

Best Buys to Accelerate Disease Elimination in the Americas

Pan American Health Organization
World Health Organization
Americas Region
PAHO

Diseases and related conditions

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BACTERIAL MENINGITIS

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination targets

Eliminate bacterial meningitis epidemics

Reduce by 50% the number of cases of bacterial meningitis

Reduce by 70% the number of deaths from bacterial meningitis

+ Programmatic targets

≥95% vaccine coverage for *Haemophilus influenza* type b (Hib), pneumococcal conjugate vaccines (PCVs), and meningococcal vaccines (where introduced)

≥90% of suspected meningitis cases have cerebrospinal fluid and/or blood samples, with laboratory results for ≥90% of samples

≥80% of suspected meningitis cases investigated within 24–48 hours and managed with appropriate measures (e.g., chemoprophylaxis for close contacts, targeted vaccination)

Action steps to achieve elimination

1 Prevent transmission and protect at-risk populations:

- Sustain ≥95% vaccination coverage for Hib, PCVs, and meningococcal vaccines (where introduced)
- Ensure timely chemoprophylaxis and follow-up of close contacts of meningococcal disease or Hib meningitis cases, along with strict infection prevention and control in healthcare settings

2 Diagnose and treat promptly:

- Strengthen clinical and laboratory capacity for timely diagnosis, appropriate case management, and access to life-saving antibiotics

Best buys

3 Ensure long-term care:

- Integrate rehabilitation and specialist referrals into healthcare services for management and follow-up of meningitis-related disabilities

4 Sustain high-quality surveillance:

- Strengthen surveillance for suspected and laboratory-confirmed cases of bacterial meningitis, including antimicrobial resistance monitoring, timely investigation, reporting, and follow-up

5 Strengthen rapid outbreak response:

- Develop or update national meningitis outbreak preparedness and response plans; conduct regular trainings and simulation exercises to ensure readiness, effective response, and control

More information

· Pan American Health Organization. Tratamiento de las enfermedades infecciosas 2024-2026. Ninth edition. Washington, D.C.: PAHO; 2024. Available from: https://iris.paho.org/handle/10665.2/61354.

· World Health Organization. Defeating meningitis by 2030: A global road map. Geneva: WHO; 2021. Available from: https://www.who.int/publications/i/item/9789240026407.

· World Health Organization. Developing national meningitis plans: an operational manual. Geneva: WHO; 2024. Available from: https://www.who.int/publications/i/item/9789240094284.

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CERVICAL CANCER



Impact goal

Elimination as a public health problem

Elimination target

Incidence rate of cervical cancer below **4** per **100 000** women

Programmatic targets

90% of girls fully vaccinated with human papillomavirus (HPV) vaccine by age 15 years

70% of women screened with a high-performance test by age 35 and again by age 45

90% of women with precancer treated, and **90%** of women with invasive cancer managed

Action steps to achieve elimination

Best buys

1. **Vaccinate to protect:**
   -Ensure 90% of girls at least one dose of HPV vaccine by age 15
2. **Empower with options:**
   -Expand access to self-sampling HPV testing to reach more women
3. **Screen to prevent:**
   -Integrate high-performance tests into primary health care for universal access
4. **Treat to save lives:**
   -Ensure access to surgery, chemotherapy, and palliative care
5. **Treat early, treat right:**
   -Provide timely care for precancerous lesions using ablation therapies
6. **Secure the supplies:**
   -Guarantee sufficient HPV vaccines, tests, and treatment tools at all levels

More information

- Pan American Health Organization. Plan of Action for Cervical Cancer Prevention and Control 2018-2030. Washington, D.C.: PAHO; 2018. Available from: https://iris.paho.org/handle/10665.2/38574
- Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/9789240014107
- Pan American Health Organization. Análisis de situación del cáncer cervicouterino en la Región de las Américas. Washington, D.C.: PAHO; 2024. Available from: https://iris.paho.org/handle/10665.2/61399

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CHAGAS DISEASE

Elimination Initiative

Impact goal

Elimination as a public health problem

Elimination target

Interruption of transmission of Chagas disease to humans **in the entire territory and by all vectors** sustained for at least 5 years or partial interruption of transmission of Chagas disease **either by territory or by vector**:

-Intradomiciliary vector infestation of *Trypanosoma cruzi*: 0% (both alloctonous and autochthonous vectors)

-Peridomiciliary vector infestation of *Trypanosoma cruzi*: 0% alloctonous and ≤1% autochthonous vectors

Programmatic targets

100% of blood donors screened in endemic and at-risk nonendemic areas

≥95% of positive children 0 to 14 years for *T. cruzi* with timely etiological treatment

≥95% of positive women of reproductive age for *T. cruzi* with timely etiological treatment

100% of pregnant women screened for *T. cruzi* in endemic and at-risk areas

≥95% of newborns born to positive mothers for *T. cruzi* with diagnosis and timely etiological treatment

Action steps to achieve elimination

1. **Prevent transmission through blood, organ, and tissue donations:**
   -Screen all donors and refer at-risk individuals to health services; and establish strong regulatory systems to ensure transfusion and transplant safety
2. **Ensure timely diagnosis and treatment:**
   -Build diagnostic and treatment capacity at all care levels; expand access to benznidazole and nifurtimox; and ensure early diagnosis and treatment of pregnant women and newborns under the EMTCT Plus strategy

Best buys

3. **Control vectors and improve housing:**
   -Implement effective vector control with trained personnel; strengthen entomological surveillance with community engagement; and improve housing to reduce vector habitats (e.g., sealing cracks, plastering walls)
4. **Strengthen surveillance and monitoring :**
   -Ensure an efficient surveillance system with active case detection and response; monitor transmission using entomological and serological data; and promote community participation in surveillance efforts

More information

· Pan American Health Organization. Guidelines for the diagnosis and treatment of Chagas disease. Washington, D.C.: PAHO; 2019. Available from: https://iris.paho.org/handle/10665.2/49653.

· Pan American Health Organization. Guía metodológica para evaluaciones externas de la interrupción de la transmisión y la eliminación de la enfermedad de Chagas como problema de salud pública. Washington, D.C.: PAHO; 2023. Available from: https://doi.org/10.37774/9789275327494.

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CHOLERA

Elimination Initiative

Impact goal

Elimination as a public health problem

Elimination target

Absence of community transmission of epidemic *Vibrio cholerae* for at least three consecutive years

Programmatic targets

100% of districts mapped for cholera risk using historical case data; water, sanitation, and hygiene (WASH) coverage; and population vulnerability

100% investigation of suspected cases reported within 24 hours

100% of outbreak alerts investigated and responded

Action steps to achieve elimination

1 Water, sanitation, and hygiene (WASH):

-Improve access to safe water (chlorination, filtration, piped systems) and basic sanitation (latrines, sewage management); promote handwashing with soap; and engage communities in WASH infrastructure design and upkeep

2 Effective epidemiological surveillance:

-Monitor acute diarrheal diseases with emphasis on adults; track hotspots and seasonal trends to guide response; and implement real-time reporting and community-level alert systems

Best buys

3 Early response to outbreak alerts:

-Ensure immediate investigation of suspected cases and clusters; use rapid diagnostic tests and confirm diagnoses with laboratory testing; and use oral cholera vaccine as a targeted, complementary control measure in relevant settings

4 Rapid diagnosis and case management:

-Train health workers in early cholera recognition and treatment; ensure availability of oral rehydration solutions, intravenous fluids, and stockpiled supplies; and mobilize communities to seek timely care

More information

· Global Task Force on Cholera Control. Public health surveillance for cholera. . [place unknown]: GTFCC; 2024. Available from: https://gtfcc.org/wp-content/uploads/2024/04/public-health-surveillance-for-cholera-guidance-document-2024.pdf.

· Pan American Health Organization. Cholera: Technical guidelines and resources. Washington, DC: PAHO; 2025 [cited 29 May 2025]. Available from: https://www.paho.org/en/haiti-humanitarian-crisis-grade-3/cholera-technical-guidelines-and-resources.

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CYSTIC ECHINOCOCCOSIS (HYDATIDOSIS)

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination target

Zero cases in people <15 years old

+ Programmatic target

90% of dogs dewormed in areas with transmission of the disease

Action steps to achieve elimination

Best buys

1. **One Health approach:**
   - Coordinated actions between human, veterinary, and agricultural sectors for an intersectoral approach to achieve the elimination target.
2. **Regular dog deworming:**
   - Administer praziquantel to dogs at recommended intervals to reduce the risk of transmission.
3. **Livestock management:**
   - Enforce safe slaughter practices and proper disposal of offal to prevent infection in dogs.
4. **Early detection and treatment:**
   - Ensure access to both pharmacological (albendazole) and surgical management.
   - Active ultrasound screening of children aged <15 years in endemic areas.
5. **Enhanced surveillance:**
   - Implement mandatory notification of human cases and routine inspection of livestock in slaughterhouses for hydatid cysts.
6. **Health education:**
   - Promote safe slaughter practices, handwashing, and responsible dog ownership.

More information

- Pan American Health Organization, Pan American Center for Foot-and-Mouth Disease and Veterinary Public Health. Programa regional para la eliminación de la equinococosis quística/hydatidosis 2020-2029 [Action plan for the elimination of cystic echinococcosis/hydatidosis 2020–2029]. Washington, D.C.: PAHO, PANAFTOSA; 2021. Available in Spanish from: https://paho.org/es/documentos/programa-regional-para-eliminacion-equinococosis-quisticahidatidosis-2020-2029.
- Pan American Health Organization. Hydatidosis/Echinococcosis. Washington, D.C.: PAHO; 2025 [cited 10 April 2025]. Available from: https://www.paho.org/en/topics/hydatidosis-echinococcosis.

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FOOT-AND-MOUTH DISEASE IN DOMESTIC BOVIDS



+ Impact goal

Elimination (contributing to the eradication target) of foot-and-mouth disease (FMD) among domestic bovids in the Region of the Americas

+ Elimination target

Zero cases in domestic bovids in the absence of vaccination in countries free of FMD

+ Programmatic targets

≥95% of susceptible cattle populations vaccinated in at-risk areas

Action steps to achieve elimination

Best buys

1. **Maintain high vaccination coverage where necessary:**
   - ≥95% of susceptible cattle populations vaccinated in at-risk areas.
2. **Progressive transition to FMD-free status without vaccination:**
   - Systematic withdrawal of cattle vaccination when criteria are met under controlled conditions.
3. **Border control and movement management:**
   - Enhance controls to prevent FMD introduction.
4. **Surveillance and emergency preparedness:**
   - Strengthen laboratory diagnostics, early detection, emergency preparedness, outbreak containment, and risk-based surveillance strategies.
5. **Stakeholder engagement:**
   - Strengthen collaboration among veterinary services, livestock producers, and the private sector to enhance farm-level biosecurity measures and foster greater engagement in reporting FMD suspected cases.

More information

· Pan American Health Organization. Foot-and-mouth disease. Washington, D.C.: PAHO; 2025 [cited 10 April 2025]. Available from: https://www.paho.org/en/topics/foot-and-mouth-disease.

· Pan American Health Organization. Foot-and-mouth disease: Comparative analysis of disease-free status with and without vaccination, 11 May 2023. Washington, D.C.: PAHO; 2023. Available from: https://iris.paho.org/handle/10665.2/57733.

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HEPATITIS B AND C

Elimination Initiative

Impact goal

Elimination as a public health problem

Elimination targets

90% reduction in the incidence of **hepatitis B** (prevalence of hepatitis B surface antigen in children under 5 years of age ≤0.1%)

65% reduction in mortality from **hepatitis B** (<4 per 100 000 population)

90% reduction in the incidence of **hepatitis C** (<5 per 100 000 population) compared to 2015

65% reduction in mortality from **hepatitis C** (<2 per 100 000 population) compared to 2015

Programmatic targets

Hepatitis C

>= 90% of people living with chronic hepatitis C virus (HVC) diagnosed

>= 80% of people diagnosed with HCV are treated

100% safe blood and injections

Hepatitis B

Include hepatitis B vaccine in every child's immunization routine

>= 95% infant vaccination (three doses) and ensure a timely birth dose within 24 hours

90% testing and 80% treatment coverage for those affected by hepatitis B

Action steps to achieve elimination

1. **Safety first:**
   -Ensure safe injection practices and universal donated blood screening.
2. **Universal screening:**
   -Bring screening for hepatitis B and C to the people, especially in high-risk populations - self-testing options included.
3. **Early prevention of hepatitis B:**
   -Vaccinate newborns within 24 hours and ensure a complete 3-dose schedule.
   -Provide antiviral tenofovir prophylaxis to eligible pregnant women.

Best buys

4. **Easy access:**
   -Offer hepatitis B and C testing and treatment where people already seek care – primary health care, community sites, bringing services closer to people's homes.
5. **Treat everyone diagnosed with hepatitis C:**
   -Offer highly effective direct-acting antivirals using one of three pangenotypic direct-acting antiviral (DAA) drug regimens (sofosbuvir/daclatasvir, sofosbuvir/velpatasvir, and glecaprevir/pibrentasvir).
6. **Long-term care:**
   -Integrated health services for people with hepatitis sequelae.

More information

· World Health Organization. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240053779.

· World Health Organization. Guidance for country validation of viral hepatitis elimination and path to elimination: technical report. Geneva: WHO; 2023. Available from: https://www.who.int/publications/i/item/9789240078635.

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HIV/AIDS

Elimination Initiative

Impact goal

Elimination as a public health problem

Elimination targets

90% reduction in annual HIV-related deaths compared to 2010 values
<0.02 new infections per 1000 inhabitants per year (90% reduction since 2010)

Programmatic targets

95% of people living with HIV know their diagnosis

95% of people diagnosed with HIV receive antiretroviral therapy (ART)

95% of people receiving ART achieve viral suppression

Action steps to achieve elimination

1 Expand HIV testing and counseling:

- Offer routine HIV testing in healthcare settings
- Promote self-testing approaches, especially among key populations
- Ensure confidentiality, linkage to care, and counseling services

2 Use innovative tools and approaches:

- Ensure equal access to stigma-free services using telehealth, digital tools for tracking, and reminders
- Expand access to preexposure and nonoccupational postexposure prophylaxis through task shifting and integration into primary health care services

Best buys

3 Scale up antiretroviral therapy:

- Provide immediate ART to all HIV people diagnosed
- Ensure lifelong adherence through support programs and multimonth dispensing strategies

4 Integrate services to address co-infections:

- Use rapid dual tests and expand the advanced HIV disease package of care to detect and treat common opportunistic infections
- Integrate HIV and tuberculosis services to reduce co-infections and prevent deaths

5 Promote condom use and comprehensive sexual education:

- Ensure access to free and affordable condoms
- Implement comprehensive sexuality education to promote safer sexual behaviors

More information

· World Health Organization. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030, Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240053779.

· World Health Organization. Consolidated guidelines on person-centred HIV strategic information: Strengthening routine data for impact. Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240055315.

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HUMAN FASCIOLIASIS



+ Impact goal

Elimination as a public health problem

+ Elimination targets

Zero cases of high-intensity infections (≥400 eggs per gram of feces) in children 5–14 years of age

A sustained prevalence ≤5%, by coprological tests

+ Programmatic target

≥75% coverage of triclabendazole (TCZ) mass drug administration (MDA) in eligible populations

Action steps to achieve elimination

Best buys

1 Mass drug administration:

-Ensure at least 75% preventive chemotherapy (MDA) coverage using (TCZ) in population aged 5–65 years in areas with prevalence >5%

2 Improved food safety, water, sanitation and hygiene:

-Improve access to safe water for handwashing and food safety measures to avoid consumption of infected foods

-Improve latrines and wastewater management in risk areas

3 One Health approach:

-Strengthen collaboration between human health, animal health, and environmental health, including treatment of domestic animal reservoirs, pasture, and water sources management, and control of intermediate host snails and their preferred habitat

4 Monitoring and evaluation:

-Implement sentinel sites and prevalence and intensity of infection surveys in risk areas to adjust treatment frequency and optimize intervention strategies

More information

· Pan American Health Organization. Fascioliasis. Washington, D.C.: PAHO; 2025 [cited 18 April 2025]. Available from: https://www.paho.org/en/topics/fascioliasis.

· Pan American Health Organization. Operational guidelines for the elimination of human fascioliasis as a public health problem in the Americas. Washington, D.C.: PAHO; 2024. Available from: https://doi.org/10.37774/9789275128084.

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HUMAN RABIES TRANSMITTED BY DOGS



+ Impact goal

Elimination of transmission

+ Elimination target

Zero human deaths from dog-mediated rabies for five consecutive years

+ Programmatic targets

≥80% annual vaccination coverage of the dog population

100% timely post-exposure prophylaxis (PEP) for all at-risk human exposures

Action steps to achieve elimination

Best buys

1. **Mass dog vaccination:**
   -Conduct annual campaigns, ensuring high coverage of owned and free-roaming dogs.
2. **Strong surveillance:**
   -To detect and investigate every suspected rabid animal and human case.
3. **Integrated bite-case management:**
   -Rapid investigation of all potential exposures, plus robust reporting.
4. **Awareness among health professionals:**
   -Periodic training and sensitization of all public health professionals and primary health care.
5. **Timely post-exposure prophylaxis:**
   -Treatment (flushing and washing) of wounds and guarantee free and accessible rabies biologicals (vaccine, immunoglobulin) for exposed persons.
6. **Community engagement:**
   -Raise awareness of rabies risks, responsible dog ownership, and immediate treatment-seeking.
7. **Cross-sectoral collaboration:**
   -Coordinate veterinary and public health authorities to share data and resources to accelerate rabies elimination efforts.

More information

- Pan American Health Organization. REDIPRA 17. Regional Plan for the Elimination of Canine Rabies 2024-2030. Washington, D.C.: PAHO; 2023. Available from: https://iris.paho.org/handle/10665.2/58961.
- World Health Organization, Food and Agriculture Organization of the United Nations, World Organisation for Animal Health. Zero by 30: the global strategic plan to end human deaths from dog-mediated rabies by 2030. Geneva: WHO; 2018. Available from: https://www.who.int/publications/i/item/9789241513838.

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LEPROSY

Elimination Initiative

Impact goal

Interruption of transmission and **elimination** of the disease

Elimination targets

Interruption of transmission: Zero new autochthonous cases of leprosy in children <15 years of age for at least five consecutive years

Disease elimination: Zero new autochthonous cases for at least three consecutive years after reaching interruption of transmission

Programmatic targets

No new cases with grade 2 disability due to leprosy

All eligible contacts **receive post-exposure prophylaxis**

Action steps to achieve elimination

1. **Expand prevention and active case detection:**
   - Conduct contact-tracing for all new cases; scale up prophylaxis for eligible contacts; and carry out integrated active case-finding in high-risk groups
2. **Ensure comprehensive management and disability prevention:**
   - Detect and diagnose early; start WHO-recommended multidrug therapy promptly; manage reactions, neuritis, and disability-related complications; provide access to referral care; support self-care; and promote mental health through counseling

Best buys

3. **Strengthen primary health care and surveillance:**
   - Integrate leprosy services into primary care; improve case-based reporting, mapping, and surveillance systems
4. **Combat stigma and promote inclusion:**
   - Engage persons affected in planning and monitoring; eliminate discriminatory laws; implement community-based tools to reduce stigma associated with leprosy; and ensure access to social protection and rehabilitation

More information

- Pan American Health Organization. Leprosy (Hansen disease). Washington, D.C.: PAHO; 2025 [cited 29 May 2025]. Available from: https://www.paho.org/en/topics/leprosy-hansen-disease.
- World Health Organization. Towards zero leprosy. Global Leprosy (Hansen's disease) Strategy 2021–2030. New Delhi: WHO, Regional Office for South-East Asia; 2017. Available from: https://www.who.int/publications/i/item/9789290228509.
- World Health Organization. Interruption of transmission and elimination of leprosy disease – Technical guidance. New Delhi: WHO, Regional Office for South-East Asia; 2023. Available from: https://www.who.int/publications/i/item/9789290210467.

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LYMPHATIC FILARIASIS

Elimination Initiative

Impact goal

Elimination as a public health problem

Elimination target

Prevalence of microfilaremia **<1%** or prevalence of antigenemia **<1%** in persons **=> 20** years of age sustained for at least 4 years after stopping mass drug administration (MDA)

Programmatic targets

100% geographical coverage of morbidity management and disability prevention (MMDP) services in all areas with known patients

≥65% drug coverage of MDA using double (diethylcarbamazine and albendazole [DA]) or triple medication (ivermectin, diethylcarbamazine, and albendazole [IDA]) in the entire population of each endemic area

Action steps to achieve elimination

Best buys

1 Stop transmission through:

- Implement MDA annually in 100% of all endemic units achieving effective (≥65%) drug coverage of the total population: ≥5 rounds if using DA or 2 rounds if IDA
- Assess impact through blood testing at sentinel and spot-check sites, followed by transmission assessment surveys or IDA impact surveys

2 Vector control:

- Combine residual insecticide spraying and mosquito net use to effectively suppress vector populations

3 Reduce suffering and improve quality of life:

- Assess the burden of disease to estimate the number of lymphedema and hydrocele patients per endemic unit
- Reach 100% geographical coverage to ensure availability of MMDP services and provide essential package of care in every district with known patients

4 Post-MDA surveillance:

- Continue active surveillance to monitor elimination in previously endemic areas

More information

- World Health Organization. Monitoring and epidemiological assessment of mass drug administration in the global programme to eliminate lymphatic filariasis: A manual for national elimination programmes. Geneva: WHO; 2011. Available from: https://iris.who.int/handle/10665/44580.
- World Health Organization. Guideline: Alternative mass drug administration regimens to eliminate lymphatic filariasis. Geneva: WHO; 2017. Available from: https://www.who.int/publications/i/item/9789241550161.

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MALARIA

Elimination Initiative

+ Impact goal

Elimination of transmission

+ Elimination target

Zero new autochthonous cases for three consecutive years

+ Programmatic targets

<5 confirmed malaria cases per 100 suspected cases tested (Test positivity rate below 5%)

>70% of malaria cases diagnosed and treated within 72 hours of the onset of symptoms

>80% of malaria cases investigated and classified in areas targeted for elimination or prevention of reestablishment

Action steps to achieve elimination

1 Expand access to early diagnosis and treatment:

- -Ensure universal access to diagnosis for suspected cases using rapid diagnostic tests (RDTs) or microscopy
- -Provide timely, barrier-free diagnosis and treatment in all endemic-area health services
- -Engage communities in testing with RDTs for early diagnosis and treatment
- -Adopt strategies to improve radical cure efficacy or effectiveness for *Plasmodium vivax* uncomplicated cases

2 Prevent transmission:

- -Distribute long-lasting insecticidal nets free of charge in endemic areas

Best buys

3 Consolidate malaria-free micro-territories:

- -Use microplanning to expand access to services and consolidate malaria-free areas
- -Innovate in supervision and logistics using information and communication technologies
- -Accelerate elimination at the subnational level and pursue subnational verification of elimination

4 Strengthen surveillance to eliminate and prevent re-establishment:

- -Maintain strong surveillance systems to detect and treat imported cases in all malaria-free countries
- -Use data and information to guide local-level decision-making and action

More information

· Pan American Health Organization. The Plan of Action for Malaria Elimination 2021-2025. Washington, D.C.: PAHO; 2022. Available from: https://www.paho.org/en/documents/plan-action-malaria-elimination-2021-2025.

· World Health Organization. Global technical strategy for malaria 2016–2030, 2021 update. Geneva: WHO; 2021. Available from: https://iris.who.int/bitstream/handle/10665/342995/9789240031357-eng.pdf?sequence=1.

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MEASLES AND RUBELLA

Elimination Initiative

Impact goal

Sustain **elimination** of transmission

Elimination target

Zero endemic cases of measles and rubella in ≥12 months in any defined geographical area

Programmatic targets

Achieve and sustain **≥95%** coverage with two doses of measles–rubella and mumps vaccine (MMR1 and MMR2)

Achieve an annual notification rate of **≥2** suspected cases of measles and rubella per 100.000 population

Action steps to sustain elimination

Best buys

1 Vaccinate to protect:

- Maintain ≥95% MMR1 and MMR2 coverage through routine immunization
- Conduct follow-up measles and rubella campaigns if susceptibles exceed 80% of the most recent birth cohort
- Implement supplementary immunization activities in low-coverage areas, outbreaks, or high-risk groups (e.g., tourism personnel)

2 Ensure sustainability:

- Integrate measles and rubella vaccination, surveillance, and case management into primary health care; and apply local measures to prevent spread after importation based on risk assessments

3 High-quality surveillance:

- Achieve ≥80% in key indicators: adequate case investigation, adequate blood sample, timely sample arrival (≤5 days), and timely laboratory results (≤4 days)
- Enhance surveillance through active case-finding in health facilities, communities, and laboratories

4 Outbreak preparedness and response:

- Rapid response with case investigation, contact-tracing, vaccination of at-risk groups, case isolation with infection control, and targeted (ring or mass) vaccination

More information

- Pan American Health Organization. Regional Framework for the Monitoring and Re-Verification of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas. Washington, D.C.: PAHO; 2021. Available from: https://iris.paho.org/handle/10665.2/55074.
- Pan American Health Organization. Guidance on active case-finding for acute flaccid paralysis, measles, and rubella. Washington, D.C.: PAHO; 2025. Available from: https://iris.paho.org/handle/10665.2/64596.
- World Health Organization. Measles and rubella strategic framework: 2021-2030. Geneva: WHO; 2020. Available from: https://iris.who.int/handle/10665/339801.

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ELIMINATION OF MOTHER-TO-CHILD TRANSMISSION OF HIV, SYPHILIS, HEPATITIS B, AND CHAGAS DISEASE (EMTCT-PLUS)

Elimination Initiative

Impact goal

Elimination as a public health problem

Elimination targets

≤2% of HIV prevalence of mother-to-child transmission

≤0.5 incidence of congenital syphilis per 1,000 live births

≤0.1% hepatitis B surface antigen (HBsAg) prevalence in children aged 4–6

≥90% of newborns with *T. cruzi* infection cured

Programmatic targets

≥95% of newborns born to positive mothers with *T. cruzi* diagnosis and timely etiological treatment

≥95% HIV and syphilis testing and **≥90%** hepatitis B and Chagas testing in pregnant women

≥95% pregnant women treated in a timely manner for HIV and syphilis

≥95% timely birth-dose hepatitis B vaccination within 24 hours and complete a 3-dose schedule

Action steps to achieve elimination

1. **Screen and test:**
   - -For HIV, syphilis, hepatitis B, and Chagas disease during routine antenatal care in endemic countries
   - -Use multi-disease point-of-care tests (e.g., HIV/syphilis dual test)
2. **Postnatal care: Beyond birth**
   - -Monitor mothers and newborns to confirm diagnosis, ensure treatment adherence, and cure for syphilis and Chagas disease
   - -Ensure long-term treatment and care for HIV-positive mothers and those with hepatitis B virus (HBV)
3. **Empower with counseling:**
   - -Educate mothers and their partners to reduce transmission risk and ensure timely treatment

Best buys

4. **Diagnose and treat in a timely manner:**
   - **-HIV:** Provide antiretroviral therapy for HIV-positive pregnant women and post-exposure prophylaxis for newborns
   - **-Syphilis:** Treat syphilis-infected pregnant women with penicillin to prevent congenital syphilis
   - **-Hepatitis B:** Vaccinate newborns within 24 hours and ensure a complete 3-dose schedule
   - **-Chagas:** Test, confirm, and treat mothers and newborns as soon as possible

More information

- World Health Organization. Global guidance on criteria and processes for validation: elimination of mother-to child transmission of HIV, syphilis and hepatitis B virus. Geneva: WHO; 2021. Available from: https://www.who.int/publications/i/item/9789240039360.
- World Health Organization. Elimination of mother-to-child transmission of HIV, syphilis and hepatitis B. Geneva: WHO; 2024 [cited 10 April 2025]. Available from: https://who.int/initiatives/triple-elimination-initiative-of-mother-to-child-transmission-of-hiv-syphilis-and-hepatitis-b.
- Pan American Health Organization. EMTCT Plus. Framework for elimination of mother-to-child transmission of HIV, Syphilis, Hepatitis B, and Chagas. Washington, D.C.: PAHO; 2017. Available from: https://iris.paho.org/handle/10665.2/34306.

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MATERNAL AND NEONATAL TETANUS ELIMINATION

Elimination Initiative

+ Impact goal

Sustain **elimination** of transmission

+ Elimination target

<1 new confirmed cases of neonatal tetanus (NT) per 1000 live births in every district (or equivalent administrative unit)

+ Programmatic targets

≥95% vaccination coverage for tetanus toxoid-containing vaccine (TTCV) in the first year of life, followed by 3 boosters, administered at 12–23 months, 4–7 years, and 9–15 years

≥80% of women of reproductive age (WRA), including pregnant women, should receive at least 2 doses of TTCV (e.g., Tdap, Td, or TT)

Action steps to sustain elimination

Best buys

1 Sustain high vaccination coverage:

- Strengthen routine vaccination so that all children/adolescents receive a primary series of three doses of TTCV in the first year of life, followed by three boosters

2 Protect every mother and newborn:

- Assess tetanus vaccination status at all health visits to ensure WRA and pregnant women are protected
- Administer tetanus, diphtheria, and acellular pertussis vaccine (Tdap) during pregnancy to protect the newborn from pertussis.

3 Clean and safe birth:

- All births should be conducted in clean and safe conditions by trained birth attendants

4 High-quality surveillance:

- Maintain good quality epidemiological surveillance of NT and other age groups to identify districts at risk of resurgence of maternal and neonatal tetanus as a public health problem and identify the need for corrective actions

More information

· Pan American Health Organization. Maternal and neonatal tetanus elimination in Latin America and the Caribbean. Field Guide. Washington, D.C.: PAHO; 2024. Available from: https://iris.paho.org/handle/10665.2/59604.

· Pan American Health Organization. Neonatal tetanus elimination: field guide. Second edition. Washington, D.C.: PAHO; 2005. (Scientific and Technical Publication No. 602). Available from: https://iris.paho.org/handle/10665.2/52743.

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ONCHOCERCIASIS

Elimination Initiative

+ Impact goal

Elimination of transmission

+ Elimination targets

<0.1% prevalence of infective flies

<0.1% seroprevalence of onchocerciasis in children under 10 years of age

+ Programmatic target

≥85% coverage of ivermectin mass drug administration (MDA) in eligible populations

Action steps to achieve elimination

Best buys

1 Stop transmission:

-Implement MDA using ivermectin to the population living in transmission areas (preferably twice a year in high-transmission areas) for at least 12–15 years

2 Vector control:

-Reduce blackfly populations (where feasible) through environmental management

3 Surveillance:

-Implement entomological (blackfly infection) and serological (community-based testing) monitoring

4 Community engagement:

-Ensure community-led distribution and compliance to achieve high MDA coverage

5 Post-MDA surveillance:

-Continue active surveillance to monitor elimination in previously endemic areas

More information

· Pan American Health Organization. Onchocerciasis – "River Blindness". Washington, D.C.: PAHO; 2025 [cited 18 April 2025]. Available from: https://paho.org/en/topics/onchocerciasis-river-blindness.

· World Health Organization. Guidelines for stopping mass drug administration and verifying elimination of human onchocerciasis: criteria and procedures. Geneva: WHO; 2016. Available from: https://iris.who.int/bitstream/handle/10665/204180/9789241510011_eng.pdf?sequence=1.

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OPEN DEFECATION

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination target

95% reduction in the number of people practicing open defecation (2030 vs. 2020)

+ Programmatic targets

≥95% households with access to improved sanitation facilities

≥90% households with available handwashing facilities (with soap and water) at latrines

Action steps to achieve elimination

Best buys

❶ Choice of cost-efficient technology:

-Encourage the implementation of cost-effective sanitation technologies appropriate for each location to prevent infectious intestinal diseases, including diarrheal diseases, helminthiasis, anemia, and giardiasis, among others, as well as long-term growth retardation and cognitive decline.

❷ Health education and promotion:

-Provide dissemination and technical support for health education aligned with health promotion, so that communities accept behavioral change, e.g., hygiene promotion is a complementary action after the construction of latrines in rural areas.

❸ Political influence to close the sanitation gap:

-Use political influence from the national government to subnational governments to ensure that their workplans are aligned with closing gaps and expanding services.

❹ Using the tool WASH Financial Accounts – TrackFin:

-Improve monitoring and advocacy of sanitation spending to ensure that it is targeted to areas with the least access to this service.

❺ Stakeholder engagement with partners:

-Align efforts with government, non-governmental, and international partners working towards the elimination of open defecation.

More information

· Wolf J, Johnston RB, Ambelu A, Arnold BF, Bain R, Brauer M et al. Burden of disease attributable to unsafe drinking water, sanitation, and hygiene in domestic settings: A global analysis for selected adverse health outcomes. Lancet. 2023;401(10393): 2060–2071. Available from: https://doi.org/10.1016/s0140-6736(23)00458-0

· Kouassi HAA, Andrianisa HA, Traoré MB, Sossou SK, Momo Nguematio R, Ymélé SSS, Ahossouhe MS . Review of the slippage factors from open defecation-free (ODF) status towards open defecation (OD) after the Community-Led Total Sanitation (CLTS) approach implementation. Int J Hyg Environ Health. 2023;250 (114160):1438–4639. Available from: https://doi.org/10.1016/j.ijheh.2023.114160

· Clasen TF, Bostoen K, Schmidt WP, Boisson S, Fung IC, Jenkins MW, et al. Interventions to improve disposal of human excreta for preventing diarrhoea. Cochrane Database Syst Rev. 2010; 6:1–32. Available from: https://researchonline.lshtm.ac.uk/id/eprint/3420/1/Clasen_et_al-2010-The_Cochrane_library.pdf

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PLAGUE

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination target

Zero new confirmed cases of plague

+ Programmatic targets

<1 suspected case per 100 000 population per year in endemic foci

100% case confirmation by laboratory (culture, polymerase chain reaction [PCR], rapid diagnostic test [RDT], or serology)

100% of confirmed cases managed with appropriate antibiotics

Action steps to achieve elimination

1. **Vector and reservoir control:**
   - Use insecticides to control fleas; eliminate rodent habitats near homes; improve sanitation and waste management to cut food sources; and exterminate rodents safely to avoid flea dispersion
2. **Surveillance:**
   - Apply geospatial tools to map high-risk zones; monitor rodent and flea populations for *Yersinia pestis*; track wildlife reservoirs (e.g., wild rodents, small mammals); and implement event-based surveillance (e.g., rodent die-offs, unexplained febrile deaths)
3. **Rapid diagnosis and case management:**
   - Train health workers to identify and treat cases early; ensure access to diagnostics (RDTs, PCR); treat with effective antibiotics (e.g., streptomycin, gentamicin, doxycycline); and establish referral pathways for severe cases

Best buys

4. **Risk communication, community engagement, and One Health:**
   - Educate communities on transmission, symptoms, care-seeking, and safe animal handling in enzootic areas; develop tailored communication materials; and coordinate across human, animal, and environmental health sectors
5. **Infection prevention and control (IPC):**
   - Implement IPC protocols in health facilities to prevent transmission; equip with personal protective equipment and isolation capacity; conduct contact-tracing and chemoprophylaxis; and stockpile medicines and protective gear in endemic areas

More information

- Pan American Health Organization. Protocolos para la vigilancia y control de roedores sinantrópicos. Washington, DC: PAHO; 2015. Available from: https://iris.paho.org/bitstream/handle/10665.2/50507/protocolosvigilancia_spa.pdf?sequence=1&isAllowed=y.
- World Health Organization. Manual for plague surveillance, diagnosis, prevention and control. Geneva: WHO; 2024. Available from: https://iris.who.int/bitstream/handle/10665/378694/9789240090422-eng.pdf?sequence=1.
- World Health Organization. Plague. Geneva: WHO; 2025 [cited 29 May 2025]. Available from: https://www.who.int/health-topics/plague#tab=tab_1.

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POLIOMYELITIS



+ Impact goal

Sustain **elimination** of transmission

+ Elimination target

Zero cases of poliomyelitis due to wild poliovirus or circulating vaccine-derived poliovirus in children younger than 15 years in 12 months in any defined geographical area

+ Programmatic targets

≥95% coverage of the third dose of polio vaccine through routine immunization

≥1 case of acute flaccid paralysis should be detected annually per 100 000 children under 15 years

>80% of cases have adequate samples collected and are investigated within 48 hours or less

Action steps to sustain elimination

Best buys

1. **Vaccinate to protect and prevent vaccine-derived strains:**
   - -Maintain high vaccination coverage by ensuring every child receives the recommended doses
2. **Regular risk assessment and mitigation plan:**
   - -Implement a targeted polio mitigation plan, prioritized based on risk analysis, to boost vaccination coverage, enhance surveillance, and ensure readiness
3. **Preparedness and response:**
   - -Response plans in place and trained teams ready to respond quickly to any polio outbreak or event
4. **Strong acute flaccid paralysis (AFP) surveillance:**
   - -High-quality surveillance to rapidly detect and respond to any potential poliovirus transmission
   - -Ensure prompt investigation and stool sample collection for AFP cases

More information

- Emanuele CA, Jean Baptiste AE, Chévez AE, Magarinos M, Antelo MV, Arza S, et al. Maintaining the Region of the Americas free of polio: best practices for incident management support teams. Rev Panam Salud Publica. 2024;48:e23. Available from: https://doi.org/10.26633/RPSP.2024.23.
- Pan American Health Organization. Poliomyelitis Eradication: Field Guide. Third edition. Washington, D.C.: PAHO; 2006. (Scientific and Technical Publication No. 607). Available from: https://iris.paho.org/handle/10665.2/735.

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POLLUTING FUELS IN THE HOUSEHOLD



Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination target

<5% of the population depends on the use of polluting fuels in the household

+ Programmatic target

≥ 95% of the population primarily relies on clean fuels and technologies for cooking (e.g., liquefied petroleum gas, electricity, biogas) in both urban and rural areas

Action steps to achieve elimination

1 Assess situation and map stakeholders:

- Map all relevant stakeholders involved in household energy across sectors to engage them in implementing actions
- Assess use, availability, and health and environmental impacts of clean and polluting fuels used for cooking, heating, lighting, and other household needs

2 Implement policies, programs, and technological interventions:

- Assess and prioritize policies, programs, and interventions to expand access to and use of clean and transitional fuels and technologies based on cost-effectiveness, feasibility, and potential impacts on health outcomes, emissions, and exposure

Best buys

3 Monitor and evaluate performance and impact:

- Implement monitoring and evaluation mechanisms to track progress and assess programs' performance and impacts on outcomes related to household air pollution, health, environment, climate, and livelihoods

4 Empower the health sector to tackle household air pollution:

- Reinforce knowledge of public health workers on the health risks of household air pollution and the benefits of clean energy
- Strengthen the integration of clean household energy messaging into public health and primary care programs

5 Community-based communication and outreach strategies:

- Develop and implement targeted communication strategies to promote the adoption of cleaner cooking solutions. Emphasize the health, economic, and quality-of-life benefits of clean household energy

More information

Note: The World Health Organization has developed the Household Energy Assessment Rapid Tool (HEART) and the Clean Household Energy Solutions Toolkit (CHEST) to support countries in developing and implementing clean energy strategies.

- World Health Organization. Household energy assessment rapid tool (HEART): a template for conducting a rapid situational assessment and stakeholder mapping. Geneva: WHO; 2021. Available from: https://www.who.int/publications/i/item/9789240043091.
- World Health Organization. A step-by-step guide and tools to support the implementation of the WHO Guidelines for indoor air quality: Household fuel combustion. Geneva: WHO; 2022. Available from: https://cdn.who.int/media/docs/default-source/air-pollution-documents/air-quality-and-health/final_chest-brochure.pdf.
- World Health Organization. Clean household energy policy and programme planning guide: Practical steps for designing and implementing transitions to clean, healthy household energy. Geneva: WHO; 2023. Available from: https://www.who.int/publications/i/item/9789240070202.

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CONGENITAL RUBELLA SYNDROME



+ Impact goal

Sustain **elimination** of transmission

+ Elimination target

Zero endemic cases of congenital rubella syndrome (CRS) in ≥12 months in any defined geographical area

+ Programmatic targets

≥95% coverage with two doses of rubella-containing vaccine (RCV) (e.g., MMR or MR vaccines) in women of reproductive age

≥1 suspected congenital rubella syndrome cases per 10 000 live births

Action steps to sustain elimination

Best buys

1 Prevent maternal rubella infection:

-Ensure ≥95% immunity in women of reproductive age through vaccination

-Conduct supplementary immunization activities (SIAs) to close immunity gaps, especially in women of reproductive age

2 High-quality surveillance:

-Establish high-quality CRS surveillance to monitor newborns for CRS

3 Early detection and confirmation of CRS cases :

-Rapidly identify and respond to rubella outbreaks to prevent CRS cases

-Integrate surveillance of congenital infections to suspect, detect, test and confirm or discard CRS among newborns

More information

· Pan American Health Organization. Regional Framework for the Monitoring and Re-Verification of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas. Washington, D.C.: PAHO; 2021. Available from: https://iris.paho.org/handle/10665.2/55074.

· World Health Organization. Measles and rubella strategic framework: 2021-2030. Geneva: WHO; 2020. Available from: https://iris.who.int/handle/10665/339801.

· Pan American Health Organization. Guidance for testing of measles and rubella in the laboratory network of the Region of the Americas. Washington, D.C.: PAHO; 2019. Available from: https://iris.paho.org/handle/10665.2/34932.

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SCHISTOSOMIASIS

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination target

<1% high-intensity *Schistosoma mansoni* infections in school-aged children (5–14 years)

+ Programmatic target

≥75% drug coverage mass drug administration (MDA) using praziquantel in eligible populations

Action steps to achieve elimination

Best buys

1 Mass drug administration:

-Ensure at least 75% MDA coverage for at-risk populations

2 Water, sanitation, and hygiene (WASH):

-Expand access to safe water, sanitation, and hygiene (WASH) to prevent reinfection

3 Target the source:

-Scale up effective snail control with molluscicides and environmental management to eliminate infection in snail intermediate hosts, following local legislations, determined by molecular tests

4 Integrate to scale:

-Link schistosomiasis interventions with WASH, neglected tropical disease programs, and primary health care

5 Post-MDA surveillance:

-Continue active surveillance to monitor elimination in previously endemic areas

More information

· World Health Organization. Assessing schistosomiasis and soil-transmitted helminthiases control programmes: Monitoring and evaluation framework. Geneva: WHO; 2024. Available from: https://www.who.int/publications/i/item/9789240099364

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SEXUALLY TRANSMITTED INFECTIONS
(SYPHILIS AND GONORRHEA)



+ Impact goal

Elimination as a public health problem

+ Elimination target

90% reduction in new syphilis and gonorrhea infections compared to 2020

+ Programmatic targets

90% of key and priority population are screened annually for syphilis and gonorrhea

95% of individuals diagnosed with syphilis and gonorrhea are treated

Action steps to achieve elimination

1 Expand testing using innovative strategies:

- Scale up routine and periodic syphilis and gonorrhea screening using diversified approaches (e.g., self-testing, dual HIV and syphilis tests)
- Implement sexual partner notification and treatment strategies to interrupt transmission

2 Integrate sexually transmitted infection services into primary care:

- Offer sexually transmitted infection services in primary health care, HIV services, family planning, and reproductive health services
- Ensure availability of essential medicines such as benzathine penicillin G and ceftriaxone at all levels of care

Best buys

3 Treat early and effectively:

- Provide immediate treatment after syphilis and gonorrhea diagnosis to prevent transmission and complications
- Explore new treatment approaches, e.g., doxycycline postexposure prophylaxis, where appropriate

4 Promote safe sex practices and health education:

- Provide inclusive, age-appropriate sexual and reproductive health education targeting key populations
- Ensure free or low-cost condom access and promote correct and consistent use

5 Employ targeted, data-driven interventions:

- Use routine screening and surveillance to guide targeted interventions for key populations (e.g., pregnant women, men who have sex with men, sex workers)

More information

· Pan American Health Organization. Guidance for the elimination of syphilis and congenital syphilis in the Americas. Technical note. Washington, D.C.: PAHO; 2024. Available from: https://iris.paho.org/handle/10665.2/61824.

· World Health Organization. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030, Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240053779.

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SOIL-TRANSMITTED HELMINTHIASIS



+ Impact goal

Elimination as a public health problem

+ Elimination target

Prevalence <2% of moderate and severe infection due to *A. lumbricoides*, *T. trichiura*, and hookworms in school-age children (5–14 years)

+ Programmatic targets

Regular preventive chemotherapy (PC) using albendazole or mebendazole to at least 75% of all populations at risk of morbidity in endemic areas

Action steps to achieve elimination

Best buys

1 Mass drug administration:

- Ensure at least 75% PC coverage using albendazole or mebendazole among preschool, school-age children, and women of childbearing age, in areas where soil-transmitted helminthiasis prevalence exceeds 20% with annual or biannual treatment based on prevalence

2 Water, sanitation, and hygiene (WASH):

- Improve access to potable water for handwashing and cleaning of foodstuffs to minimize the risk of reinfection
- Improve latrines and wastewater management in risk areas

3 Monitor and evaluate:

- Implement sentinel sites and prevalence and intensity of infection surveys in risk areas to adjust treatment frequency and optimize intervention strategies

4 Strengthen intersectoral coordination:

- Integrate work between health, education, and sanitation sectors to ensure sustainable elimination efforts

More information

· World Health Organization. Assessing schistosomiasis and soil-transmitted helminthiases control programmes: Monitoring and evaluation framework. Geneva: WHO; 2024. Available from: https://www.who.int/publications/i/item/9789240099364

· Pan American Health Organization. Operational guidelines for the implementation of deworming activities: A contribution to the control of soil-transmitted helminth infections in Latin America and the Caribbean. Washington, D.C.: PAHO; 2015. Available from: https://iris.paho.org/handle/10665.2/31345

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TRACHOMA



Impact goal

Elimination of trachoma as a public health problem

Elimination targets

<5% prevalence of trachomatous inflammation–follicular (TF) among children aged 1–9 years

<0.2% prevalence of trachomatous trichiasis (TT) unknown to the health system in adults ≥15 years, and providing evidence that health systems can continue to identify and manage incident cases of TT

Programmatic targets

≥80% coverage of mass drug administration (MDA) with azithromycin in endemic areas

≥80% of confirmed TT cases managed (epilation, surgery)

Action steps to achieve elimination

Best buys

1. **Sustained implementation of the "SAFE" strategy:**
   -Surgery, Antibiotics, Facial cleanliness, and Environmental improvement.
2. **Surgery :**
   -Offer TT surgery to prevent blindness and improve quality of life.
3. **Antibiotics:**
   -Mass administration of azithromycin in at-risk populations; monitor coverage and impact.
4. **Facial cleanliness:**
   -Educate communities on face cleanliness, especially in children.
5. **Improved water, sanitation, and hygiene (WASH):**
   -Coverage to reduce transmission.
6. **Robust surveillance:**
   -Map endemic areas, monitor clinical indicators, and verify elimination targets.

More information

· Pan American Health Organization. Trachoma. Washington, D.C.: PAHO; 2025 [cited 10 April 2025]. Available from: https://www.paho.org/en/topics/trachoma.

· International Trachoma Initiative. The SAFE strategy for trachoma control: poised for rapid scale-up. Decatur: ITI; 2014. Available from: https://www.trachoma.org/blog/safe-strategy-trachoma-control-poised-rapid-scale.

· World Health Organization. WHO Alliance for the Global Elimination of Trachoma: progress report on elimination of trachoma, 2023. Wkly Epidemiol Rec. 2024;99(28):363–380. Available from: https://www.who.int/publications/i/item/who-wer9928-363-380.

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TUBERCULOSIS

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination targets

Pre-elimination: <1 case per 100 000 population
Elimination: <0.1 cases per 100 000 population

+ Programmatic targets

100% people diagnosed with TB were initially tested with a rapid diagnostic test

≥ 90% treatment coverage

≥ 90% treatment success

≥ 90% TB preventive treatment coverage in household contacts and people living with HIV

Action steps to achieve elimination

Best buys

1. **Innovative tools:**
   -Harness portable chest X-ray AI-powered for TB detection, molecular testing, and shortened treatment regimens
2. **Early action:**
   -Diagnose early, systematic screening of contacts and high-risk groups, and ensure universal drug susceptibility testing
3. **Prevention first:**
   -Provide preventive treatment to high-risk groups and ensure BCG vaccination
4. **Greater effectiveness and accessibility:**
   -Implement shortened oral treatment for drug-resistant TB, including recommended shortened regimens like bedaquiline, pretomanid, linezolid, and moxifloxacin (BPaLM) to increase adherence success rates and reduce treatment abandonment
5. **Patient-centered care:**
   -Treat all TB cases, including drug-resistant TB, and ensure access to integrated care and social support
6. **TB-HIV synergy:**
   -Collaborative TB/HIV activities and management of comorbidities

More information

· Pan American Health Organization. Tuberculosis. Washington, D.C.: PAHO; 2025 [cited 10 April 2025]. Available from: https://www.paho.org/en/topics/tuberculosis.

· World Health Organization. Implementing the end TB strategy: the essentials, 2022 update. Geneva: WHO; 2022. Available from: https://www.who.int/publications/i/item/9789240065093.

· World Health Organization. Global tuberculosis report 2024. Geneva: WHO; 2024. Available from: https://www.who.int/publications/i/item/9789240101531.

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YELLOW FEVER

Elimination Initiative

+ Impact goal

Elimination as a public health problem

+ Elimination target

Zero cases of urban yellow fever (YF) due to transmission by *Aedes aegypti*

+ Programmatic targets

95% YF vaccination coverage in enzootic yellow fever zones, as well as in contiguous areas infested with *A. aegypti*

80% of suspected YF cases with adequate investigation

Action steps to achieve elimination

1 Vaccinate to protect and prevent transmission:

-Integrate the one-dose YF vaccine into routine childhood immunization and conduct preventive mass vaccination campaigns in high-risk areas, while enforcing International Health Regulations vaccination requirements for travelers to and from endemic zones

2 Effective epidemiological surveillance:

-Strengthen urban surveillance and vector control for early case detection; maintain readiness with emergency response protocols for urban outbreaks; ensure diagnostic capacity through a network of laboratories equipped for polymerase chain reaction and enzyme-linked immunosorbent assay testing; and monitor animal epizootics – especially in nonhuman primates– as early warning signals

Best buys

3 Rapid outbreak response:

-Develop and maintain emergency response guidelines for YF outbreaks

-Deploy rapid response teams for case investigation, vector control, and ring vaccination

-Ensure timely access to supportive care for symptomatic cases

4 Vector control:

-Reduce *A. aegypti* populations (the primary urban vector) by eliminating standing water, applying larvicides and adulticides; promote use of repellents and protective clothing; and engage communities in vector control

5 Risk communication and community engagement:

-Educate on symptoms (fever, jaundice, hemorrhage) and prevention (vaccination, mosquito-bite avoidance); and use culturally appropriate media to encourage vaccine uptake and early care-seeking

More information

· Pan American Health Organization. Laboratory diagnosis of yellow fever virus infection. Washington, DC: PAHO; 2018. Available from: https://www.paho.org/en/documents/laboratory-diagnosis-yellow-fever-virus-infection.

· Pan American Health Organization. Manejo clínico de la fiebre amarilla en la Región de las Américas. Experiencias y recomendaciones para los servicios de salud. Washington, DC: PAHO; 2023. Available from: https://iris.paho.org/bitstream/handle/10665.2/57317/OPSPHEIHM220003_spa.pdf.

· Pan American Health Organization. Yellow fever: Americas Region. Washington, DC: PAHO; 2025 [cited 29 May 2025]. Available from: https://shiny.paho-phe.org/yellowfever.

· World Health Organization. Risk communication and community engagement readiness and response toolkit: Yellow fever. Geneva: WHO; 2024. Available from: https://iris.who.int/bitstream/handle/10665/376259/9789240090064-eng.pdf.

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