Pan American Health Organization
World Health Organization
Americas Region

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PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2026–2027

Introductory Note to the Executive Committee

1. The proposed Program Budget of the Pan American Health Organization 2026–2027 (PB26–27) is the first to be developed and implemented under the new Strategic Plan of the Pan American Health Organization 2026–2031 (SP26–31 or the Strategic Plan). The document sets out the organizational results for the Pan American Health Organization (PAHO), as agreed with Member States, for the next two years. It also presents the budget required by the Pan American Sanitary Bureau (PASB or the Bureau) to deliver on these biennial results and support Member States in improving health outcomes while contributing to the achievement of health targets set out in regional and global frameworks.

2. The proposed PB26–27 follows the programmatic structure of the proposed SP26–31 and considers the results of the Program Budget 2022–2023 end-of-biennium assessment and the Program Budget 2024–2025 (PB24–25) midterm assessment. The results framework of the proposed PB26–27 responds to the main strategic mandates for the same period at regional and global levels: the proposed SP26–31, the Sustainable Health Agenda for the Americas 2018–2030, the World Health Organization (WHO) Fourteenth General Programme of Work, and the WHO Programme budget 2026–2027. The proposed PB26–27 defines the biennial results and corresponding budget envelope in line with PAHO's technical cooperation, considering the country and regional public health situation and needs. It provides an opportunity to apply lessons learned and innovations to ensure that PAHO's technical cooperation responds to the needs of countries, catalyzing and building on collaborative actions to deliver high-quality, timely results in an efficient and accountable manner.

3. The document submitted for consideration to the 176th Session of the Executive Committee in is the proposed PB26–27. It incorporates input from consultations with Member States, from the 19th Session of the Subcommittee on Program, Budget, and Administration, and from the WHO Programme budget 2026–2027. Following consideration by the Executive Committee, this document will be revised to take account of any comments received and then finalized for consideration by the 62nd Directing Council in September 2025.

4. The Annex to this document presents the proposed PB26–27. The budget section includes the proposed budget and its expected sources of financing, the proposed budget by outcome, and details on how it compares to the current PB24–25.

Action by the Executive Committee

5. The Executive Committee is invited to consider the proposed Program Budget presented in the Annex, and to provide any comments it deems pertinent regarding the structure and content of the document, and the budgetary information provided.

Annex

Pan American Health Organization

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PROPOSED PROGRAM BUDGET OF THE PAN AMERICAN HEALTH ORGANIZATION 2026–2027

Accelerating Together toward a Healthier Americas with Equity and Resilience

Pan American Health Organization

Regional Office of the World Health Organization for the Americas

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Executive Summary

1. The proposed Program Budget of the Pan American Health Organization 2026–2027 (PB26–27) marks the first budget cycle aligned with the Strategic Plan of the Pan American Health Organization 2026–2031 (SP26–31 or the Strategic Plan). This alignment reflects a renewed commitment to advancing health equity, building resilient health systems, and promoting sustainable development throughout the Region of the Americas. The PB26–27 translates this vision into action through a results-based framework that incorporates lessons learned from the COVID-19 pandemic, addresses enduring health disparities, and responds to emerging global and regional health challenges.

2. Recognizing the need to accelerate action at country and regional levels during the next biennium, the proposed PB26–27 takes an integrated, interprogrammatic approach to address complex health challenges in a comprehensive manner. The emphasis will be on impact-driven country cooperation, sustainable capacity-building, and the development of resilient health systems while simultaneously fulfilling regional and global mandates, including the Sustainable Health Agenda for the Americas 2018–2030 and health-related Sustainable Development Goals.

3. The PB26–27 implements such strategies through concrete, country-focused interventions that reflect priorities identified with Member States. It is grounded in the current socioeconomic, political, and health realities of the Region. It prioritizes areas of intersectionality such as addressing the social and environmental determinants of health, mitigating the health impacts of climate and adverse weather events, adopting One Health approaches, positioning primary health care (PHC) as the backbone of all health systems, and enhancing digital health, surveillance, and laboratory capacities. By leveraging innovations and lessons learned, particularly from the COVID-19 pandemic, the Pan American Health Organization (PAHO) aims to deliver high-quality, timely, and accountable technical cooperation that is both efficient and impactful.

4. Since late 2024, the Pan American Sanitary Bureau (PASB or the Bureau) has been undertaking a consultative process with national health authorities to identify the priority outcomes of the SP26–31, using the PAHO-adapted Hanlon method to identify areas where the Organization's technical cooperation can add the most value. The preliminary results show that countries and territories collectively continue to place the highest priority on support for *a)* noncommunicable diseases, mental health, violence, and injuries; *b)* stewardship and governance for health systems based on PHC; and *c)* communicable diseases, antimicrobial resistance, and immunization. Final prioritization results will be included in the final version of this document to be presented to the 62nd Directing Council to be held from 29 September to 3 October 2025. These results will guide the allocation of flexible funds available to the Organization, inform resource mobilization efforts, and shape the development of biennial work plans for 2026–2027.

5. The proposed PB26–27 follows the SP26–31 results framework. It responds to global and regional mandates, as well as policies and strategies approved by PAHO Member States. It also reflects on recommendations from audits and external evaluations, such as the assessment of PAHO's Results-based Management Framework. In response, PAHO has refined its output definition and introduced a theory of change that outlines how PASB will contribute to achieving planned outcomes, with a focus on achieving improved health and well-being with health equity at the core.

Through the 12 outcomes and 67 outputs, PASB will implement tailored interventions aimed at accelerating action and reducing health inequities. In doing this, the Organization will continue to build on its rich experience and lessons learned from over two decades of implementing a results-based management approach.

6. The proposed PB26–27 defines biennial results and a corresponding budget envelope that reflects the evolving public health landscape in the Region. It provides an important opportunity to apply innovations and lessons learned to ensure PAHO's technical cooperation remains agile, responsive, and aligned with Member States' needs. The budget supports collaborative actions that deliver measurable results and strengthen accountability. PAHO has several mechanisms in place to reinforce accountability for results and transparency while ensuring good stewardship of resources and compliance with established regulations and rules. To this end, PASB will monitor, assess, and report on PB26–27 implementation in line with the results framework defined in the SP26–31. To improve transparency and accountability to Member States, PAHO will build on improvements made through PAHO Forward, a strategic approach focused on modernizing and innovating policies, processes, and systems that aims to strengthen internal management and expand PAHO's effectiveness.

7. The total PAHO proposed budget for the 2026–2027 biennium is US$ 762 million,[1] comprising $662 million for base programs and $100 million for special programs (including emergencies, as a placeholder budget). The proposed budget envelope reflects a realistic assessment of financing prospects and allocations from the World Health Organization, while acknowledging the socioeconomic constraints faced by Member States. Notably, there is no proposed increase in assessed contributions. In real terms, PASB will operate with fewer resources, requiring continued innovation and efficiency to maintain high standards of performance. During the 2026–2027 biennium, PASB and Member States will likely face evolving risks, which may affect the success of PAHO's work if not adequately addressed. To better prepare the Organization to respond to uncertainty, PASB will continue improving its risk management system, along with tools, methodologies, and internal processes.

8. As the leading public health agency in the Region, PAHO has the strategic positioning and convening power to foster intersectoral cooperation to advance toward universal health and resilient health systems while addressing the social determinants of health and health inequities. PASB is committed to improving its efficiency, transparency, and accountability, strengthening country focus, and pursuing innovations to amplify its public health impact.

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

Programmatic Context and Strategic Direction

9. As the first program budget of the new Strategic Plan of the Pan American Health Organization 2026–2031 (SP26–31 or the Strategic Plan), under the theme "Accelerating Together toward a Healthier Americas with Equity and Resilience", the Proposed Program Budget of the Pan American Health Organization 2026–2027 (PB26–27) presents a critical opportunity to harness momentum and accelerate action to meet the targets for 2030 and beyond.

Setting the Context

10. The Strategic Plan of the Pan American Health Organization 2020–2025 (SP20–25) was approved by Member States of the Pan American Health Organization (PAHO) in the year prior to the outbreak of the greatest public health crisis in a century: the unprecedented COVID-19 pandemic. Partly due to the COVID-19 pandemic and its related service disruptions, the Region of the Americas is not on track to achieve most regional and global targets, including the SP20–25 impact and outcome targets. Beyond the toll of the pandemic itself, longstanding structural and systemic issues—including deep-rooted inequities in access to health care, education, and economic opportunities—persist.

11. The Region has made progress in improving health and well-being over the past two decades. Most recently, this includes several countries being certified as free of mother-to-child transmission of HIV and syphilis; the scaling up of interventions under the Better Care for Noncommunicable Diseases (NCDs) Initiative to provide quality NCD management at the primary health care (PHC) level; and the introduction of new areas of technical cooperation to advance the manufacturing of health technologies and increase regional capacity for research and development.

12. However, the COVID-19 pandemic had a significant impact on the Region, exacerbated by entrenched health inequities that impacted the delivery and accessibility of public health measures. The pandemic exposed the need to reorient health systems toward universal access to health and universal health coverage, with a focus on PHC, to help address barriers to access, risk factors for disease, and persistent gaps.

13. Health systems in the Region face many challenges—but also potential opportunities—that are global in scope and impact and long-term in time, leaving no country or population unaffected. Global megatrends, or big-picture forces that interplay in the complex context in which health systems operate, include demographic shifts driven by increased life expectancy, population aging, and declining birth rates; political changes, conflicts, and fracturing multilateralism; economic forces that affect prospects for economic growth and reducing inequality; transformative technology, such as the digitalization of governments and the risks linked to artificial intelligence; social and cultural changes that affect how people live and access health services; and environmental changes, such as the impact of climate and adverse weather events.

14. The COVID-19 pandemic accelerated innovations in health systems across the Region, presenting an opportunity to leverage this momentum to address long-standing health inequities and challenges. There is rising demand for improved information systems as a strategic investment in building stronger and more resilient health systems and increasing country capacity in science and

research and development. However, the digital transformation of the health sector faces systemic challenges that impede the seamless exchange of standardized data.

15. The Region is diverse and is characterized by significant disparities in health outcomes that are related to structural inequalities and the determinants of health. These factors shape the risk of disease and determine access to health care, affecting the course of a range of pressing health challenges, including those that follow.

16. **Noncommunicable diseases, mental health conditions, violence, and injuries.** NCDs—including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—remain the leading causes of ill health, disability, and death in the Region. Key to reducing the NCD burden is addressing their modifiable risk factors: tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and exposure to environmental factors such as air pollution. Mental, neurological, and substance use disorders, including suicide, are major causes of years lived with disability and pose a significant public health challenge due to their high burden and low treatment coverage. Furthermore, violence is a significant public health issue in the Region that can have widespread implications beyond deaths and injuries, including impacts on mental health, economic development, and the delivery of health services. The capacity of health services to reduce the burden of diseases when they emerge is one of the fundamental health challenges the Region must confront to improve the health and well-being of its population.

17. **Communicable diseases.** PAHO's Disease Elimination Initiative aims to end more than 30 diseases and related conditions by 2030. However, challenges and gaps persist, including reorienting health systems to respond in an integrative way, barriers to accessing care, and expanding health technologies. The incidence of HIV, syphilis, and tuberculosis has also continued to increase in recent years. While routine childhood vaccination coverage has reached very high levels in the Region, most countries are failing to meet the target of 95% coverage for key vaccines. Consequently, outbreaks of measles, diphtheria, and yellow fever continue to arise. Another urgent challenge is antimicrobial resistance (AMR), which the World Health Organization (WHO) has declared as one of the leading global health threats. The over-prescription and misuse of antimicrobials in both health care and agriculture, along with poor infection prevention and control practices in healthcare settings, continue to drive resistance.

18. **Health security and climate-related threats.** The Region is highly vulnerable to the occurrence of disasters, including climate-related health threats, because of its susceptibility to extreme weather events, the dependence of its economies on sectors such as agriculture and tourism, and its high levels of social inequality. Climate-related health impacts in the Region are profound and far-reaching. For example, excessive heat alone kills over 56 000 annually in the Americas, while vector-borne diseases, including dengue, chikungunya, and Oropouche, are increasing (Document CD61/6). Meanwhile, Latin America and the Caribbean face the world's largest migration crisis. Population movements have increased significantly in recent years, along with changes in the composition of migrant flows and a diversification of destination countries. Maintaining a state of health security underpinned by equity is an ongoing challenge because attention, political will, and health-focused investments dwindle once crises end.

19. **Health system challenges.** Health systems face multiple challenges, including inadequate investment, hospital-based models of care, and health workforce shortages. 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 health workers (physicians, nurses, and midwives) per 10 000 population. Moreover, a lack of equitable access to health technologies continues to hamper the capacity of health systems to respond to population needs, underscoring the importance of autonomy and self-reliance by strengthening regional innovation and production capacity. Addressing barriers in access to care is also critical for improving health across the life course, which is particularly urgent for the delivery of quality reproductive, maternal, newborn, and child health services. For example, since 2015, maternal mortality has been rising steadily in the Region, returning in 2020 to the level observed in the early 2000s.

PAHO, the Leader in Public Health in the Region of the Americas

20. As the leading public health agency in the Americas, PAHO is in a unique position to address the Region's challenges. The Organization's long history of public health cooperation, commitment, and leadership was crucial throughout the COVID-19 pandemic, which also underscored the role PAHO can play in strengthening preparedness for future pandemics and other health emergencies and in ensuring that efforts are led by countries.

21. The vision of the SP26–31, which carries forward into this Program Budget, provides a path to addressing the longstanding and emerging challenges described above. PAHO has the strategic positioning and convening power to foster intersectoral cooperation to advance toward universal health and resilient health systems, while addressing the social determinants of health and health inequities. The Pan American Sanitary Bureau (PASB or the Bureau) is committed to improving its efficiency, transparency, and accountability, strengthening country focus, and pursuing innovations to amplify its public health impact.

Strategic Direction

22. The first program budget of the SP26–31 period comes at a pivotal time, when the Region is required to not only maintain momentum but also accelerate progress toward regional and global targets. In this context, the areas of focus that underpinned the strategic direction of the Program Budget 2024–2025 (PB24–25) remain valid, timely, and relevant approaches for this needed acceleration.[2] The main change for PB26–27 is that the area of focus to help Member States end the COVID-19 pandemic in the Region has been sunset, given the formal close of the pandemic's acute phase in 2023. Despite changes in the health landscape, the other four areas of focus still hold value as areas that require emphasis through the implementation of the PB26–27: *a)* apply the lessons learned from the COVID-19 pandemic, *b)* ensure timely and equitable access to health innovations, *c)* build resilient national health systems based on renewed and strengthened primary health care, and *d)* strengthen PASB's capacity to support or respond to Member States' technical cooperation needs and priorities.

[2] The areas of focus were aligned with the PASB Director's five strategic pillars.

23. During the 2026–2027 biennium, focus will be placed on harnessing the momentum for change while simultaneously navigating the post-pandemic environment with a renewed spirit of solidarity. Continuing to implement the lessons learned from the pandemic is crucial for this, as is the adoption of accelerators and targeted interventions in countries to improve health and well-being and reduce health inequities. The COVID-19 pandemic revealed the deep connections between health, social development, and the economy, highlighting the need for resilient health systems. PAHO played a key role as a catalyst and advocate, emphasizing the importance of maintaining essential health services and health equity even during crises. The pandemic also underscored the value of integrated PHC and local digital health innovations to improve outcomes.

24. Looking ahead to the needs of the health systems of the future, PASB will work with countries and partners to better prepare for risks and face uncertainties with confidence, resilience, and adaptability. Building on the adoption of these approaches, to drive further change and impact, PASB will also continue to implement measures to increase its cost-effectiveness and augment collaboration with partners and other stakeholders.

25. The proposed PB26–27 follows the proposed SP26–31 results framework. It responds to global and regional mandates, as well as policies and strategies approved by Member States. Furthermore, it incorporates recommendations from audits and external evaluations, including the evaluation of PAHO's Results-based Management (RBM) Framework implementation, the evaluation of the PAHO response to COVID-19, and evaluations on PAHO's technical cooperation for noncommunicable diseases and gender equality.[3] Changes made in response to the RBM evaluation recommendations include a modified definition of **outputs**[4] in the results chain and the introduction of a renewed approach to output indicators, clarifying how PASB's contribution will be measured, as well as the country-level change that results from it. Recommendations from other completed evaluations are reflected as appropriate in the proposed results framework or in other related mechanisms. Following the completion of the final report on the SP20–25, additional lessons learned and recommendations will be carried forward to inform interventions during 2026–2027.

26. At the core of the SP26–31 results framework is its highest aspiration: the **impact goal**[5] of improving health and well-being with equity throughout the Region. Twelve **outcomes**[6] are proposed, organized under five **strategic objectives**,[7] high-level statements that serve to group related outcomes.

27. Strategic Objective 1 is to accelerate efforts to address health inequities, determinants, and risk factors that contribute to ill health through a health promotion and prevention lens. Strategic Objectives 2 to 4 aim to build resilient health systems by utilizing the PHC approach; accelerate the disease elimination agenda while reducing the burden of NCDs, mental health, violence, and injuries; and enhance health emergencies prevention, preparedness, and response, while strategic objective five seeks to bolster the leadership, governance, and performance of PAHO to drive impact in countries.

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[3] The latest information on evaluations can be found on the digital portal: https://pbdigital.paho.org/evaluation/evaluations.

[4] Outputs are PASB collective deliverables that influence, enable, and catalyze joint action by Member States and partners toward the delivery of targeted outcomes.

[5] Impacts are sustainable changes in the health of populations.

[6] Outcomes are collective or individual changes in the factors that affect the health of populations.

[7] Strategic objectives are not part of the results chain.

28. The strategic objectives and outcomes are closely entwined and complementary in nature, enabling a more integrated approach and tailored interventions aimed at accelerating action and reducing health inequities. Together they organize, guide, and drive the SP26–31—and, in turn, the PB26–27—toward the impact goal.

29. The PB26–27 outlines how PASB will enable, influence, and catalyze the joint action of Member States and partners to deliver the results and priorities identified with Member States for the SP26–31 through concrete deliverables or outputs, taking into consideration the current political, socioeconomic, and health situation. A total of 67 outputs[8] are proposed, with the aim of striking a balance between regional specificity, granularity, and the need to simplify the programmatic structure, while maintaining adequate alignment with the global level. This pragmatic and streamlined approach will ensure that PAHO's technical cooperation remains agile, responsive, and aligned with the evolving needs of Member States.

30. A total of 150 **output indicators** are proposed to measure and assess progress toward output achievement and help to communicate the work that is required by clarifying the transformation that is expected. Inspired by recommendations from the external evaluation on PAHO's implementation of the Results-based Management Framework and the External Auditor, for the first time, three types of output indicators are proposed: contribution, change, and PASB internal indicators.

a) **Contribution indicators** measure the specific contribution of PASB related to the delivery of the output, indicating what is primarily attributed to PASB. They focus on measuring what the Bureau has delivered or produced to influence, enable, and catalyze a desired change.

b) **Change indicators** assess the short-term change or benefit linked to the deliverable produced or delivered by PASB. They measure changes in national systems, services, and tools (i.e., changes in national policies, strategies, plans, laws, programs, services, norms/standards, and/or guidelines, among others).

c) **PASB internal indicators** are a type of contribution indicator geared specifically toward measuring the capacity of PASB and the efficiency of its performance.

31. The proposed outcomes, outputs, output indicators, and **key technical cooperation interventions** are given further below. The complete proposal is summarized in Table 1.

Table 1. Summary of proposed outputs and output indicators by strategic objective and outcome

Strategic objective/outcome	Outputs	Contribution ind.	Change ind.	PASB internal ind.
1. Health equity, social determinants, risk factors, climate change, and health	**12**	**15**	**20**	**2**
1.1 Inequities, social determinants, risk factors, and health promotion	9	10	16	2
1.2 Adaptation to and mitigation of climate change risks to health with equity	3	5	4	0

[8] These are 35 fewer outputs than the amount in PB24–25.

Table 1. Summary of proposed outputs and output indicators by strategic objective and outcome *(cont.)*

Strategic objective/outcome	Outputs	Contribution ind.	Change ind.	PASB internal ind.
2. Resilient health systems and services based on primary health care	**22**	**23**	**27**	**0**
2.1 Stewardship and governance for health systems based on primary health care	5	6	6	0
2.2 Person-centered care, services, and information throughout the life course	3	3	7	0
2.3 Access to health technologies, innovation, and production	7	7	7	0
2.4 Digital transformation, science, and health intelligence	7	7	7	0
3. Disease prevention, control, and elimination	**12**	**12**	**19**	**0**
3.1 Noncommunicable diseases, mental health conditions, violence, and injuries	6	6	8	0
3.2 Communicable diseases, antimicrobial resistance, and immunization	6	6	11	0
4. Health emergencies	**12**	**8**	**8**	**5**
4.1 Prevention, mitigation, preparedness, and readiness to respond to health emergencies	5	5	5	0
4.2 Rapid detection and response	7	3	3	5
5. PAHO's leadership, governance, and performance	**9**	**0**	**0**	**11**
5.1 PAHO's leadership and governance	3	0	0	3
5.2 PASB's institutional capacity	6	0	0	8
Total	**67**	**58**	**74**	**18**

32. Key to being responsive to Member States is the provision of country-focused technical cooperation tailored to each country's needs, capacity, and priorities. This is essential to accelerate in-country action and enhance close collaboration with subregional integration mechanisms. To respond to the challenges laid out in the situation analysis, PASB will work with Member States and partners to advance innovative actions that can support the health agenda and reduce health inequities in the Region and in countries. By cultivating innovations and incorporating lessons learned, PASB will strengthen its technical cooperation to deliver high-quality, timely results in an efficient and accountable manner while simultaneously helping Member States prepare their health systems for future challenges.

33. The proposed results framework will employ an integrated and interprogrammatic approach to accelerate progress. Special attention will be given to driving impact in countries, building sustainable capacity, and resilient health systems. The framework emphasizes areas of interconnectivity, such as addressing determinants and risk factors, promoting intersectoral action, tackling climate-related health threats, adopting One Health approaches, reinforcing the central role of primary health care, enhancing health system resilience, strengthening information systems and surveillance and laboratory capacities, and increasing the collection and use of disaggregated data. The framework is designed to ensure these areas are appropriately integrated, maximizing the benefits of interprogrammatic approaches while avoiding any potential duplication.

34. In support of the results targeted in the SP26–31 and PB26–27, the Organization will also build, strengthen, and diversify strategic partnerships with key stakeholders. These partnerships will supplement the efforts of PASB and Member States and will assist in mobilizing resources, harnessing innovation, and addressing complex health challenges.

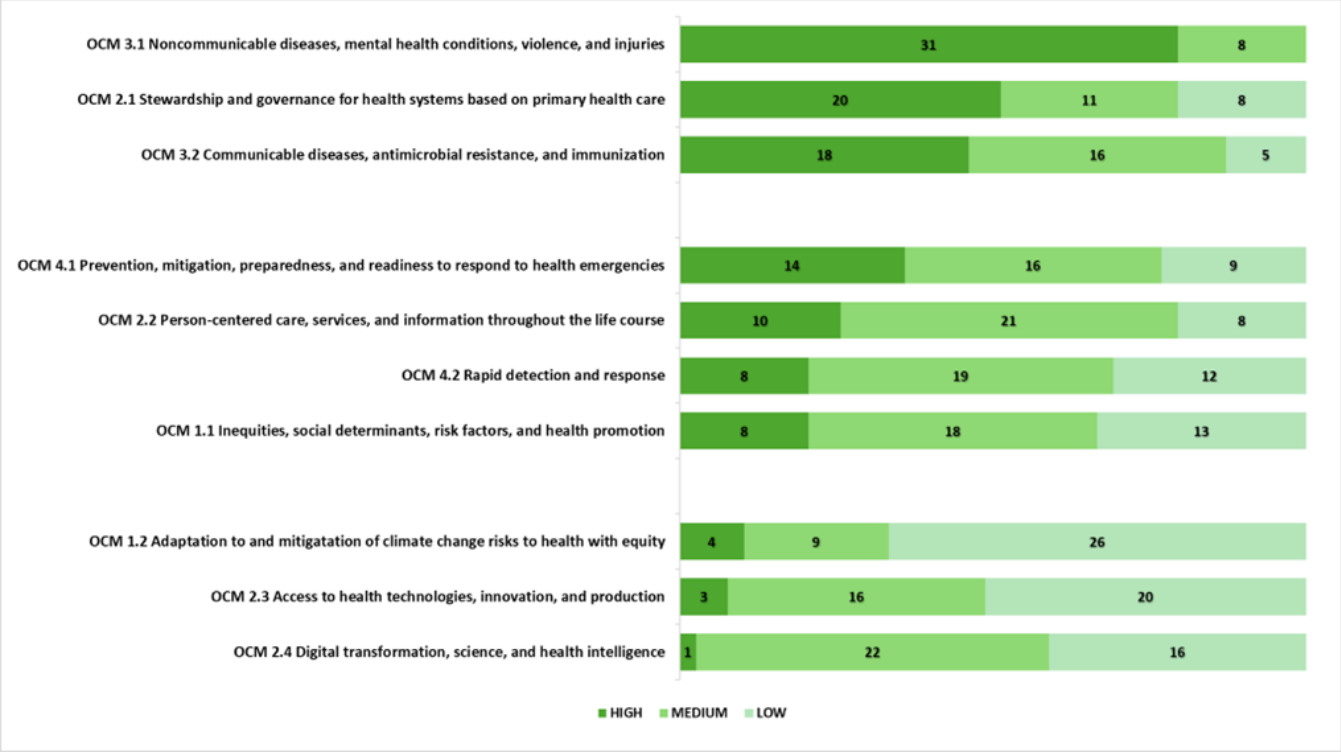
35. Crucially, PAHO will embed adaptive planning and management into institutional processes to strengthen the Organization's ability to manage uncertainty and enhance preparedness, seeking to ultimately position it as a leading actor capable of shaping and responding to global health transformations with confidence, resilience, and legitimacy. PAHO will constantly monitor implementation to ensure that actions are guided by what is working well and what is not working or could be done differently. Innovations and interventions with a track record of success will be scaled up, while less successful strategies will be reviewed and either sunset or modified.

Results of Priority-setting

36. Since late 2024, consultations have been conducted with national health authorities to identify the priority technical outcomes of the SP26–31 using the PAHO-adapted Hanlon method. The results are grouped into three priority tiers—high, medium, and low—to identify areas where the Organization's technical cooperation adds the most value.

37. As of mid-May 2025, the priority-setting exercise has been completed in 39 of 51 countries and territories. Figure 1 shows the consolidated regional results of the programmatic priorities stratification exercises completed to date by countries and territories.

Figure 1. Consolidated Prioritization Results for the Program Budget 2026–2027
Preliminary results as of mid-May 2025



38. In accordance with the approved PAHO-adapted Hanlon method, the priority tiers do not indicate the importance of a specific result, but rather the level of technical cooperation that countries and territories can expect from PASB. The consolidated preliminary prioritization results show that countries and territories collectively continue to prioritize technical cooperation in areas that are oriented to *a)* NCDs, mental health, violence, and injuries; *b)* stewardship and governance for health systems based on primary health care; and *c)* communicable diseases, antimicrobial resistance, and immunization.

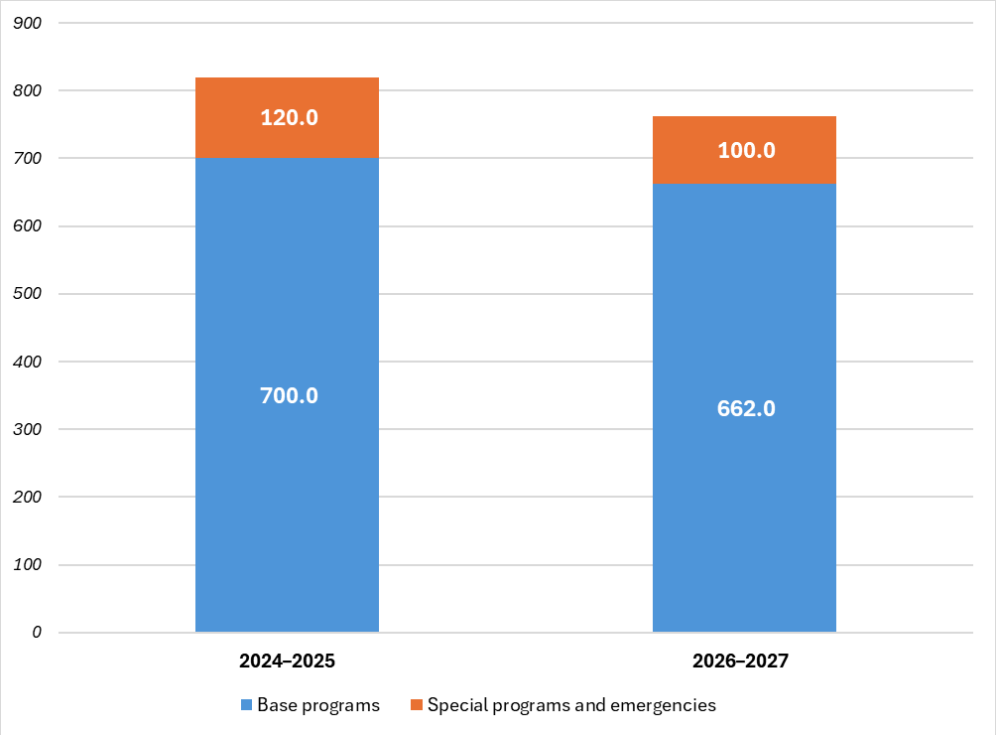
39. The prioritization results also served to inform the development of the WHO PB26–27 and will inform WHO's planning and budget allocation decisions.

Proposed Budget

Overall Budget Proposal

40. The proposed budget of PAHO for the 2026–2027 biennium is US$ 762 million in total.[9] Of this amount, $662 million is for base programs and $100 million is for special programs (including emergencies, as a placeholder budget), as shown in Figure 2.[10] This proposal represents a decrease of 5.4% for base programs and an overall reduction of 7% with respect to the PB24–25. The proposed budget reflects a realistic balance between programmatic needs, the resource mobilization environment, and historical financing and implementation levels, as well as efficiency efforts. The proposed amount for special programs is indicative, given the nature of the work to be undertaken under this segment. When determining the size of the budget envelope, consideration was also given to PAHO overall financing prospects and the proposed budget allocation from WHO to the Regional Office for the Americas (AMRO) for 2026–2027.

Figure 2. PAHO Proposed Budget 2026–2027 by Segment, Compared to 2024–2025
(US$ million)



41. The proposed PB26–27 includes the budget allocation from WHO to AMRO. This is currently indicated as $254.8 million for base programs, which reflects a decrease of $40.8 million with respect to 2024–2025.

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

[10] As outlined in Document CSP30/6 and corresponding resolution CSP30.R1, the figure PASB presented to Member States as a placeholder for the special programs segment of the PAHO PB22–23 was increased to reflect the influx of funds received for outbreak and crisis response and other programs during 2022.

Budget by Outcome

42. The SP26–31 outcomes are the highest level of programmatic results to be presented in the proposed PB26–27. Recognizing the interconnection between outcomes, and to provide a more comprehensive view, the 12 outcomes of the SP26–31 have been grouped into 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.

43. Distribution of the proposed budget by outcome has largely been defined by considering the priorities identified with Member States for the SP26–31 and regional and global commitments. Furthermore, PASB also incorporated lessons learned during the 2024–2025 budget implementation phase, Member States' needs for technical cooperation, and the financial outlook.

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

a) The Bureau proposed an overall budget envelope that balances programmatic needs with past and expected financing and implementation levels.

b) The priorities defined by Member States have informed the overall budget envelope by outcomes, allocation of resources, and resource mobilization efforts, both at the country and regional levels.

c) The new PAHO Budget Policy, which is also being presented to the 176th Session of the Executive Committee, has guided the distribution of budget envelopes by functional level.

d) Internal consultations with all levels of the Organization have taken place to ensure Member States and corporate priorities are adequately represented and that the budget is realistic and complete.

45. Table 2 provides the distribution of the PB26–27 by outcome, compared with the PB24–25. It should be noted that, since the PB24–25 does not follow the same programmatic structure as the PB26–27, a crosswalk has been used to allow for cross-biennial comparison.

46. The proposed changes in budget for outcomes, considering the reduced PB26–27 (as compared to PB24–25) were guided by the following principle: high-priority outcomes should see the least reduction in budget, while medium and low-priority outcomes will be subject to a larger decrease. As envisaged in the SP26–31, PAHO will continue to promote and strengthen an integrated approach to its technical cooperation.

47. In line with the SP26–31 integrated approach, the budget by outcome has been organized under five SOs, as shown in Table 2. The SOs will facilitate the management and implementation of Strategic Plan outcomes, covering all planning and performance monitoring, assessment, and reporting processes, including the PB26–27.

Table 2. Proposed Program Budget 2026–2027 by Outcome, Compared to 2024–2025
(US$ thousand)

Strategic objective/ Outcome	Short title	Comparative figures for 2024–2025	Proposed budget 2026–2027	% change from PB24–25 to PB26–27	2026–2027 prioritization results
SO1	**Accelerate efforts to address health inequities, social and environmental determinants of health, risk factors, and the threats posed by climate change to health**	**68 250**	**63 500**	**-7%**	
OCM 1.1	Inequities, social determinants, risk factors, and health promotion	58 975	54 900	-6.9%	**Medium**
OCM 1.2	Adaptation to and mitigation of climate change risks to health with equity	9 275	8 600	-7.3%	**Low**
SO2	**Build resilient health systems for universal access to health and universal health coverage based on primary health care**	**182 750**	**173 200**	**-5%**	
OCM 2.1	Stewardship and governance for health systems based on primary health care	34 750	33 200	-4.5%	**High**
OCM 2.2	Person-centered care, services, and information throughout the life course	68 000	64 600	-5.0%	**Medium**
OCM 2.3	Access to health technologies, innovation, and production	41 500	39 300	-5.3%	**Low**
OCM 2.4	Digital transformation, science, and health intelligence	38 500	36 100	-6.2%	**Low**
SO3	**Accelerate the disease elimination agenda and better prevent and treat communicable diseases, noncommunicable diseases, and mental health conditions**	**162 300**	**155 900**	**-4%**	
OCM 3.1	Noncommunicable diseases, mental health conditions, violence, and injuries	35 000	33 500	-4.3%	**High**
OCM 3.2	Communicable diseases, antimicrobial resistance, and immunization	127 300	122 400	-3.8%	**High**
SO4	**Prevent, prepare, detect, and respond better to health emergencies**	**106 800**	**100 100**	**-6%**	
OCM 4.1	Prevention, mitigation, preparedness, and readiness to respond to health emergencies	77 800	73 200	-5.9%	**Medium**
OCM 4.2	Rapid detection and response	29 000	26 900	-7.2%	**Medium**

Table 2. Proposed Program Budget 2026–2027 by Outcome, Compared to 2024–2025 *(cont.)*
(US$ thousand)

Strategic objective/ Outcome	Short title	Comparative figures for 2024–2025	Proposed budget 2026–2027	% change from PB24–25 to PB26–27	2026–27 prioritization results
SO5	**Bolster the leadership, governance, and performance of PAHO to advance the regional health agenda and deliver technical cooperation that drives public health impact in countries**	**179 900**	**169 300**	**-6%**	
OCM 5.1	PAHO's leadership and governance	67 562	63 500	-6.0%	**Not applicable**
OCM 5.2	PASB's institutional capacity	112 338	105 800	-5.8%	**Not applicable**
Total Base Programs		**700 000**	**662 000**	**-5.4%**	
Special Programs		**120 000**	**100 000**	**-16.7%**	
Total Program Budget		**820 000**	**762 000**	**-7.1%**	

Implementation of the New PAHO Budget Policy: Budgets by Country and Functional Levels

48. PAHO continues to strategically strengthen its country-level work. To distribute the country level budget allocation in a transparent and equitable manner, at the 57th Directing Council in September 2019, Member States adopted the PAHO Budget Policy, which expires in 2025. A new policy has been developed for the period 2026–2031, in line with the new SP26–31, and is being presented to the 176th Session of the Executive Committee for review and approval (Document CE176/14). This new policy includes recommendations from the Evaluation of the PAHO Budget Policy 2020–2025.

49. To ensure PASB applies its resources where they are needed most, and in an evidence-based and transparent manner, the new PAHO Budget Policy establishes the following guiding principles: alignment with PAHO's values of equity, solidarity and pan-Americanism; country focus; and operational flexibility. It also mandates that budget allocations should be guided by four main criteria: prioritization, progressivity, absorptive capacity, and adaptability.

50. Table 3 shows the PB26–27 by PAHO functional level (regional, subregional, and country) in accordance with proposed principles and criteria established in the new PAHO Budget Policy.

Table 3. Proposed PAHO Program Budget 2026–2027:
Indicative budget by functional level and country-by-country budgets
(US$ thousand)

Country/Functional Level	Code	Proposed Program Budget
Anguilla	AIA	200
Antigua and Barbuda	ATG	790
Argentina	ARG	7 800
Aruba	ABW	350
Bahamas	BHS	2 940
Barbados	BRB	1 500
Belize	BLZ	5 840
Bermuda	BMU	200
Bolivia (Plurinational State of)	BOL	12 800
Bonaire, Saba, Sint Eustatius	BES	200
Brazil	BRA	18 900
British Virgin Islands	VGB	400
Canada	CAN	500
Cayman Islands	CYM	310
Chile	CHL	5 350
Colombia	COL	14 300
Costa Rica	CRI	4 920
Cuba	CUB	6 930
Curaçao	CUW	250
Dominica	DMA	850
Dominican Republic	DOM	8 500
Ecuador	ECU	8 970
El Salvador	SLV	7 000
French Guiana, Guadalupe and Martinique	FDA	350
Grenada	GRD	690
Guatemala	GTM	16 080
Guyana	GUY	7 920
Haiti	HTI	35 740
Honduras	HND	17 100
Jamaica	JAM	6 640
Mexico	MEX	10 220
Montserrat	MSR	200
Nicaragua	NIC	13 100
Office of the Eastern Caribbean Countries	ECC	7 500
Panama	PAN	6 420
Paraguay	PRY	10 270
Peru	PER	12 320

Table 3. Proposed PAHO Program Budget 2026–2027:
Indicative budget by functional level and country-by-country budgets *(cont.)*
(US$ thousand)

Country/Functional Level	Code	Proposed Program Budget
Puerto Rico	PRI	500
Saint Kitts and Nevis	KNA	670
Saint Lucia	LCA	740
Saint Vincent and the Grenadines	VCT	790
Sint Maarten	SXM	350
Suriname	SUR	6 400
Trinidad and Tobago	TTO	4 570
Turks and Caicos	TCA	200
United States of America	USA	500
Uruguay	URY	4 680
Venezuela (Bolivarian Republic of)	VEN	13 100
Total – Country level		**286 850**
Total – Subregional level		**15 000**
Total – Regional level		**360 150**
Total – Base programs		**662 000**
Special programs		**100 000**
Total Program Budget		**762 000**

Budget Alignment with WHO Outcomes

51. Programmatic alignment facilitates technical collaboration, monitoring, and reporting between the global and regional levels. From a budgetary perspective, alignment eases the transfer, implementation, and reporting of funds and streamlines reporting processes.

52. A crosswalk between the results frameworks of PAHO and WHO has been developed to facilitate programming, monitoring, and reporting to WHO.

Financing the Program Budget

Base Programs

53. Table 4 shows the expected sources of funding for the base programs in the PB26–27 compared with those of the PB24–25, as well as the contribution of each funding source as a share of the overall budget.

Table 4. Proposed PAHO Program Budget 2026–2027 by Funding Source Compared with PAHO Program Budget 2024–2025, Base Programs Only
(US$)

Source of funding	2024–2025	2026–2027	Change	Share
PAHO net assessed contributions	194 400 000	194 400 000	-	29%
PAHO budgeted miscellaneous revenue	14 000 000	52 000 000	38 000 000	8%
PAHO voluntary contributions and other sources	196 000 000	160 800 000	(35 200 000)	24%
WHO allocation to the Americas	295 600 000	254 800 000	(40 800 000)	38%
TOTAL	**700 000 000**	**662 000 000**	**38 000 000**	**100%**

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

55. Regarding the expected sources of funding:

a) **Assessed contributions.** This amount includes the proposed assessed contributions from PAHO Member States, Participating States, and Associate Members, which are expected to be received in full. The amount of assessed contributions ($194.4 million) for PB26–27 will remain at the same level as for the 2024–2025 biennium. PAHO assessed contributions have not increased since 2012–2013. As technical cooperation demands from Member States expand and diversify, having zero nominal growth in net Member State contributions has effectively resulted in a reduction in the Organization's flexible resources estimated at $78 million,[11] since operational costs have increased (due to inflation and fluctuation in exchange rates, among other factors). This situation has increased dependence on voluntary contributions—most of which are earmarked—and thus limited PASB's ability to align funding with priorities and address funding gaps.

[11] This figure represents the reduction of purchasing power calculated using the inflation rate for the period 2012 to 2024.

b) **Budgeted miscellaneous revenue.** This amount corresponds to the estimated income earned in the preceding biennium from interest on the Organization's investments. Based on the most up-to-date information at the time of presenting this budget proposal, miscellaneous revenue is expected to be $52.0 million. The increase projected from 2024–2025 to 2026–2027 corresponds to higher yield rates in investments in relation to prior projections.

c) **PAHO voluntary contributions and other sources, including special funds.** This component includes voluntary contributions that are mobilized directly by PAHO, as well as revenue from program support costs and any other source of income that finances the Program Budget.[12] PAHO continues to strengthen and expand its relationship with Member States and external partners to enhance resource mobilization. The expected amount is subject to change during implementation as a result of resource mobilization efforts and other PAHO revenue becoming available. Starting with the PB26–27, Member States will have **an additional mechanism to fund base programs through "Core Voluntary Contributions."** This new category of voluntary contribution seeks to increase sustainability, flexibility, and predictability of funding for the budget base programs. Core Voluntary Contributions will be fully aligned with program budget results and selected strategic objectives or outcomes in the Strategic Plan, with flexibility in terms of expenditure type and activity. This will allow PAHO to maintain core capacities to respond effectively and in an agile manner to regional and global health challenges and demands from Member States for technical cooperation. The implementation of Core Voluntary Contributions will be reported through the end-of-biennium assessment of the PAHO program budget.

d) **WHO allocation to the Region of the Americas.** The proposed WHO Programme budget allocation to the Region of the Americas for base programs in 2026–2027 is currently $254.8 million. This allocation would correspond to 38% of the PAHO budget for base programs and can only be financed by WHO flexible funds and voluntary contributions mobilized by WHO. The level of funding during implementation of the PB varies depending on the flexible and voluntary contributions allocated by WHO to the Region.

Special Programs

56. The special programs are fully funded by voluntary contributions and are time-limited.

57. Polio eradication maintenance has traditionally been financed by WHO. Nevertheless, as polio has been eradicated in the Region, and following changes in WHO's polio planning, AMRO will not be receiving funds under this segment, as proposed in WHO's PB26–27.

58. Foot-and-mouth disease eradication is a regional initiative with dedicated voluntary contributions whose projections will determine the budget envelope.

[12] The main component of PAHO other sources is the income generated from charges to voluntary contributions, known as program support costs; income from service charge of the procurement funds; the Master Capital Investment Fund; and other funds such as BIREME sales and services, PROMESS vaccines and medications sales, sales of PAHO publications, the Special Fund for Health Promotion, and the services of the Virtual Campus for Public Health.

Financial Outlook and Resource Mobilization: Challenges and Opportunities

59. The financial outlook for PB26–27 remains subject to an evolving and uncertain global financing landscape. Assuming full payment of assessed contributions from Member States, along with projected voluntary contributions, other PAHO sources, and projected funding from WHO to the Region, PASB currently estimates that the base programs for PB26–27 will be 80% funded ($524 million of $662 million), leaving a funding gap of $138 million.

60. To fulfill its mandate, PAHO is committed to securing full funding of the PB26–27 by exploring strategies to attract more flexible voluntary contributions, which are crucial for ensuring quality and timely delivery of technical cooperation. The support of Member States and partners will be more critical than ever in achieving this goal.

61. The Region continues to navigate through the substantial decrease in official development assistance for health. This is occurring amid broader fiscal pressures, including changes in aid policies and budget reallocations among some partners. These changes have systemic effects that risk weakening multilateral responses and delaying progress in achieving global and regional health and development goals.

62. In this context, PAHO, as the leading regional public health agency, remains fundamental to strengthening resilient health systems that contribute to the health and well-being of individuals and communities and the stability, productivity, and prosperity of societies. As the efficient, transparent, and accountable health agency of the Americas, PAHO has consistently proven its ability to deliver effective health interventions and respond to current and emerging health threats.

63. The Bureau will continue leveraging its leadership, convening power, technical excellence, and visibility to mobilize voluntary contributions to finance PB26–27. PASB will seek to expand its partnership base and engage with both traditional and emerging donors to enhance resource predictability and sustainability, positioning itself as the partner of choice for health in the Americas. Member States have a crucial role to play by keeping health at the center of the development agenda and increasing, whenever possible, their voluntary contributions to the Organization.

National Voluntary Contributions

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

65. PASB will continue strengthening its relationship with national and subnational authorities to increase the mobilization of NVCs to finance national health programs with local funding, in full alignment with the health objectives set out in the PB26–27. These resources will continue to be reported in the relevant financial reports and end-of-biennium assessments.

Risk and Mitigation Actions for 2026–2027

66. The global and regional context in which PAHO operates continues to be shaped by complex and interrelated political, economic, social, technological, legal, and environmental dynamics. These factors influence the likelihood and potential impact of risks that may affect the Organization's ability to achieve its expected results. For the 2026–2027 biennium, PAHO may face a combination of evolving risks and opportunities that, if not adequately addressed, could compromise the effectiveness and sustainability of the Organization's technical cooperation.

67. Based on the Bureau's risk register and considering the global risk landscape and principal risks identified by the WHO Global Risk Management Committee, PASB has identified a core set of risks for the 2026–2027 biennium, outlined in Table 5. However, it is important to note that the likelihood and potential impact of these may evolve during the biennium. Accordingly, PASB will continue to monitor and update its risk assessments through established mechanisms to ensure a comprehensive and adaptive approach to enterprise risk management. Building on its institutional experience, PASB will enhance its Enterprise Risk Management Policy and system to be better prepared to manage these and other future risks that could affect the achievement of organizational performance and results. Efforts will also continue to improve tools, methodologies, and internal processes to strengthen resource management and enhance the Organization's capacity to respond to uncertainty.

68. The Bureau's risk management function is anchored in the Three Lines Model. This model serves as a framework for managing risk and controls throughout the Organization. The First Line comprises PASB managers and staff who are responsible for day-to-day risk management and controls. The Second Line includes risk management, compliance, ethics, and quality assurance functions. The Third Line involves internal audit, investigation, and other independent oversight mechanisms. Internal control is a continuous process embedded across all three lines, designed to provide reasonable assurance regarding operational effectiveness, financial integrity, risk oversight, and compliance with applicable rules and standards. It is an ongoing, organization-wide process that requires engagement at all levels—from senior management to all staff.

69. The increasing maturity of the Enterprise Risk Management program has enabled its more systematic integration into operational planning, corporate assessments of voluntary contribution projects, and the fast-track review of risks related to emergency responses. During the biennium, PASB will continue to promote a culture of sound risk management, including regular documentation and review of operational risks at the country level. Strategic risk monitoring will remain essential to ensure the effective coordination of short- and medium-term risk mitigation measures, while supporting broader compliance and performance efforts.

70. In the context of fiscal constraints and shifting priorities, the Bureau will apply the principle of risk-based prioritization to guide the strategic allocation of organizational resources, including financial and human, to reasonably manage threats and opportunities. Special attention will be given to addressing risks that impact country-level operations and the delivery of technical cooperation. This approach will involve the strengthening of enabling systems and capacities required to maintain risks within acceptable levels. Risk prioritization is carried out by the PAHO Enterprise Risk Management and Compliance Standing Committee and validated by Executive Management.

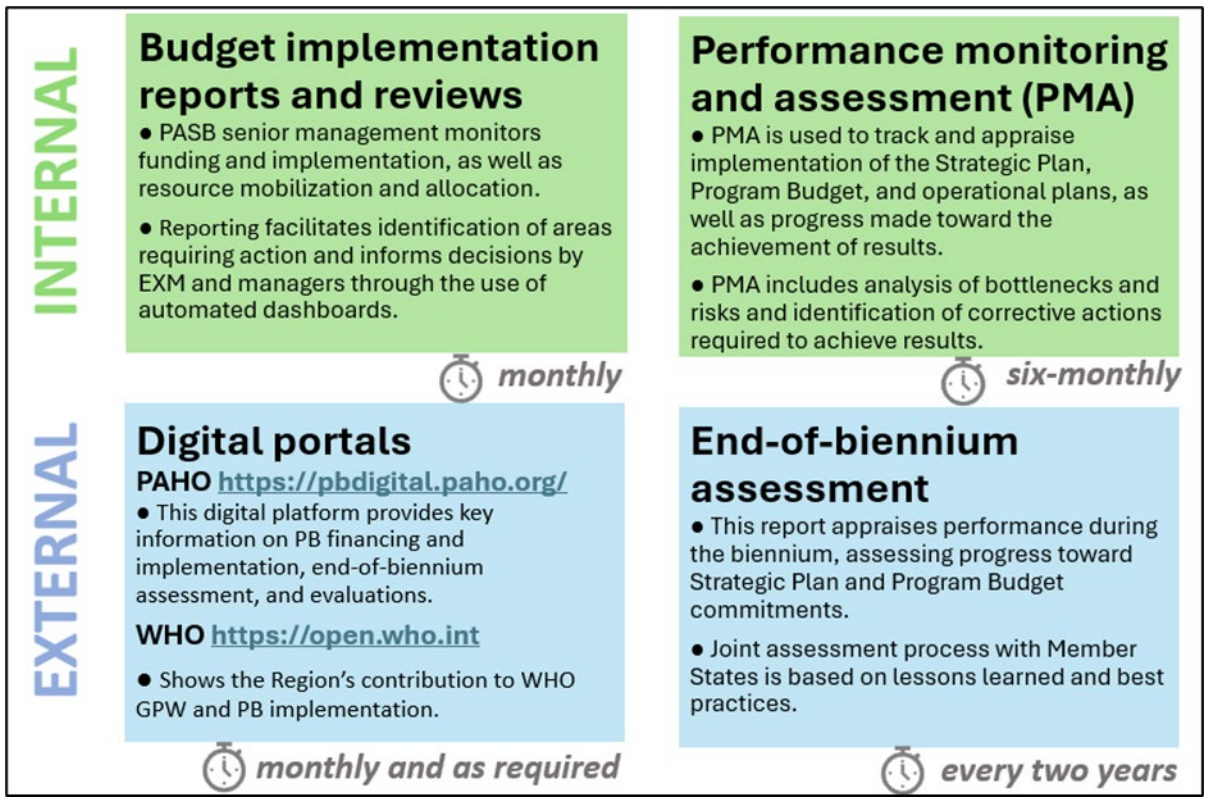
Table 5. Principal Risks Identified for PASB for the Biennium 2026–2027

Risk title	Risk description
Financial and multilateral cooperation disruptions	Delays or failure by Member States to meet financial commitments, or disruptions in multilateral cooperation due to geopolitical shifts or weakening global and regional partnerships, could lead to unsustainable and unpredictable financing and threaten the Organization's ability to deliver its core functions and mandates. Beyond financial impact, such developments may also undermine operational continuity, affect delivery of technical cooperation, and impair the effectiveness of regional coordination.
Failure in emergency response	Delays in responding effectively to Member States' needs during emergencies, including disease outbreaks, natural disasters, and humanitarian crises, may disrupt operations and undermine the effectiveness of technical cooperation.
Infodemic and disinformation	The spread of inaccurate or misleading information, whether unintentional (misinformation) or deliberate (disinformation), including through digital platforms and artificial intelligence, may erode public trust, affect the delivery of results, and damage the reputation of both PASB and national health institutions.
Cybersecurity breach and data protection failure	Compromised critical systems or unauthorized access to sensitive data could lead to disruption of operations, financial losses, and breaches of confidentiality and privacy, negatively affecting the Organization's credibility and ability to operate securely.
Reputational risk associated with the quality of PAHO's technical cooperation	Challenges in attracting and retaining qualified personnel, along with delays in the provision of essential health technologies and products through the Revolving Fund for Access to Vaccines or Regional Revolving Fund for Strategic Public Health Supplies, may affect the quality and timeliness of PAHO's technical cooperation and harm perceptions of its effectiveness.
Misconduct events	Inability to prevent, detect, and respond to incidents of misuse of resources, fraud, corruption, conflict of interest, or sexual harassment and abuse may result in reputational damage, legal consequences, and affect stakeholder confidence
Institutional inefficiencies and resistance to organizational change	Inefficiencies in administrative systems, policies, procedures, and tools—combined with limited readiness and resistance to business transformation initiatives—may hinder efforts to improve efficiency, transparency, and accountability

Accountability for Results and Financial Resources

71. Monitoring, assessment, and reporting on the implementation of PB26–27 is an integral aspect of PAHO's approach to accountability and results-based management and is essential for effective management of the Program Budget.[13] The monitoring and assessment of PB26–27 will be conducted through established mechanisms in alignment with the Organization's RBM approach, as shown in Figure 3. Drawing on over two decades of experience with RBM, PASB will continue practices such as joint assessment of results with Member States and emphasizing transparency and accountability throughout the implementation of the Program Budget and operational plans.

Figure 3. Overview of Strategic Plan and Program Budget Monitoring and Assessment Mechanisms



72. Output performance will be measured through output indicators, with corresponding 2025 baseline and 2027 target figures. These indicators will be monitored and assessed using a set of technical descriptions known as the Compendium of Output Indicators. To standardize monitoring, assessment, and reporting, an enhanced and digitized compendium will be produced and made available to Member States. Baseline and target figures will be established based on projections by PASB, which will later be validated with Member States, as applicable. This validation process serves to foster commitment from Member States and PASB and ensures accurate reporting on both outcome and output indicators at the end of the biennium.

[13] For the full spectrum of PAHO's accountability mechanisms, Member States are encouraged to refer to the SP26–31.

73. The end-of-biennium assessment report to the Governing Bodies of PAHO is the primary means of accountability to Member States for the implementation of the Program Budget and provides an interim assessment of the SP26–31. It includes the joint assessment of countries' progress on the outcome and output results, a best practice from the Region that is informing a WHO pilot at the global level. The PAHO Digital Program Budget[14] serves as a public accountability tool, providing quarterly updates on budget implementation. Within PASB, monthly budget reviews and periodic performance monitoring and assessment reviews facilitate timely analysis and decision-making for effective implementation of the Program Budget throughout the biennium.

74. Importantly, the results from monitoring and assessment of the PB26–27 will also inform reports on progress toward the commitments in Country Cooperation Strategies, the Sustainable Health Agenda for the Americas 2018–2030, and the mid-term and end-of-biennium assessments for the WHO Programme Budget 2026–2027 and GPW 14, among other regional and global mandates.

75. Consistent with PAHO's commitment to accountability and transparency, the evaluation function will continue to be strengthened to enhance organizational learning. Evaluation recommendations will inform continuous improvement, with lessons learned applied to policymaking and decision-making.

[14] Available at: https://pbdigital.paho.org/. The section on the proposed PB26–27 is under development.

Outcomes and Outputs

76. This section presents the outputs and indicators for the 2026–2027 biennium under each of the SP26–31 outcomes, along with the key interventions that will be carried out by PASB in close collaboration with Member States and partners. For the 62nd Directing Council, the indicators will be confirmed, and a projected baseline value for 2025 and a target value for 2027 will also be provided.

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

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

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	
Proposed Output	**Proposed Output Indicator**
1.1.1 Countries and territories supported to effectively monitor the social determinants of health and health equity	**1.1.1.a** Number of countries and territories supported by PASB to design or strengthen monitoring systems of social determinants of health and health equity in all its dimensions at national, subnational or local level **[Contribution]**
	1.1.1.b Number of countries and territories implementing systems to monitor social determinants of health to advance on health equity in all its dimensions in policies, plans, and programs at national, subnational or local level **[Change]**
1.1.2 Standards, guidelines, and technical packages available to strengthen intersectoral action to address the social determinants of health and health equity, including political, economic, commercial, and environmental determinants, among others	**1.1.2.a** Number of countries and territories provided with technical cooperation on intersectoral action to address social determinants of health including political, economic, commercial, and environmental determinants **[Contribution]**
	1.1.2.b Number of countries and territories reporting the implementation of intersectoral action to address the social determinants of health, using the regional indicators of the PAHO framework on Intersectoral action **[Change]**
1.1.3 PASB capacity enhanced to implement strategies and programs to advance health equity in all its dimensions, with special focus on populations and territories in situations of vulnerability	**1.1.3.a** Number of PASB entities trained on the health equity approach using PAHO/WHO guidance and tools to incorporate equity in all its dimensions **[PASB internal]**
	1.1.3.b Number of PASB technical units that apply the PAHO/WHO health equity tools in the planning and/or implementation of their technical cooperation interventions **[PASB internal]**
1.1.4 Evidence, guidance, and tools available to address social determinants of health across health services, based on the principles of primary health care, to contribute to the prevention of diseases and their risk factors	**1.1.4.a** Number of tools and documents developed by PASB to integrate social determinants of health across health services, based on the principles of primary health care **[Contribution]**
	1.1.4.b Number of countries and territories implementing and reporting on the use of PASB-developed tools or guidance documents to address social determinants of health in primary health care strategies and/or services **[Change]**
	1.1.4.c Number of countries and territories that integrate traditional medicine, ancestral knowledge, and intercultural approaches into health services to address cultural barriers in access to primary health care services **[Change]**

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	
Proposed Output	**Proposed Output Indicator**
	1.1.4.d Number of countries and territories implementing gender-responsive strategies to address stigma and discrimination in access to primary health care services **[Change]**
1.1.5 Countries and territories supported to strengthen social participation in decision-making and community-based interventions to promote health and well-being	**1.1.5.a** Number of countries and territories trained by PASB on the use of PAHO/WHO guidance and toolbox to strengthen competencies for social participation in decision-making on health policy, plans and/or programs to promote health and well-being **[Contribution]**
	1.1.5.b Number of countries and territories that have institutionalized mechanisms to promote social participation in the design and implementation of health policies, plans, programs and/or interventions based on PAHO/WHO guidance and toolbox **[Change]**
1.1.6 Guidance and tools developed to support national and local governments in promoting health and wellbeing, with a comprehensive approach and population-based interventions across sectors	**1.1.6.a** Number of tools and guidance documents developed by PASB to strengthen capacities of national, subnational and local governments to promote health and well-being **[Contribution]**
	1.1.6.b Number of countries and territories that apply and report the use of PAHO/WHO tools and guidance to strengthen health promotion and well-being laws, policies, programs and/or initiatives at national, subnational and/or local level **[Change]**
1.1.7 Norms, standards, and technical packages developed to address risk factors for noncommunicable diseases, violence and injuries, malnutrition, and countries and territories supported for the development and monitoring of evidence-based legislation and regulations	**1.1.7.a** Number of norms, standards, and technical packages developed by PASB to address risk factors for noncommunicable diseases, violence and injuries, and malnutrition **[Contribution]**
	1.1.7.b Number of countries and territories implementing a national policy or strategy on physical activity **[Change]**
	1.1.7.c Number of countries and territories implementing national policies to eliminate industrially produced trans-fatty acids in the food supply **[Change]**
	1.1.7.d Number of countries and territories implementing national policies to reduce salt/sodium consumption **[Change]**
	1.1.7.e Number of countries and territories implementing policies and/or actions to regulate unhealthy food and drink products **[Change]**
	1.1.7.f Number of Member States that have implemented the five major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement **[Change]**
1.1.8 Countries and territories supported to strengthen prevention, surveillance, monitoring, response, and control of health risks associated with occupational and environmental risk factors using an equity approach	**1.1.8.a** Number of countries and territories provided with technical cooperation to strengthen capacities for monitoring WASH services including an equity approach **[Contribution]**
	1.1.8.b Number of countries and territories provided with technical cooperation to strengthen capacities for the management of chemicals and hazardous waste **[Contribution]**

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	
Proposed Output	**Proposed Output Indicator**
	1.1.8.c Number of countries and territories trained by PASB in prevention of key occupational diseases **[Contribution]**
	1.1.8.d Number of countries and territories implementing water and sanitation safety plans, policies, programs, and/or interventions to reduce health risks and health inequities associated with water quality and unsanitary conditions, following WHO guidelines **[Change]**
	1.1.8.e Number of countries and territories implementing plans, policies, programs, and/or interventions to prepare health systems and reduce health risks and health inequities associated with exposure to hazardous chemical, hazardous waste, and/or biological hazards present on environment and food **[Change]**
	1.1.8.f Number of countries and territories implementing surveillance protocols to detect and prevent key occupational diseases **[Change]**
1.1.9 Countries and territories supported to strengthen comprehensive access to NCD risk factor-related promotion and preventive health services and to monitor their implementation	**1.1.9.a** Number of norms, standards, and technical packages developed by PASB to strengthen comprehensive access to NCD risk factor related promotion and preventive health services and to monitor their implementation **[Contribution]**
	1.1.9.b Number of countries and territories that have adopted a policy package to achieve all targets included in the WHO Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition **[Change]**
Key Technical Cooperation Interventions	
a) Strengthen country capacity to develop and implement public health policies, plans, and programs that integrate the social determinants of health and promote health equity in all its dimensions across the health sector and other sectors. b) Enhance intersectoral collaboration at the national, subnational, and local level—beyond the health care services network—to address health equity and social determinants. c) Support country efforts to strengthen social participation in policy-making processes and the delivery of health care services, including health promotion, prevention, and care. d) Strengthen country capacity to generate, analyze and use evidence on health equity for policymaking and evaluation. e) Build country capacity to design and implement effective interventions and strategies to promote health and wellbeing. f) Support the development and implementation of policies, plans, regulations, laws, and strategies to prevent exposure to environmental and other health risk factors, and to reduce their impact on health. g) Support the transformation toward sustainable food systems to improve health equity, promote healthy diets, and prevent all forms of malnutrition.	

Outcome 1.2: Adaptation to and mitigation of climate change risks to health with equity

Outcome 1.2 Country capacities strengthened to adapt to and mitigate risks posed by climate change to health, using an equity-oriented approach	
Proposed Output	**Proposed Output Indicator**
1.2.1 Countries and territories supported to adapt to the effects of climate change on health while reducing health inequities	**1.2.1.a** Number of countries and territories provided with technical cooperation to develop strategic documents related to the impacts of climate change on health that include a health equity assessment **[Contribution]**
	1.2.1.b Number of countries and territories provided with technical cooperation to **s**trengthen the integration of climate and health surveillance systems **[Contribution]**
	1.2.1.c Number of countries and territories implementing plans, policies, programs, and/or interventions to prepare health systems and reduce health risks and impacts associated with climate change **[Change]**
1.2.2 Countries and territories supported to build low-carbon health systems aimed at achieving mitigation goals and reducing health inequities	**1.2.2.a** Number of countries and territories directly supported by PASB in the assessment of carbon emissions from health care facilities **[Contribution]**
	1.2.2.b Number of countries and territories implementing plans, policies, programs, and/or interventions to build sustainable, low-carbon health systems and resilient and green health infrastructure **[Change]**
1.2.3 Countries and territories supported to reduce health risks from exposure to ambient air pollution and derived household air pollution linked to the use of polluting fuels for cooking, with a focus on reducing health inequities	**1.2.3.a** Number of countries and territories trained by PASB to reduce ambient air pollution burden of disease using a health equity approach **[Contribution]**
	1.2.3.b Number of countries and territories trained by PASB for the assessment of inequities in, and the reduction of household air pollution burden of disease **[Contribution]**
	1.2.3.c Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks and health inequities associated with ambient air pollution, following WHO guidelines **[Change]**
	1.2.3.d Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with polluting fuels for cooking and derived household air pollution, following WHO guidelines **[Change]**
Key Technical Cooperation Interventions	
a) Strengthen countries' capacities to anticipate, prevent, prepare for, respond to, and recover from the health impacts of climate change and air pollution, with a focus on reducing health inequities. b) Support the development and revision of norms, legislation, strategies, and plans to prevent exposure and protect health from the risks of climate change and air pollution. c) Provide technical cooperation to design and implement low-carbon, environmentally sustainable, and climate-resilient health care facilities, and systems. d) Develop and strengthen countries' capacities to establish and operationalize intersectoral governance mechanisms to adapt and mitigate climate change risks to health. e) Strengthen health surveillance systems and promote the integration of climate, environmental, and sociodemographic data to support evidence-based decision-making. f) Provide direct support to countries for the preparation and implementation of projects related to the intersection of climate and health.	

Strategic Objective 2: Resilient health systems and services based on primary health care

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

Outcome 2.1 Stewardship and governance strengthened for resilient health systems based on primary health care and equity	
Proposed Output	**Proposed Output Indicator**
2.1.1 Policy options, tools, and/or technical guidance provided to strengthen institutional capacities for essential public health functions and improve the resilience of health systems	**2.1.1.a** Number of PASB-facilitated policy options, tools, and/or technical guidance to strengthen the essential public health functions developed and disseminated to countries and territories **[Contribution]**
	2.1.1.b Number of countries and territories that incorporated findings from PASB-supported Essential Public Health Functions self-assessments into national/subnational health strategies, policies, or investment plans to strengthen health system resilience **[Change]**
2.1.2 Policy options, tools, and/or technical guidance provided to support the development and monitoring of primary health care-oriented policies for universal health	**2.1.2.a** Number of countries and territories provided with technical cooperation to implement monitoring and evaluation of progress in strengthening primary health care and addressing unmet healthcare needs **[Contribution]**
	2.1.2.b Number of countries and territories that have assessed progress in the implementation of their universal health and primary health care policy, strategy, or plan with PASB's support **[Change]**
2.1.3 Technical guidance and/or operational support provided to optimize and expand countries' health and care workforce	**2.1.3.a** Number of countries and territories that strengthened health workforce competencies and capacity-building programs through the PAHO Virtual Campus for Public Health and/or other PASB-supported platforms **[Contribution]**
	2.1.3.b Number of countries and territories provided with technical cooperation to support the strengthening of interprofessional teams **[Contribution]**
	2.1.3.c Number of countries and territories that are implementing a national policy on human resources for health **[Change]**
2.1.4 Policy options, tools, and/or evidence-based technical guidance provided to support adequate, predictable, and sustainable health financing	**2.1.4.a** Number of countries and territories provided with technical cooperation and instruments to revise, design, monitor, and evaluate health financing policies **[Contribution]**
	2.1.4.b Number of countries and territories that have conducted assessments and/or implemented evidence-based policies on health financing to progressively increase and improve public expenditure in health in a sustainable, efficient, and effective manner **[Change]**
2.1.5 Technical guidance and/or support provided to enhance country capacities to track and analyze health expenditures and financial barriers to access, as well as improve decision-making for financial protection	**2.1.5.a** Number of countries and territories provided with technical cooperation to build capacity to produce and analyze health spending and financial protection data and indicators **[Contribution]**
	2.1.5.b Number of countries and territories reporting or actively validating health spending data using the System of Health Accounts methodology **[Change]**
	2.1.5.c Number of countries and territories with an updated analysis of financial protection indicators **[Change]**

Key Technical Cooperation Interventions
a) Strengthen governance and institutional capacities based on the essential public health functions for building resilience, in collaboration with the Network on Essential Public Health Functions for Stewardship and Governance in the Americas. b) Provide tools and technical cooperation to develop, implement, finance, and evaluate action plans and strategies to strengthen the essential public health functions, including resilience, preparedness, and response to health emergencies. c) Provide tools and technical cooperation to formulate policies focused on strengthening health systems based on primary health care. d) Strengthen information systems to monitor primary health care policies, unmet healthcare needs, and barriers to access. e) Build capacity and generate evidence in health economics and health financing, thus supporting efficient and equitable ways to increase and improve fiscally sustainable public investment in health. f) Improve country capacity to generate evidence and identify and measure the main sources of out-of-pocket expenditure, to improve financial protection and reduce financial barriers to access. g) Work with countries to articulate high-level coordination mechanisms between health, education, labor, finance, and other sectors to reinforce policies, planning, and regulation for human resources for health (HRH), as well as HRH information systems to support the availability, adequate distribution, recruitment, retention, and development of the health workforce. h) Strengthen health workforce capacity and resilience through development and regulation of interprofessional competencies and teams, including continuing education and lifelong learning through the PAHO Virtual Campus for Public Health and other PASB-supported platforms.

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

Outcome 2.2 Person-centered health care, services, and information strengthened for communities and people throughout the life course	
Proposed Output	**Proposed Output Indicator**
2.2.1 Policy options, tools, and/or technical guidance provided to strengthen country capacity to enhance equitable, people-centered, quality, and integrated health service delivery	**2.2.1.a** Number of countries and territories provided with technical cooperation to assess the maturity of integrated health service delivery networks and supported to develop an action plan **[Contribution]**
	2.2.1.b Number of countries and territories implementing an action plan aiming to improve maturity assessment scores of integrated health service delivery networks **[Change]**
2.2.2 Policy options, tools, and/or technical guidance provided to strengthen integrated, people-centered care using a life course approach, ensuring health services effectively meet the needs of women, newborns, children, adolescents, adults, and older persons	**2.2.2.a** Number of countries and territories provided with policy guidance and technical tools to support integrated, people-centered care with a life course approach **[Contribution]**
	2.2.2.b Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level **[Change]**
	2.2.2.c Number of countries and territories that measure the percentage of pregnant women who received antenatal care four or more times, disaggregated by age, race/ethnicity, and place of residence **[Change]**
	2.2.2.d Number of countries and territories implementing regular maternal and perinatal death reviews and audits **[Change]**

Outcome 2.2 Person-centered health care, services, and information strengthened for communities and people throughout the life course	
Proposed Output	**Proposed Output Indicator**
	2.2.2.e Number of countries and territories implementing strategies and/or plans of action to provide integrated people-centered care during the first two decades of life (newborns, children, and adolescents) **[Change]**
	2.2.2.f Number of countries and territories implementing comprehensive assessments and interventions to maintain functional capacity of older persons within primary health care strategies **[Change]**
2.2.3 Policy options, tools, and/or technical guidance provided to increase equitable access to comprehensive, timely, quality health services and financial protection for migrant populations	**2.2.3.a** Number of countries and territories provided with technical cooperation to improve their policies, projects, and/or programs aimed at promoting and protecting the health and well-being of migrants and host populations **[Contribution]**
	2.2.3.b Number of countries and territories implementing interventions to promote and protect the health and well-being of the migrant and host populations within national health policies, plans, and/or programs **[Change]**
Key Technical Cooperation Interventions	
a) Strengthen the development, design, and implementation of policies and strategies to promote integrated health services and care that are tailored to the health needs of women, newborns, children, adolescents, men, and older adults, throughout the life course. b) Support targeted interventions to accelerate the reduction of maternal and neonatal mortality, especially for populations living in situations of vulnerability, based on the primary health care approach. c) Strengthen capacity in the organization and management of integrated health service delivery networks, focusing on people's needs for timely and satisfactory care, in line with the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10). d) Develop strategies to improve the resolution capacity of the first level of care, addressing the comprehensive needs of people where they live and taking into consideration the social determinants of health. e) Strengthen country capacities to implement the Regional Policy and Strategy for Ensuring Quality of Health Care, including Patient Safety (Document CSP27/16 and Corrig.), with a focus on populations in situations of vulnerability. f) Promote and strengthen effective integration of social and health care that promotes sustainability of coverage and ensures access to health services for older persons, including long-term care for those who need it, in line with the Policy on Long Term Care (Document CD61/8). g) Support countries and territories in the planning, implementation, and scaling up of initiatives to promote and protect the health and well-being of migrant and host populations across the mobility continuum through national health policies, plans, and programs.	

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

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 access barriers across the full life cycle of health technologies	
Proposed Outputs	**Proposed Output Indicator**
2.3.1 Countries and territories supported to develop and implement policies, strategies, and regulations for timely and equitable access to affordable health technologies	**2.3.1.a** Number of countries and territories provided with technical cooperation to develop policies, strategies, and/or regulations for timely and equitable access to affordable health technologies **[Contribution]**
	2.3.1.b Number of countries and territories implementing policies, strategies, and/or regulations for timely and equitable access to affordable health technologies **[Change]**
2.3.2 Countries and territories supported to strengthen their national regulatory capacity for health technologies	**2.3.2.a** Number of countries and territories provided with technical cooperation to develop and/or implement Institutional Development Plans to strengthen regulatory capacities **[Contribution]**
	2.3.2.b Number of countries and territories that have established an IDP to improve regulatory capacity for health technologies based on the assessment of their national regulatory capacities by the WHO Global Benchmarking Tool **[Change]**
2.3.3 Countries and territories supported to increase access to pharmaceutical, blood, transplant, and radiological services and strengthen radiation safety within a comprehensive and integrated network of health services	**2.3.3.a** Number of countries and territories provided with technical cooperation to increase access to pharmaceutical, blood, transplant, and radiological services, and strengthen radiation safety **[Contribution]**
	2.3.3.b Number of countries and territories implementing a plan to increase access to pharmaceutical, blood, transplant, and radiological services, and strengthen radiation safety **[Change]**
2.3.4 Countries and territories supported to develop strategies and mechanisms to strengthen rational use of health technologies at national or local level, including rational use of antimicrobials for the containment of antimicrobial resistance	**2.3.4.a** Number of countries and territories provided with technical cooperation to develop strategies for improving rational use of health technologies, such as antimicrobial stewardship **[Contribution]**
	2.3.4.b Number of countries and territories that implement strategies for improving the rational use of health technologies, such as antimicrobial stewardship **[Change]**
2.3.5 Countries and territories supported to implement processes and mechanisms for health technology assessment, incorporation, and management	**2.3.5.a** Number of countries and territories provided with technical cooperation to develop and enhance institutional frameworks and/or strategies for health technology assessment, incorporation, and management **[Contribution]**
	2.3.5.b Number of countries and territories implementing institutional frameworks and/or strategies for health technology assessment, incorporation, and management **[Change]**

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 access barriers across the full life cycle of health technologies	
Proposed Outputs	**Proposed Output Indicator**
2.3.6 Countries and territories supported to develop and implement policies, strategies, and programs for innovation and production of health technologies	**2.3.6.a** Number of countries and territories provided with technical cooperation to develop and implement policies, strategies, and/or programs for innovation and production of health technologies **[Contribution]**
	2.3.6.b Number of countries and territories implementing policies, strategies, and/or programs for innovation and production of health technologies **[Change]**
2.3.7 Countries and territories supported to improve access, affordability, and timely availability of quality-assured health technologies through pooled procurement and supply chain management capacity-building via the Regional Revolving Funds	**2.3.7.a** Number of product items with supplier agreements through the Regional Revolving Funds that are available to Member States **[Contribution]**
	2.3.7.b Number of health programs in countries and territories for which health technologies are procured through the Regional Revolving Funds **[Change]**

Key Technical Cooperation Interventions

a) Provide guidance and technical cooperation to support the development and implementation of updated policies, norms, and strategies that ensure timely access to and rational use of affordable, quality-assured, and cost-effective health technologies, including but not limited to pharmaceuticals, vaccines, diagnostics, and medical devices.

b) Provide technical cooperation to strengthen country capacities to manage and oversee health technologies supply chains at all levels, including down to health facilities, and promote and facilitate the use of regional procurement mechanisms to better leverage demand and increase access to safe and affordable health technologies.

c) Provide technical cooperation to ensure access to pharmaceutical, blood, transplant, and radiological services.

d) Foster intersectoral and interdepartmental cooperation and regional networks and other collaborative mechanisms to strengthen capacities, information sharing, and partnerships to improve governance and oversight by national health and regulatory authorities regarding the assessment, selection, incorporation, regulation, and use of health technologies.

e) Provide technical cooperation to strengthen regional capacities for innovation and production of health technologies, promoting the development of enabling ecosystems and fostering strategic initiatives to increase access.

Outcome 2.4: Digital transformation, science, and health intelligence

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	
Proposed Output	**Proposed Output Indicator**
2.4.1 Countries and territories supported to strengthen capacity for implementing official national roadmaps and strategies for the digital transformation of the health sector, including acceleration of the adoption of emerging technologies (such as artificial intelligence) and cybersecurity	**2.4.1.a** Number of policy options, tools, technical guidance, and/or digital public goods developed or adopted by PASB to support the digital transformation of the health sector, including the acceleration of the adoption of emerging technologies such as artificial intelligence and cybersecurity **[Contribution]**
	2.4.1.b Number of countries and territories implementing digital health strategies and/or roadmaps **[Change]**
2.4.2 Countries and territories supported to strengthen information systems for health, prioritizing cross-border interoperability and the adoption of sustainable data governance mechanisms	**2.4.2.a** Number of standards developed or adopted by PASB to support interoperability among platforms and databases in countries and territories **[Contribution]**
	2.4.2.b Number of countries and territories implementing an updated plan of action for strengthening the quality, coverage, and interoperability of health-related data sets based on PAHO's IS4H maturity assessment model **[Change]**
2.4.3 Countries and territories supported to strengthen capacity to monitor and generate updated data that include health equity metrics on high-priority health indicators, to enhance data use to produce health intelligence, and to effectively communicate public health impact messages	**2.4.3.a** Number of countries and territories that receive training to implement equity-driven health monitoring and analyses to assess public health conditions and make data-driven decisions **[Contribution]**
	2.4.3.b Number of countries and territories that incorporate monitoring and evaluation frameworks in national health strategies to enable data generation, health equity monitoring and analysis, and reporting on a consistent basis for health indicators aligned with national, regional, and global priorities **[Change]**
2.4.4 Countries and territories supported to develop approaches based on data science and geospatial intelligence for public health solutions to enable more timely and accurate analyses that support public health efforts	**2.4.4.a** Number of tools developed by PASB for applying data science approaches and solutions to enhance health analysis **[Contribution]**
	2.4.4.b Number of countries and territories that apply approaches based on data science and geospatial intelligence to improve public health efforts **[Change]**
2.4.5 Countries and territories supported to strengthen national science ecosystems that promote ethical research and innovation responsive to health needs	**2.4.5.a** Number of countries and territories supported by PASB to implement a national policy and/or agenda on health research, science, and/or innovation **[Contribution]**
	2.4.5.b Number of countries and territories with national health authority that has established effective mechanisms for ethics oversight of research, such as the accreditation of research ethics committees **[Change]**

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	
Proposed Output	**Proposed Output Indicator**
2.4.6 Countries and territories supported to develop and implement policies or operational mechanisms that promote equitable access to multilingual technical and scientific information	**2.4.6.a** Number of PASB mechanisms enhanced to ensure effective generation, preservation, and dissemination of multilingual scientific and technical information and evidence for health, and to foster knowledge sharing and networking **[Contribution]**
	2.4.6.b Number of countries and territories with developed and enhanced mechanisms to ensure effective generation, preservation, and equitable access to multilingual scientific and technical information and evidence for health **[Change]**
2.4.7 Countries and territories supported to generate and apply scientific evidence for health, including high-quality, evidence-informed normative products	**2.4.7.a** Number of countries and territories supported by PASB to develop evidence-informed products and address ethical issues in health decision-making **[Contribution]**
	2.4.7.b Number of countries and territories integrating scientific evidence on health into practices, programs, or policies, using standardized methodologies including evidence-informed normative products such as clinical and public health guidelines **[Change]**

Key Technical Cooperation Interventions

a) Build capacity to develop and implement national digital health roadmaps and interoperable health data platforms guided by maturity assessments of information systems for health, ensuring robust governance, data integration, privacy, and security, including necessary laws and multisectoral policies, to help bridge the digital divide, strengthen evidence-informed decision-making, and improve health outcomes.

b) Leverage digital health innovations to empower individuals, communities, and health workers with enhanced decision-making capabilities in health-related contexts.

c) Adopt strategies for the application of data science in public health using artificial intelligence and other emerging technologies, and develop predictive analytics tools, incorporating geospatial solutions, to implement equity-driven health monitoring and analysis.

d) Enhance public health intelligence by building capacity to collect, analyze, disseminate, and use disaggregated data to monitor progress toward national and regional health goals, including the strengthening of the regional Health in the Americas and Core Indicators initiatives.

e) Strengthen country capacities for the systematic and transparent uptake of evidence to inform policy- and decision-making by establishing dedicated knowledge translation platforms and implement standardized evidence mechanisms derived from regional and global science, local data, and specific contextual knowledge.

f) Enhance governance and stewardship of research, science, and innovation for health, including priority-setting and financial investments in health research, and strengthen health research systems to drive innovation by integrating human genomics, improving the quality and coordination of clinical trials, and advancing horizon scanning, artificial intelligence, and bioinformatics.

g) Assess research ethics systems, provide technical assistance for the development of a framework to ensure that research meets ethical standards, establish effective mechanisms for ethics oversight, and strengthen capacities for ethics analysis and ethical decision-making in public health.

h) Enhance the availability and use of multilingual scientific and technical literature to ensure equitable access to information and knowledge and leverage PAHO/WHO Collaborating Centers at regional and global levels to support the strengthening of resources in information, services, research, and capacity-building.

Strategic Objective 3: Disease prevention, control, and elimination

Outcome 3.1: Noncommunicable diseases, mental health conditions, violence, and injuries

Outcome 3.1 Prevention and optimal management of noncommunicable diseases, mental health conditions, violence, and unintentional injuries accelerated and sustained	
Proposed Output	**Proposed Output Indicator**
3.1.1 Countries and territories supported to implement national evidence-based guidelines for noncommunicable diseases to strengthen person-centered management of these diseases at the primary care level	**3.1.1.a** Number of countries and territories implementing hypertension clinical pathways at national level **[Change]**
	3.1.1.b Number of countries and territories supported by PASB to implement diabetes clinical pathways at national level **[Contribution]**
	3.1.1.c Number of countries and territories implementing HPV testing to improve cervical cancer screening in primary care **[Change]**
3.1.2 Countries and territories supported to strengthen NCD surveillance systems to monitor and report on the global and regional NCD commitments	**3.1.2.a** Number of countries and territories provided with technical cooperation to develop implementation plans for population-based surveys on NCDs **[Contribution]**
	3.1.2.b Number of countries and territories that have a standardized system for recording patient-level data in public primary health care facilities that include NCD risk factors **[Change]**
3.1.3 Countries and territories supported to strengthen disabilities and rehabilitation services	**3.1.3.a** Number of countries and territories PASB supported to assess and strengthen rehabilitation services using WHO STARS and related tools **[Contribution]**
	3.1.3.b Number of countries and territories that have implemented disability inclusion measures in national health programs or strategies **[Change]**
3.1.4 Countries and territories supported to design, implement, scale-up and measure the provision of mental health, substance use, and neurological services at the primary care level	**3.1.4.a** Number of countries and territories provided with technical cooperation to develop or implement rights-based and community-based mental health strategic action plans **[Contribution]**
	3.1.4.b Number of countries and territories that have integrated mental health care into primary health services **[Change]**
	3.1.4.c Number of countries and territories implementing a national strategic plan for deinstitutionalization of long-term psychiatric hospital care **[Change]**
3.1.5 Countries and territories supported to address violence through stronger health systems and evidence-based multisectoral action	**3.1.5.a** Number of countries and territories which PASB directly supported to strengthen the health system capacity to address violence **[Contribution]**
	3.1.5.b Number of countries and territories implementing a national health system protocol on violence aligned with PAHO/WHO recommendations **[Change]**
3.1.6 Countries and territories supported to implement roadmaps to strengthen emergency trauma care of road traffic and other unintentional injuries	**3.1.6.a** Number of countries and territories provided with technical cooperation to assess the Emergency and Critical Care System using WHO Emergency and Critical Care Systems Assessments tool **[Contribution]**
	3.1.6.b Number of countries and territories implementing evidence-based interventions to strengthen care for road traffic and other unintentional injuries, aligned with WHO Global Strategy for Integrated Emergency, Critical and Operative Care **[Change]**

Key Technical Cooperation Interventions
a) Improve country capacity to implement evidence-based guidelines on NCD management, the Mental Health Gap Action Programme (mhGAP), strengthen rehabilitation services, enhance disability inclusion, and implement other evidence-based tools to improve health outcomes for people with NCDs and mental health conditions. b) Provide guidance to develop and implement strategies to promote deinstitutionalization of long-term psychiatric care based on human rights principles and the WHO Quality Rights framework. c) Support countries in the design, implementation, and analysis of population-based surveys and data on NCDs and their risk factors and ensure integration of the resulting data into NCD programs. d) Improve countries' health system response to violence in all its forms, including through the development of evidence-based guidance and tools and training of health workers, while fostering multisectoral partnerships in line with interventions for violence prevention such as INSPIRE[15] and RESPECT.[16] e) Support countries in conducting national assessments of the safe systems approach, including post-crash response using the Emergency and Critical Care Systems Assessments tool, to identify priorities to improve road safety and emergency trauma care of road traffic and other unintentional injuries, and provide technical cooperation to implement cost-effective interventions, legislation, and policies in line with the recommendations of the Global Plan for the Second Decade of Action for Road Safety 2021–2030.

Outcome 3.2: Communicable diseases, antimicrobial resistance, and immunization

Outcome 3.2 Prevention, control, and elimination of communicable diseases and related conditions accelerated and sustained	
Proposed Output	**Proposed Output Indicator**
3.2.1 Countries and territories supported to implement norms/standards and/or technical guidance to strengthen food safety and management, prevention, control, and elimination of communicable diseases, including through the One Health approach when applicable	**3.2.1.a** Number of countries and territories provided with technical cooperation to develop and implement national norms, standards, and tools aligned with PAHO and WHO guidelines on tuberculosis, HIV, viral hepatitis, and sexually transmitted infections **[Contribution]**
	3.2.1.b Number of countries and territories that have implemented a national envenoming program (venomous animals) **[Change]**
	3.2.1.c Number of countries and territories that have implemented integrated actions to prioritize zoonotic diseases **[Change]**
3.2.2 Countries and territories supported to accelerate, expand, or maintain interventions for the elimination of communicable diseases under the PAHO Disease Elimination Initiative, including vaccine-preventable diseases, neglected infectious diseases, zoonotic diseases, HIV, sexually transmitted infections, tuberculosis, and viral hepatitis, among others, as public health problems	**3.2.2.a** Number of countries and territories provided with technical cooperation to develop implementation plans for multidisease elimination in line with PAHO Disease Elimination Initiative **[Contribution]**
	3.2.2.b Number of previously endemic countries or territories that have initiated the process to validate or verify the elimination of one or more neglected tropical diseases, based on the applicable PAHO/WHO elimination protocols **[Change]**
	3.2.2.c Number of countries and territories expanding access to malaria diagnosis and treatment with participation of the affected communities or general health services **[Change]**

[15] Pan American Health Organization. INSPIRE: Seven strategies for Ending Violence Against Children. Available at: https://www.paho.org/en/topics/violence-against-children/inspire-seven-strategies-ending-violence-against-children.

[16] Pan American Health Organization, RESPECT: Seven Strategies for Preventing Violence Against Women. Available at: https://www.paho.org/en/topics/violence-against-women/respect-seven-strategies-preventing-violence-against-women.

Outcome 3.2 Prevention, control, and elimination of communicable diseases and related conditions accelerated and sustained	
Proposed Output	**Proposed Output Indicator**
3.2.3 Countries and territories supported to strengthen capacity to deliver targeted, innovative, and integrated people-centered services, at all levels of care, for the management, prevention, control, and elimination of communicable diseases	**3.2.3.a**: Number of countries and territories provided with technical cooperation for the preparation of elimination of mother-to-child transmission roadmaps **[Contribution]**
	3.2.3.b Number of countries implementing the clinical bundle for the care of patients with suspected arboviral diseases **[Change]**
	3.2.3.c Number of countries and territories that implement person-centered strategies and point of care technologies for the elimination of HIV and tuberculosis **[Change]**
3.2.4 Countries and territories supported to improve information, surveillance, laboratory systems, and risk assessment to manage, prevent, control, and eliminate communicable diseases, including through the One Health approach when applicable	**3.2.4.a** Number of countries and territories provided with technical cooperation to support reporting on WHO recommended indicators for HIV, tuberculosis, viral hepatitis and selected sexually transmitted infections **[Contribution]**
	3.2.4.b Number of countries and territories that have implemented foodborne disease surveillance systems **[Change]**
3.2.5 Countries and territories supported to monitor and contain antimicrobial resistance to implement a core package of interventions, and coordinating regional multisectoral action	**3.2.5.a** Number of countries and territories implementing antimicrobial resistance awareness, education, and behavior change interventions, with a focus on key populations and community engagement **[Change]**
	3.2.5.b: Number of countries and territories that have institutionalized national programs for infection prevention and control and/or antimicrobial stewardship as part of antimicrobial resistance containment efforts **[Change]**
	3.2.5.c: Number of countries and territories supported by PASB to report quality data through PAHO's enhanced antimicrobial resistance surveillance platform [**Contribution]**
3.2.6 Countries and territories supported to strengthen and sustain quality immunization services to reach unvaccinated and under-vaccinated populations	**3.2.6.a** Number of countries and territories provided with technical cooperation to implement PAHO tools for immunization program strengthening **[Contribution]**
	3.2.6.b Number of countries and territories implementing digital interoperable vaccine preventable disease surveillance systems **[Change]**
	3.2.6.c Number of countries and territories that are implementing microplanning following the PAHO guidelines and tools to reach under-vaccinated population **[Change]**

Key Technical Cooperation Interventions
a) Provide guidance and technical cooperation to improve access to equitable people-centered health services through the development of policies, governance mechanisms, and financing strategies for the prevention, control, and elimination of communicable diseases, and to sustain elimination gains. b) Increase access to essential health technologies by strengthening national regulatory systems and supply chains and building national capacities for diagnostics, vaccines, vector control, and treatment. c) Enhance country capacity to improve surveillance systems, laboratory services, and information systems by developing and disseminating tools for risk assessment, integrated surveillance, and antimicrobial resistance monitoring to strengthen early warning and response. d) Provide leadership for multisectoral coordination and network synergies to support the development of guidance, strategies and interventions based on the One Health approach among ministries, civil society, the private sector, and other stakeholders to integrate antimicrobial resistance mitigation and food safety into disease prevention, control, and elimination strategies. e) Facilitate inclusive participation processes that empower civil society and communities in the planning, implementation, and monitoring of service delivery, decision-making, and local monitoring to sustain progress in disease prevention, control, and elimination.

Strategic Objective 4: Health emergencies

Outcome 4.1: Prevention, mitigation, preparedness, and readiness to respond to health emergencies

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	
Proposed Output	**Proposed Output Indicator**
4.1.1 Collaboration mechanisms and engagement strategies developed and strengthened to efficiently communicate risks and support the co-creation of effective and adequate public health prevention and response initiatives for all hazards, adapted to community needs	**4.1.1.a** Number of countries and territories with a network of professionals trained by PASB in risk communication and community engagement for health emergency preparedness and response **[Contribution]**
	4.1.1.b Number of countries and territories with an established national health emergency risk communication mechanism that can engage with the public and affected communities in local languages **[Change]**
4.1.2 Guidance, policies, and/or tools provided to enhance surveillance, prevention, preparedness, and response to epidemic-prone and emerging pathogens, integrating a One Health perspective as appropriate	**4.1.2.a** Number of innovative guidance documents and/or tools published by PASB for responding to high-threat and emerging pathogens, including procurement and management of regional supply reserves **[Contribution]**
	4.1.2.b Number of countries and territories implementing PAHO and/or WHO frameworks, evidence-based guidance, and/or tools to operationalize a One Health approach to prevent, detect, and contain emerging zoonotic pathogens with epidemic and pandemic potential **[Change]**
4.1.3 Capacity assessments conducted and technical cooperation provided to develop systematic risk profiles and to support implementation of national preparedness, readiness, and response plans with an all-hazards approach	**4.1.3.a** Number of States Parties provided with technical cooperation to develop action plans for strengthening International Health Regulations (2005) core capacities **[Contribution]**
	4.1.3.b Number of States Parties completing annual reporting on the International Health Regulations (2005) **[Change]**

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	
Proposed Output	**Proposed Output Indicator**
4.1.4 Countries and territories supported to develop and/or implement hospital resilience strategies, policies, and/or frameworks to mitigate the impact of emergencies and disasters on routine and critical health services and facilitate early recovery	**4.1.4.a** Number of countries and territories that received technical cooperation from PAHO to develop, adapt, or update hospital resilience strategies, policies, and/or plans using a multi-hazard approach **[Contribution]**
	4.1.4.b Number of countries and territories implementing the Resilient Hospital framework for health facilities resilience **[Change]**
4.1.5 Guidance and technical cooperation delivered to enhance clinical management and infection prevention and control for high-threat infectious hazards	**4.1.5.a** Number of countries and territories provided with technical cooperation to perform regular monitoring and/or auditing of infection prevention and control practices in referral care facilities **[Contribution]**
	4.1.5.b Number of countries and territories implementing updated national clinical guidelines for managing epidemic-prone diseases **[Change]**
Key Technical Cooperation Interventions	
a) Provide technical cooperation to build capacities to implement the International Health Regulations (2005) and the Sendai Framework, as well as to integrate lessons learned from the COVID-19 pandemic and risk assessments into emergency strategies and plans. b) Advocate for sustainable financing to strengthen all-hazards health emergency preparedness. c) Work with countries to strengthen the resilience of health facilities to health emergencies and disasters, seeking to ensure continuity of critical services and early recovery. d) Facilitate multisectoral coordination by establishing partnerships across health and other key sectors to improve risk reduction, preparedness, readiness, response, and early recovery. e) Enhance health emergency preparedness and resilience by strengthening community engagement and risk communication to ensure access to timely, accessible, and evidence-based public health information. f) Provide technical cooperation to improve disease surveillance, strengthen public health laboratory networks, and implement the One Health approach for early detection and response.	

Outcome 4.2: Rapid detection and response

Outcome 4.2 Regional and national capacities enhanced to rapidly detect, verify, and respond to health emergencies and disasters caused by any hazard	
Proposed Output	**Proposed Output Indicator**
4.2.1 Regional detection, verification, risk assessment, and early warning of public health threats and emergencies coordinated and implemented, enabling more agile responses	**4.2.1.a** Percentage of signals for which the verification process was started, under the International Health Regulations (2005), within 24-48 hours of detection **[PASB Internal]**
	4.2.1.b Percentage of notified and verified acute public health events communicated directly to Member States through the Event Information Site or other official communications within one week of the date information was first received **[PASB Internal]**

Outcome 4.2 Regional and national capacities enhanced to rapidly detect, verify, and respond to health emergencies and disasters caused by any hazard	
Proposed Output	**Proposed Output Indicator**
4.2.2 Networks and partnerships strengthened and guidance, policies, and/or tools, including advanced analytics, provided to enhance epidemic intelligence for outbreaks and emergencies	**4.2.2.a** Number of countries and territories with professionals that have completed PAHO-supported capacity-building programs on advanced analytics, including geographic intelligence and predictive modeling for outbreak and emergency response **[Contribution]**
	4.2.2.b Number of countries and territories that have integrated advanced analytics, including geographic intelligence and predictive modeling, into their risk assessment and intervention strategies to inform outbreak and emergency responses **[Change]**
4.2.3 Laboratory networks coordinated, enhanced, and strengthened to perform critical services for detecting emerging and epidemic-prone pathogens, fostering a One Health approach where appropriate	**4.2.3.a** Number of countries and territories supported to access established regional laboratory networks and to develop and/or implement laboratory policies for the prediction, detection, prevention, control, and response to high-threat and emerging pathogens, including emerging zoonotic pathogens **[Contribution]**
	4.2.3.b Number of countries and territories that have demonstrated laboratory capabilities to test and sequence for high-threat and emerging pathogens, including emerging zoonotic pathogens **[Change]**
4.2.4 PASB's standing capacities and internal response mechanisms strengthened and ready to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action	**4.2.4.a** Number of PAHO/WHO Representative Offices that meet minimum readiness criteria **[PASB Internal]**
4.2.5 Coordination networks, partnerships, and/or mechanisms established and strengthened to enhance emergency preparedness, operational capacities, governance, and standardization, ensuring timely response and continuity of health services	**4.2.5.a** Number of countries and territories provided with technical cooperation to establish and/or strengthen health emergency operations centers **[Contribution]**
	4.2.5.b Number of countries and territories with established national registration mechanisms for Emergency Medical Teams **[Change]**
4.2.6 Health clusters and partners coordinated and led to assess health needs and develop, fund, and monitor humanitarian health emergency response plans in protracted emergencies	**4.2.6.a** Percentage of protracted Grade 2 or 3 emergencies in which PASB meets performance standards **[PASB Internal]**
4.2.7 Response operations coordinated and implemented to optimize the provision of life-saving care and maintenance of essential health services and systems in emergencies and vulnerable settings	**4.2.7.a** Percentage of acute Grade 2 or 3 emergencies in which PASB meets performance standards **[PASB Internal]**

Key Technical Cooperation Interventions
a) Establish epidemic intelligence as a core function of public health systems to strengthen early warning of health emergencies through enhanced coordination, capacities, and strategic cooperation. b) Enhance the Bureau's capacity to lead regional efforts and contribute to global initiatives to warn of public health threats of international concern in a timely manner, thus enabling effective preparedness and risk mitigation efforts. c) Support countries to enhance national and subnational capacities in data collection, management, and analysis for health emergencies, with a focus on leveraging spatial analysis and advanced analytics for nowcasting, forecasting, and scenario modeling. d) Strengthen and coordinate emergency supply chains by establishing and maintaining strategic stockpiles, rapidly deploying emergency supplies, and building efficient logistics systems to ensure timely delivery to emergency affected areas. e) Facilitate robust coordination and collaboration among global, regional, and national stakeholders to strengthen emergency responses, develop strategic plans, mobilize resources, and establish resilient public health infrastructure and networks. f) Enhance the Bureau's capacity to coordinate and lead health cluster responses regionally, ensuring collaboration among diverse partners, supporting humanitarian plans, mobilizing resources, engaging with local authorities in conflict zones, and advancing meaningful inclusion of local actors in protracted emergencies. g) Coordinate the scale-up of health services and critical public health functions during emergencies by supporting countries to address access barriers, collaborating with global partners, enhancing logistics capacities, leading recovery efforts, and integrating lessons learned to strengthen health systems.

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

Outcome 5.1: PAHO's leadership and governance

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	
Proposed Output	**Proposed Output Indicator**
5.1.1 Leadership, governance, and partnerships enhanced to implement the PAHO Strategic Plan 2026–2031 and drive health impact at the country level, in accordance with the health priorities of the Region	**5.1.1.a** Number of technical outcomes that meet at least 75% of their resource mobilization target **[PASB Internal]**
5.1.2 Core capacities of PAHO country offices strengthened to drive measurable impact at the country level in line with the Country Cooperation Strategy/strategic deliverables	**5.1.2.a** Proportion of countries and territories where the national health authority recognizes the capacity of PAHO country offices to address national health priorities **[PASB Internal]**
5.1.3 Strategic, evidence-based, and integrated external communications delivered effectively to strengthen PAHO's visibility, reinforce its leadership as the leading health authority in the Region, and support accelerating health action	**5.1.3.a** Percentage of PASB entities that implemented communication initiatives or campaigns contributing to PAHO's visibility and leadership on public health in the Region **[PASB Internal]**

Key Interventions
a) Strengthen PAHO's governance by facilitating more effective intergovernmental negotiations among Member States and improving the exchange of strategic information to drive collective action. b) Strengthen strategic partnerships and external engagement to enhance PAHO's positioning as the partner of choice for health in the Region of the Americas, while contributing to resource mobilization efforts focused on securing more flexible and predictable funding. c) Increase PAHO's communications capacity across all organizational levels to enhance the effectiveness, impact, and visibility of its mission. d) Develop and implement Country Cooperation Strategies to strengthen the country focus approach.

Outcome 5.2: PASB's institutional capacity

Outcome 5.2 PASB's institutional capacity enhanced to deliver PAHO's mission in an efficient, transparent, and accountable manner through innovative modern management practices that foster an engaging, inclusive, and respectful culture	
Proposed Output	**Proposed Output Indicator**
5.2.1 Results-based management streamlined in PAHO's work to drive measurable impact in countries	**5.2.1.a** Percentage of actions in the Results-based Management action plan implemented to strengthen planning, monitoring, evaluation, and decision-making processes **[PASB Internal]**
5.2.2 Policies, rules and regulations developed and implemented to attract, recruit, and retain an engaged and productive workforce with a shared mission, operating in a respectful, nurturing, and safe workplace that enables PASB to fulfill its mandates	**5.2.2.a** Average number of days to complete a selection process for a fixed-term position **[PASB Internal]**
5.2.3 Accountability and transparency enhanced through strengthened risk management, oversight, and integrity mechanisms, fostering organizational learning, dialogue, and effective internal justice	**5.2.3.a** Percentage of key accountability, compliance and risk management targets achieved annually **[PASB Internal]**
	5.2.3.b.: Proportion of assignments in the internal audit work plan completed **[PASB Internal]**
	5.2.3.c: Average time taken to complete investigations into fraud and corruption, harassment, sexual harassment, and sexual exploitation and abuse **[PASB Internal]**
5.2.4 Cost-effective, innovative, and secure digital platforms and services enhanced to facilitate collaboration, drive innovation, and support data-driven decision-making and technical programs	**5.2.4.a:** Percentage of management dashboards and data sources secured and governed by ITS actively used by PASB **[PASB Internal]**
5.2.5 Sound financial practices and oversight managed through an efficient and effective internal control framework	**5.2.5a:** Unmodified audit opinion issued each financial year **[PASB Internal]**
5.2.6 Procurement policies, systems, and capacities strengthened to enable ethical, transparent, and sustainable purchasing	**5.2.6.a:** Percentage of PASB entities with delegated authority adhering to PAHO procurement guidelines and best practices **[PASB Internal]**

Key Interventions
a) Implement the updated Results-based Management policy and Framework, with particular focus on continuous learning, adaptation, and innovation, to develop a culture focused on measurable impact in countries. b) Accelerate implementation of the PAHO Evaluation Policy to improve organizational effectiveness, decision-making, adaptive management, and accountability for results by strengthening governance, building institutional capacity, and promoting a culture of evaluation and learning. c) Develop and implement PAHO's Accountability Framework to clarify roles and responsibilities, optimize and strengthen existing accountability mechanisms, and close enforcement and oversight gaps across the Organization. d) Ensure systematic implementation of the People Strategy 2025–2030 to attract, retain, and motivate the best talent, ensuring human resources are aligned with the priorities and goals of the PAHO Strategic Plan 2026–2031. e) Enhance corporate systems modernization by promoting full utilization of cloud-based, mobile-enabled platforms, upgrading essential infrastructure and equipment, and delivering user-friendly, readily accessible training to increase Organizational efficiency and foster innovation. f) Strengthen the safety, security, and operational efficiency of PASB facilities through systematic implementation of the Master Capital Investment Plan.

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