitoring and assessing PAHO SP26-31 results will also serve to inform reports on progress toward the commitments in **PAHO/WHO Country Cooperation Strategies, SHAA2030**, and the midterm and end-of-biennium assessments for the **WHO Programme Budget** and **General Programme of Work**, among other mandates.

123. Building on past experiences and in response to recommendations from the external evaluations on PAHO's implementation of RBM and on PAHO's response to COVID-19, the Strategic Plan needs to be **flexible** enough to adapt to changing realities, such as during the pandemic. In that regard, **adaptive planning** is one of the key new aspects of this Strategic Plan. Additional information will be provided in the next version of the document.

Annexes

Annex 1.a: Proposed Results Framework

Impact Goal: Improved Health Well-Being with Equity throughout the Region			
<p>Strategic Objective 1: Accelerate efforts to address health equity, social and environmental determinants of health, risk factors, and the threats posed by climate change on health.</p>	<p>Strategic Objective 2: Build resilient health systems for universal access to health and universal health coverage based on primary health care.</p>	<p>Strategic Objective 3: Accelerate the elimination agenda and better prevent and care for communicable diseases, noncommunicable diseases, and mental health conditions.</p>	<p>Strategic Objective 4: Prevent, prepare, detect, and respond better to health emergencies.</p>
<p>Outcome 1.1: Country capacities enhanced to reduce health inequities, address risk factors and social and environmental determinants of health, and promote health and well-being.</p> <p>Outcome 1.2: Country capacities strengthened to adapt to and mitigate risks posed by climate change on health, using an equity-oriented approach.</p>	<p>Outcome 2.1: Stewardship and governance strengthened for resilient health systems based on primary health care and equity</p> <p>Outcome 2.2: Person-centered healthcare, services, and information strengthened for communities and people throughout the life course.</p> <p>Outcome 2.3: Increased equitable access to and rational use of quality, affordable and effective medicines, vaccines, diagnostics and other health technologies and services, strengthening innovation and production, generating ecosystems, and addressing barriers to access across the full life cycle of health technologies.</p> <p>Outcome 2.4: Digital transformation of the health sector and the institutionalization of science accelerated by advancing the development and integration of information systems for health, fostering robust regional health intelligence and evidence-informed decision-making, and strengthening the scientific ecosystem.</p>	<p>Outcome 3.1: Prevention and optimal management of NCDs, mental health conditions, violence and unintentional injuries accelerated and sustained.</p> <p>Outcome 3.2: Prevention, control, and elimination of communicable diseases and related conditions are accelerated and sustained.</p>	<p>Outcome 4.1: Country capacities strengthened to prevent, mitigate, prepare for, and be ready to respond to health emergencies and disasters caused by any hazard.</p> <p>Outcome 4.2: Regional and national capacities enhanced to rapidly detect, verify, and respond to health emergencies and disasters caused by any hazard.</p>
<p>Strategic Objective 5: Bolster leadership, governance, and performance of PAHO to advance the regional health agenda and deliver technical cooperation that drives public health impact in countries.</p>		<p>Outcome 5.1: PAHO’s leadership capacity and governance mechanisms strengthened, bolstering its resilience and strategic collaboration to drive results and impact for advancing health development with equity.</p> <p>Outcome 5.2: PASB’s institutional capacity enhanced to deliver PAHO’s mission in an efficient, transparent, and accountable manner through modern and innovative management practices that foster an engaging, inclusive, and respectful culture.</p>	

Annex 1.b: Proposed Outcome Indicators

The following outcome indicators for the PAHO Strategic Plan 2026-2031 represent the initial proposal for how progress will be measured toward the proposed outcomes. These indicators aim to capture meaningful changes across the different components within the scope of each outcome. They are subject to refinement. Technical specifications, including definitions of terms, technical criteria, and sources, as well as baseline and target values, will be developed in 2025 to ensure clarity and consistency in their application for monitoring and evaluation.

The overall number of proposed outcome indicators is **87**, a **reduction of 12 indicators** from the **99** indicators in the SP20-25. Of the 87 indicators:

- 65 (76%) are existing indicators in the SP20-25 (33 adopted as is and 32 modified to improve measurability following CREAM criteria). Of the 99 outcome indicators in the SP20-25, 34 are proposed to be abolished or merged.
- 59 will measure targets in the SHAA2030; 18 for the GPW 14 impact measurement framework, and 23 for the SDGs.
- 22 are new indicators for the SP26-31. Of those 22, six are in the GPW 14 impact measurement framework.

Strategic Objective 1: Health equity, social determinants, risk factors, climate change and health

Outcome 1.1: Inequities, social determinants, risk factors, and health promotion⁴⁸

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
1.1.1 Number of countries and territories that have integrated social determinants and health promotion into health services based on the principles of primary health care	Modifies 19.b	N/A	N/A	N/A
1.1.2 Number of countries and territories with capacity to implement and monitor policies to address social determinants of health	18.a	11.1	N/A	N/A
1.1.3 Number of countries and territories with local governments applying the criteria of Healthy Municipalities, Cities and Communities	New	2.5	N/A	N/A

⁴⁸ Indicators are under revision to reduce overlaps and improve clarity

1.1.4 Number of countries and territories that implement the Health in All Policies framework to improve health equity as well as health and well-being	19.a	2.5	N/A	N/A
1.1.5 Number of countries and territories with institutional responses and accountability mechanisms for health equity, gender and ethnic equality, and human rights	Modifies 26.a	11.1	N/A	N/A
1.1.6 Number of countries and territories with institutional mechanisms on social participation for health and wellbeing at national or subnational level	New	2.5	N/A	N/A
1.1.7 Number of countries and territories with capacity to prevent key occupational diseases	18.b	11.5	N/A	N/A
1.1.8 Number of countries and territories with capacity to address health in chemical safety	18.g	11.2	N/A	3.9.1; 3.9.2; 6.3; 12.4.1, 12.4.2
1.1.9 Proportion of population using safely managed drinking water services	18.c	11.3	✓	6.2.1
1.1.10 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	18.d	11.3	✓	6.2.1
1.1.11 Number of countries and territories that have adopted a minimum of 2 out of 5 alcohol policy interventions from the WHO SAFER package/Global Alcohol Action Plan 2022-2030	New	N/A	N/A	3.5.1
1.1.12 Number of countries and territories that have eliminated industrially produced trans fatty acids	13.d	9.1	N/A	N/A
1.1.13 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	13.a	9.2	✓	3.a.1
1.1.14 Age-standardized prevalence of insufficiently physically active persons aged 18+ years	13.e	9.1	✓	N/A
1.1.15 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years	13.c	9.1	N/A	N/A
1.1.16 Prevalence of stunting in children under 5 years of age	14.a	9.7	✓	2.2.1
1.1.17 Prevalence of childhood and adolescent obesity (5-19 years of age)	14.d	9.7	✓	N/A

1.1.18 Percentage of infants under 6 months of age who are exclusively breastfed	14.f	9.7	✓	N/A
1.1.19 Prevalence of anemia in women aged 15 to 49 years, by pregnancy status (%)	New	N/A	✓	2.2.3

* Indicators are under revision to reduce overlaps and improve clarity

Outcome 1.2: Adapt to and mitigate climate change risks to health with equity

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
1.2.1 Number of countries and territories with capacity to address the health-related effects of climate change	18.h	11.2	N/A	13.2.1; 13.3.2
1.2.2 Number of countries and territories with capacities to monitor and track heat health effects	New	8.4	N/A	11.3
1.2.3 Number of countries and territories that have adopted national ambient air quality regulations based on WHO guidelines	New	11.2	N/A	11.6.2
1.2.4 Proportion of population with primary reliance on clean fuels and technology	18.e	11.2	✓	7.1.2
1.2.5 Number of countries and territories implementing actions to build sustainable low carbon health systems	New	N/A	N/A	N/A

Strategic Objective 2: Resilient health systems and services based on PHC

Outcome 2.1: Stewardship and governance for health systems based on primary health care and equity

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
2.1.1 Number of countries and territories that have reached at least moderate capacity for all essential public health functions	Modifies 9.b	2.2	N/A	N/A
2.1.2 Number of countries and territories that have achieved a reduction of at least 10% in the population reporting unmet healthcare needs due to barriers to access	Modifies 9.a	2.1	N/A	3.8.1
2.1.3 Number of countries and territories that have increased public expenditure on health to at least 6% of GDP	10.a	4.1	N/A	N/A

2.1.4 Number of countries and territories that have reduced to 20% or less the out-of-pocket payment as a share of current health expenditure	New	N/A	✓	N/A
2.1.5 Government domestic spending on primary health care as a share of domestic general government health expenditure (GGHE-D)	New	N/A	✓	1.a.2
2.1.6 Number of countries and territories with a density of physicians, nurses, and midwives of at least 44.5 per 10,000 population	Modifies 7.a	3.1	N/A	3.c.1
2.1.7 Number of countries and territories that have established interprofessional teams at the first level of care	Modifies 7.b	N/A	N/A	N/A

Outcome 2.2: Person-centered care, services, and information throughout the life course

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
2.2.1 Number of countries and territories that have reached at least moderate maturity level for integrated health service delivery networks, with emphasis on first level care	Modifies 1.b	1.6	N/A	N/A
2.2.2 Number of countries and territories that show a reduction of at least 10% in hospitalization for ambulatory care sensitive conditions	1.a	1.5	N/A	N/A
2.2.3 Number of countries and territories implementing strategies to improve person-centered and integrated health services for newborns, children and adolescents	New	N/A	N/A	3.8.1
2.2.4 Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	2.a	1.4	✓	3.7.1
2.2.5 Proportion of births attended at health facilities	2.c	1.3	✓	3.1.2
2.2.6 Number of countries and territories that have reduced the inequality gap in the adolescent birth rate between the national level and the most affected group by at least one inequality stratifier (urban/rural, education, income, ethnic group).	New	N/A	N/A	3.7.2
2.2.7 Number of countries and territories that are monitoring and publishing their maternal near miss data (at sentinel centers or at the national level) <i>(Indicator provisionally included as it was received late in the review process. It is under review if it could be adopted instead as an output ind.)</i>	New	N/A	N/A	3.1

2.2.8 Number of countries and territories with capacity to prevent care dependence in older people	Modifies 3.a	N/A	N/A	N/A
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Outcome 2.3: Access to health technologies, innovation, and production

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
2.3.1 Number of countries and territories with policies, strategies or mechanisms to promote access to health technologies and services	New	N/A	N/A	N/A
2.3.2 Number of countries and territories that ensure that products included in the lists of essential health technologies are available without out-of-pocket expenditure at the point of care	Modifies 8.a	5.1	N/A	3.b.1
2.3.3 Number of countries and territories with regulatory systems that reach level 3 under the WHO Global Benchmarking Tool (GBT)	8.b	5.3	N/A	N/A
2.3.4 Number of countries and territories with policies and/or strategies to promote research and development, innovation, and/or manufacturing to improve access to medicines and other health technologies	New	N/A	N/A	N/A
2.3.5 Number of countries and territories that have regulations and oversight that ensure access to quality and safe blood, transplant, pharmaceutical and radiological services	Merges 8.c, 8.d, 8.e	N/A	N/A	N/A
2.3.6 Number of countries and territories with institutional frameworks or strategies for the assessment, incorporation, and rational use of health technologies	Modifies 8.f	5.4	N/A	N/A

Outcome 2.4: Digital transformation, science and health intelligence

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
2.4.1 Number of countries and territories implementing official national roadmaps for the digital transformation of the health sector	Modifies 20.a	6.1, 6.2, 7.3	N/A	17.18.1
2.4.2 Number of countries and territories implementing health data platforms based on IS4H maturity assessment results	New	N/A	N/A	N/A

2.4.3 Number of countries and territories that monitor and generate updated data on high-priority health indicators, including health equity metrics	Modifies 21.b	6.2, 6.3	N/A	17.18.1
2.4.4 Number of countries and territories with governance for scientific research that includes standards for ethical conduct of research with humans	Modifies 22.b	7.2	N/A	N/A
2.4.5 Number of countries and territories with policies or operational mechanisms that promote more equitable access to technical and scientific information	New	N/A	N/A	N/A
2.4.6 Number of countries and territories with functional governance for generating and using evidence integrated into health systems and in accordance with established standards	Modifies 21.a	N/A	N/A	N/A

Strategic Objective 3: Accelerate disease prevention, control, and elimination

Outcome 3.1: NCDs, mental health conditions, violence and injuries

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
3.1.1 Prevalence of controlled diabetes in adults aged 30-79 years	Modifies 5.a	9.1	✓	N/A
3.1.2 Prevalence of controlled hypertension, among adults aged 30-79 years	Modifies 5.b	9.1	✓	N/A
3.1.3 Number of countries and territories whose surveillance systems have the capacity to report on key indicators of the Global Monitoring Framework for Noncommunicable Diseases	5.e	N/A	N/A	N/A
3.1.4 Number of countries and territories that have integrated the management of mental health, substance use and neurological disorders into primary health care	Modifies 5.g	9.6	N/A	N/A
3.1.5 Number of countries and territories that have decreased the rate of persons in long-stay mental hospitals	Modifies 5.h	9.6	N/A	N/A
3.1.6 Number of countries and territories that minimize the time interval to less than 30 minutes between road traffic crashes and the provision of first professional emergency care	Modifies 6.a	9.5	N/A	N/A

3.1.7 Number of countries and territories that have a national or multisectoral plan addressing violence that includes the health system	15.b	9.4	N/A	N/A
3.1.8 Number of countries and territories that provide comprehensive post-rape care services in emergency health services, consistent with WHO guidelines	6.b	9.4	N/A	N/A

Outcome 3.2: Communicable diseases, antimicrobial resistance, and immunization

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
3.2.1 Antiretroviral treatment (ART) coverage among persons living with HIV	4.a	10.1	N/A	N/A
3.2.2 Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	4.c	10.3	N/A	N/A
3.2.3 Tuberculosis treatment success rate	Modifies 4.d	10.2	N/A	N/A
3.2.4 Malaria test positivity rate	Modifies 4.e	10.6	N/A	N/A
3.2.5 Number of countries and territories with capacity to conduct integrated surveillance of arbovirus cases	4.f	10.10	N/A	N/A
3.2.6 Number of countries and territories that have initiated processes to validate the elimination of human rabies transmitted by dogs	Modifies 17.d	N/A	N/A	N/A
3.2.7 Number of endemic countries and territories that have eliminated Neglected Tropical Diseases (NTDs) according to countries' epidemiological situation	Modifies 17.c	10.7	N/A	N/A
3.2.8 Number of countries and territories that have interrupted vector-borne transmission of Chagas disease in all endemic areas	Modifies 12.b	10.7	N/A	N/A
3.2.9 Number of countries and territories that have adequate mechanisms in place to prevent or mitigate risks to food safety	12.d	10.9	N/A	N/A
3.2.10 Number of countries and territories reporting at least 95% coverage of 3 doses of diphtheria, pertussis, and tetanus-containing vaccine (DPT3) in 80% of municipalities in children less than one year of age	Modifies 4.h	5.2	N/A	N/A

3.2.11 Number of countries and territories that achieved at least 90% of first dose of HPV vaccine coverage in girls by age 15	Modifies 4.j	10.4	N/A	N/A
3.2.12 Number of countries and territories in which endemic transmission of measles has been reestablished	Modifies 17.e	10.4	N/A	N/A
3.2.13 Number of countries and territories with no polio virus circulation in the event of an importation of wild poliovirus (WPV), circulating vaccine-derived poliovirus (cVDPV), or the emergence of a VDPV	Modifies 17.g	10.4	N/A	N/A
3.2.14 Number of countries and territories that test for resistance among all bacterial and fungal GLASS pathogens and have effective treatment available for the resistant pathogens detected	Modifies 12.c	10.8	N/A	N/A
3.2.15 Number of countries and territories implementing intersectoral One Health policies, programs, and activities at the human-animal-environment interface	New	N/A	N/A	N/A

Strategic Objective 4: Health emergencies

Outcome 4.1: Prevent, mitigate, prepare, be ready to respond

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
4.1.1 Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies	23.a	8.2; 8.4	N/A	N/A
4.1.2 Number of countries and territories with installed capacity to effectively respond to major epidemics and pandemics	24.a	8.2; 8.4	N/A	N/A
4.1.3 Number of States Parties meeting and sustaining International Health Regulations (IHR) requirements for core capacities	23.b	8.2; 8.4	N/A	3.d.1
4.1.4 National health emergency preparedness (<i>Provisional proposal under review</i>)	New	N/A	✓	N/A
4.1.5 Number of endemic countries and territories with ≥80% coverage for yellow fever vaccine	24.b	8.2; 8.4	N/A	N/A

Outcome 4.2: Rapid detection and response

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
4.2.1 Timeliness of detection, notification and response of International Health Regulations (2005) notifiable events (7–1–7 as new target in draft GPW 14)	New	N/A	✓	N/A
4.2.2 Percentage of countries and territories providing life-saving essential health services in all graded emergencies	25.b	8.2; 8.4	N/A	N/A
4.2.3 Proportion of vulnerable people in fragile settings provided with essential health services (%) (<i>Provisional proposal under review</i>)	New	N/A	✓	N/A

Strategic Objective 5: Bolster PAHO's leadership, governance and performance

Outcome 5.1: PAHO's leadership and governance

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
5.1.1 Number of countries and territories with a current Country Cooperation Strategy	Output ind 27.1.a	N/A	N/A	N/A
5.1.2 Number of stakeholders that partner with PAHO to advance the priorities of the Strategic Plan	New	N/A	N/A	N/A
5.1.3 Percentage of the PAHO budget approved for base programs that is financed	Modifies 27.d	N/A	N/A	N/A

Outcome 5.2: PASB's institutional capacity

Outcome indicator	SP20-25	SHAA 2030	GPW	SDG
5.2.1 Percentage of open approved corporate risks with implemented risk response actions	Modifies 27.c	N/A	N/A	N/A
5.2.2 Percentage of corporate key performance indicators for which targets are on track	New	N/A	N/A	N/A

Annex 2: Mapping of regional and global mandates by Strategic Objective and Outcome

This annex provides a mapping of the main regional and global mandates related to the SP26-31 Strategic Objectives and Outcomes, to outline how the Plan operationalizes them.

Strategic objective 1. Health equity, social determinants, risk factors, climate change and health

Outcome 1.1 Inequities, determinants, risk factors, and health promotion

- **A77/A/CONF./3** – Social participation for universal health coverage, health and well-being (2024)
- **Resolution WHA76.16** – Health of Indigenous Peoples (2023)
- **Resolution CD61.R12** – Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 (2024)
- **Resolution WHA77.13** – Economics of health for all (2024)
- **Resolution WHA76.17** – The impact of chemicals, waste and pollution on human health (2023)
- **Resolution CSP30.R2** – Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/8) (2022)
- **Resolution WHA75.19** – Well-being and health promotion (2022)
- **Resolution WHA74.16** – Social Determinants of Health (2021)
- **Resolution CD57.R12** – Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 (Document CD57/8) (2020)
- **Resolution CD57.R10** – Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10) (2019)
- **Resolution CD57.R14** – Strategy and Plan of Action on Ethnicity and Health 2019-2025 (Document CD57/13, Rev. 1) (2019)
- **Resolution WHA72(9)** – WHO global strategy on health, environment and climate change: the transformation needed to improve lives and wellbeing sustainably through healthy environments (2019)
- **Resolution CSP29.R3** – Policy on Ethnicity and Health (Document CSP29/7, Rev. 1) (2017)
- **Resolution WHA69.4** – The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (2016)
- **Resolution CD54.R6** – Plan of Action on Workers' Health (Document CD54/10, Rev. 1) (2015)
- **Resolution WHA67.11** – Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (2015)
- **Resolution CD52.R6** – Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons (Document CD52/18) (2013)
- **WHA63.25** – Improvement of health through safe and environmentally sound waste management (2011)
- **Resolution CD50.R8** – Health and Human Rights (Document CD50/12) (2010)
- **Resolution CD48.R2** – WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas (Document CD48/12) (2008)
- **Resolution CD46.R16** – PAHO Gender Equality Policy (Document CD46/12) (2005)

Outcome 1.2 Adapt to and mitigate climate change risks to health with equity.

- **A77/A/CONF./7** – Climate change and health (2024)
- **Resolution CD61.R3** – Policy for Strengthening Health Sector Action on Climate Change with Equity (2024)

Strategic objective 2. Resilient health systems and services based on PHC

Outcome 2.1 Stewardship and governance for health systems based on primary health care

- **Resolution CD61.R11** – Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 (2024)
- **Resolution CD60.R4** – Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6) (2023)
- **Resolution CD59.R12** – Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (Document CD59/11) (2021)

- **Resolution CD56.R5** – Plan of Action of Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 (Document CD56/10, Rev. 1) (2018)
- **Resolution CSP29.R15** – Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document CSP29/10) (2017)
- **Resolution CD55.R8** – Resilient Health Systems (Document CD55/9) (2016)
- **Resolution CD54.R9** – Strategy on Health-related Law (Document CD54/14, Rev. 1) (2015)
- **Resolution CD53.R14** – Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2) (2014)

Outcome 2.2 Person-centered care, services, and information throughout the life course

- **Resolution CD61.R8** – Policy on Long-term Care (2024)
- **Resolution CD61.R9** – Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 (2024)
- **Resolution CSP30.R4** – Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10) (2022)
- **Resolution CD57.R13** – Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025 (Document CD57/12) (2019)
- **Resolution CD56.R8** – Plan of Action for Women’s, Children’s, and Adolescents’ Health 2018-2030 (Document CD56/8) (2018)
- **Resolution CD55.R13** – Health of Migrants (Document CD55/11, Rev. 1) (2016)

Outcome 2.3 Access to health technologies, innovation, and production

- **Resolution CSP30.R12** – Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CSP30/11) (2022)
- **Resolution CD59.R3** – Increasing Production Capacity for Essential Medicines and Health Technologies (Document CD59/8) (2021)
- **Resolution CD57.R11** – Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 (Document CD57/11) (2019)
- **Resolution CD55.R12** – Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies (Document CD55/10, Rev. 1) (2016)
- **Resolution CD52.R5** – Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement (Document CD52/17) (2013)
- **Resolution CSP28.R15** – Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards (Document CSP28/17, Rev. 1) (2012)
- **Resolution CD48.R15** – Public Health, Innovation and Intellectual Property: A Regional Perspective (Document CD48/18) (2008)
- **Resolution CD45.R7** – Access to Medicines (Document CD45/10) (2004)

Outcome 2.4 Digital transformation, science and health intelligence

- **Resolution CD61.R7** – Plan of Action for Strengthening Information Systems for Health 2024–2030 (2024)
- **Resolution CD60.R6** – Strategic Communications in Public Health for Behavior Change (Document CD60/8) (2023)
- **Resolution CD59.R1** – Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas (Document CD59/6) (2021)
- **Resolution CD59.R2** – Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies (Document CD59/7) (2021)
- **Resolution CD57.R9** – Plan of Action for Strengthening Information Systems for Health 2019-2023 (Document CD57/9, Rev. 1) (2019)
- **Resolution CD49.R10** – Policy on Research for Health (Document CD49/10) (2009)

Strategic objective 3. Accelerate disease prevention, control, and elimination

Outcome 3.1 NCDs, mental health conditions, violence and injuries

- **Resolution CD60.R5** – Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults (Document CD60/7) (2023)
- **Resolution CD60.R12** – Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas (Document CD60/9) (2023)

- **Resolution CSP30.R3** – Policy for Improving Mental Health (Document CSP30/9) (2022)
- **Resolution CD56.R9** – Plan of Action for Cervical Cancer Prevention and Control 2018-2030 (Document CD56/9) (2018)
- **Resolution CD54.R12** – Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women (Document CD54/9, Rev. 2) (2015)
- **Resolution CSP28.R13** – Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9, Rev. 1) (2012)
- **Resolution CD48.R11** – Preventing Violence and Injuries and Promoting Safety: a Call for Action in the Region (Document CD48/20) (2008)

Outcome 3.2 Communicable diseases, antimicrobial resistance, and immunization

- **Resolution CD61.R6** – Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029 (2024)
- **Resolution CSP30.R13** – Keeping the Region of the Americas Free of Polio (Document CSP30/19, Rev. 1) (2022)
- **Resolution CD59.R4** – One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface (Document CD59/9) (2021)
- **Resolution CD59.R13** – Reinvigorating Immunization as a Public Good for Universal Health (Document CD59/10) (2021)
- **Resolution WHA74.9** – Recommitting to accelerate progress towards malaria elimination (2021)
- **Resolution WHA 73.5** – Strengthening efforts on food safety (2020)
- **Resolution CD57.R7** – PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7) (2019)
- **Resolution CD56.R2** – Plan of Action on Entomology and Vector Control 2018-2023 (Document CD56/11) (2018)
- **Resolution WHA71.5** – Addressing the burden of snakebite envenoming. (2018)
- **Resolution CSP29.R11** – Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 (Document CSP29/8) (2017)
- **Resolution CD55.R6** – Strategy for Arboviral Disease Prevention and Control (Document CD55/16) (2016)
- **Resolution CD55.R7** – Plan of Action for Malaria Elimination 2016–2020 (Document CD55/13) (2016)
- **Resolution WHA68.2** – Global technical strategy and targets for malaria 2016–2030 (2015)
- **Resolution CD52.R14** – Evidence-based Policy-making for National Immunization Programs (Document CD52/9) (2013)
- **Resolution CSP27.R15** – Dengue Prevention and Control in the Americas (2007)
- **Resolution CD44.R9** – Dengue (2003)

Strategic objective 4. Health emergencies

Outcome 4.1 Prevent, mitigate, prepare, be ready to respond

- **Resolution CSP30.R9** – Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Documents CSP30/12) (2022)
- **International Health Regulations** – (2005)

Outcome 4.2 Rapid detection and response

- **Resolution CD61.R10** – Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029 (2024)

Strategic objective 5. Bolster PAHO's leadership, governance and performance

Outcome 5.1 PAHO's leadership and governance

- **Resolution CD60.R1** – Scale of Assessed Contributions for 2024–2025 (Document CD60/5, Rev. 1) (2023)
- **Resolution CD60.R2** – Program Budget of the Pan American Health Organization 2024–2025 (Official Document 369) (2023)
- **Resolution CD60.R3** – Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2024–2025 (Official Document 369) (2023)
- **Resolution CD57.R2** – Strategic Plan of the Pan American Health Organization 2020-2025 (Official Document 358) (2022)

- **Resolution CD52.R15** – Cooperation for Health Development in the Americas (Document CD52/11) (2021)
- **Resolution CD57.R3** – PAHO Budget Policy (Document CD57/5) (2019)
- **Resolution CSP29.R2** – Sustainable Health Agenda for the Americas 2018-2030 (Documents CSP29/6, Rev. 3) (2017)
- **Resolution CD55.R2** – Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan (Document CD55/7) (2016)
- **Resolution CD55.R3** – Framework of Engagement with Non-State Actors (Document CD55/8, Rev. 1) (2016)
- **Resolution CD55.R11** – Analysis of the Mandates of the Pan American Health Organization (Document CD55/18, Rev. 1) (2016)

Outcome 5.2 PASB's institutional capacity

- **Resolution CSP30.R10** – Amendments to the Financial Regulations and Financial Rules of PAHO (Document CSP30/14) (2022)
- **Resolution CSP28.R17** – Master Capital Investment Fund (Document CSP28/23) (2022)
- **Resolution CD49.R2** – Establishment of the Audit Committee of PAHO (Document CD49/26) (2009)

Annex 3: Glossary

Accountability refers to the responsibility of individuals and organizations to respond for their actions, decisions, and the resulting outcomes. Accountability involves ensuring that processes and resources are used effectively, efficiently, and ethically to achieve desired goals and objectives. Accountability emphasizes the principles of transparency, integrity, and responsibility, and the commitment to delivering on the Organization's mandate to protect and promote health in the Region.⁴⁹

Efficiency is understood as the ability to accomplish desired outcomes or goals with optimal use of resources, thereby maximizing productivity and minimizing waste. It involves improving processes, systems, and practices to achieve better results, enhance performance, and utilize resources effectively.⁵⁰

Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).⁵¹ Equity is one of the values of PAHO and is integral to achieving the SP 26-31 results.

General Programme of Work (GPW) is WHO's strategic framework that sets a high-level roadmap and agenda for global health and identifies WHO's priorities and strategic direction for a specified period. It also provides a framework for resource allocation and decision-making. The GPW is developed in consultation with Member States, experts and stakeholders for multi-year periods. It is approved by the World Health Assembly. The Fourteenth General Programme of Work (GPW 14) will guide WHO's work in support of Member States and partners for the 4-year period 2025-2028.⁵²

Health Equity entails the attainment of the highest level of health for all people by addressing unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation).

Impacts are sustainable changes in the health of populations. Such changes will be assessed through a reduction in morbidity or mortality or improvements in well-being of the population (e.g., increases in people's healthy life expectancy). Member States are responsible for achieving the impact goal in collaboration with PASB and other PAHO partners, through the achievement of outcomes. They can be delivered during one or more biennium across the three biennia in the strategic plan period.

One Health is a collaborative, multidisciplinary, and multisectoral approach that can address health threats at the human-animal-environment interface at subnational, national, and international levels,

⁴⁹ PAHO Forward. An organization-wide approach to strengthen efficiency, transparency, and accountability. Available at: [PAHO Forward. An organization-wide approach to strengthen efficiency, transparency, and accountability](#)

⁵⁰ PAHO Forward. An organization-wide approach to strengthen efficiency, transparency, and accountability. Available at: <https://iris.paho.org/handle/10665.2/58554>

⁵¹ WHO. Available at: <https://www.who.int/health-topics/health-equity>.

⁵² WHO Fourteenth General Programme of Work, 2025-2028. Available at: <https://www.who.int/about/general-programme-of-work/fourteenth>.

with the ultimate goal of achieving optimal health outcomes by recognizing the interconnections between people, animals, plants, and their shared environment.⁵³

Outcomes (OCMs) are collective or individual changes in the factors that affect the health of populations. These include, but are not limited to, increased national capacity, increased service coverage or access to services, stronger health systems, and/or reduction of health-related risks. Member States are responsible for achieving outcomes in collaboration with PASB and other PAHO partners through changes in national policies, strategies, plans, laws, programs, services, norms, standards, and/or guidelines, amongst others. They can be delivered during one or more biennium across the three biennia in the strategic plan period.

Outputs (OPTs) are PASB deliverables that influence, enable, and catalyze the joint action of member states and partners towards delivery of targeted outcomes. PASB is responsible for delivering outputs in collaboration with Member States and other PAHO partners. Outputs are defined in the respective Program Budgets.

Primary health care (PHC) is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.⁵⁴

Resilience refers to a system's ability to adjust its activity in order to retain its basic functionality when challenges, failures, and environmental changes occur. It is a defining property of many complex systems. **Health system resilience** refers to the ability to absorb disturbances and to respond and recover with the timely provision of needed services. It relies on the capacity of health actors, institutions, and populations to prepare for and effectively respond to crises; to adapt system components to maintain core functions when a crisis hits; and—informed by monitoring, impact evaluation, lessons learned—to reorganize and transform if conditions require it. Resilience is an attribute of a well performing health system moving toward universal access to health and universal health coverage. In the current context, it also implies sustainability of services and recuperation of population health gains that have been impacted by the pandemic.⁵⁵

Results-based Management (RBM) is a management process in which program formulation revolves around a set of predefined objectives and expected results; expected results justify resource requirements, which are derived from and linked to outputs required to achieve such results; actual

⁵³ PAHO, 2021. One Health: A comprehensive approach for addressing health threats at the human-animal-environment interface [Document CD59/9]. Available at: <https://www.paho.org/en/documents/cd599-one-health-comprehensive-approach-addressing-health-threats-human-animal>.

⁵⁴ WHO and UNICEF. A vision for primary health care in the 21st century: Towards UHC and the SDGs. Available at: <https://iris.who.int/handle/10665/328065>.

⁵⁵ PAHO, 2011. Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains [Document CD59/11]. Available at: https://iris.paho.org/bitstream/handle/10665.2/55858/PAHOHSSHSCOVID-19210015_eng.pdf?sequence=1&isAllowed=y.

performance in achieving results is measured objectively by performance indicators; and PASB managers and personnel are accountable for achieving results. They are also empowered with the tools and resources they need to achieve them.⁵⁶

Results chain is defined as the causal sequence needed to achieve desired objectives beginning with inputs, moving through activities, outputs, outcomes, and culminating in impact results.⁵⁷

Social determinants of health refer to the social conditions that limit access to health, including healthcare services, and the effectiveness of health interventions. Addressing the social determinants of health requires understanding and considering how other sector's public policies and interventions impact the health and wellbeing of the population.

Strategic objectives are high-level objective statements that serve to group related outcomes. Strategic objectives are not part of the results chain. They aim to promote directionality and strengthen political commitment to the achievement of the underlying outcomes.

Theory of change is a comprehensive description and illustration of why and how desired change is expected to happen in a particular context.⁵⁸

Transparency is the open and accessible sharing of information, processes, decisions, and actions. Transparency involves providing clear and comprehensive information to stakeholders, including the public, about the Organization's activities, policies, and practices. It entails the disclosure of conflicts of interest, financial transactions, and decision-making processes to ensure accountability. Transparency fosters trust, enables informed decision-making, and encourages meaningful engagement with stakeholders.⁵⁹

Universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate and timely, quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability.⁶⁰

⁵⁶ PAHO, 2010. Results-based Management Framework. Document CD50/INF/2. Available at: <https://www3.paho.org/hq/dmdocuments/2010/CD50-INF-2-e.pdf>.

⁵⁷ PAHO, 2010. Results-based Management Framework. Document CD50/INF/2. Available at: <https://www3.paho.org/hq/dmdocuments/2010/CD50-INF-2-e.pdf>.

⁵⁸ What is Theory of Change? - Theory of Change Community. <https://www.theoryofchange.org/what-is-theory-of-change/>.

⁵⁹ PAHO Forward. An organization-wide approach to strengthen efficiency, transparency, and accountability. <https://iris.paho.org/handle/10665.2/58554>.

⁶⁰ PAHO, 2014. Strategy for Universal Access to Health and Universal Health Coverage [Document CD53/5, Rev. 2]. Available at: <https://iris.paho.org/handle/10665.2/28276>.