



**Pan American
Health
Organization**



**World Health
Organization**
Americas Region

**62nd Directing Council
77th Session of the Regional Committee of WHO
for the Americas**
Washington, D.C., 29 September–3 October 2025

CD62/DIV/2

Original: English/Spanish

**PRESENTATION OF THE 2025 ANNUAL REPORT,
DR. JARBAS BARBOSA DA SILVA JR., DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU
AND REGIONAL DIRECTOR OF THE WORLD HEALTH ORGANIZATION FOR THE AMERICAS**

29 September 2025

Honorable Ministers of Health, Ambassadors, delegates, and colleagues across the Region of the Americas,

It is a privilege to present to you my Annual Report, which covers the period from July 2024 to June 2025. Let me begin by thanking all Member States for your trust and for the opportunity to serve the people and communities of our Region. It is truly an honor.

This report reflects a year of determined efforts and tangible results. We built upon the hard-won lessons of the pandemic and introduced new strategies to strengthen and enhance health systems. More than a record of accomplishments, this Report demonstrates how collective action can advance health and well-being throughout our Region.

In this new era, preparedness and resilience have become pillars of public health. Over the past year, we have seen clear achievements. When confronted with a record dengue fever epidemic, the reemergence of measles cases, and the spread of avian flu, the Pan American Health (PAHO) stood firmly with countries to respond swiftly. By leveraging epidemic intelligence and genomic surveillance, we enabled rapid interventions that saved lives.

The following are some examples. PAHO monitored more than 38 health emergencies across the Region and provided direct technical collaboration, training, and operational support in 20 acute emergencies. These included outbreaks of dengue, measles, mpox, influenza H5N1, Oropouche, and yellow fever in multiple countries, as well as multiple complex emergencies in the Region.

At the same time, the Organization strengthened epidemic intelligence as a cornerstone of health security, aligned with the International Health Regulations. More than 2.7 million pieces of information related to potential public health events were detected by PAHO, generating more than 1800 critical intelligence reports and more than 1900 early warning flags. These efforts enabled timely responses to threats such as human infections caused by influenza H5N1, Oropouche virus, and a significant increase in yellow fever cases in multiple countries.

PAHO was able to swiftly deliver over 25 tons of medical supplies to countries affected by hurricanes, wildfires, and other emergencies. These essential efforts were part of a sustained commitment to bolster the Region's health security. At the global level, PAHO helped ensure that the priorities of our Region were well reflected in the historic Pandemic Agreement adopted in May 2025.

Beyond emergency response, the Region advanced under PAHO's Disease Elimination Initiative. In 2024, Brazil was re-verified as measles-free, allowing the entire Region to regain its status as free of endemic measles. Currently, measles outbreaks in several countries threaten to reverse these gains by year's end. Still, Brazil's success—and similar experiences across the Region—prove that we can regain the status of elimination of measles. By redoubling our vaccination efforts throughout the Americas, we can protect these achievements. We have done it before, and we can do it again.

Beyond emergency response, substantial progress has been made under this Initiative. Brazil was also validated for eliminating lymphatic filariasis as a public health problem, and Suriname became the first Amazon country to achieve malaria-free certification. These are the crucial outcomes of assiduous control of communicable diseases.

Several Member States have also requested verification of new disease eliminations, including Chile for leprosy and Brazil for mother-to-child transmission of HIV. These achievements reflect the perseverance of national programs and the collective commitment of our Region.

The Better Care for Noncommunicable Diseases initiative expanded across the Region. By December 2024, the HEARTS in the Americas program for cardiovascular disease was being implemented in more than 7000 primary health care centers across the Region. Nearly 19 000 health workers were certified through the Better Care for NCDs Learning Pathway, improving their capacity to provide high-quality care.

The Alliance for Primary Health Care in the Americas, jointly with the Inter-American Development Bank and the World Bank, highlights the importance PAHO places on strengthening health systems through a primary health care approach. During the past year, three countries have signed formal agreements (Chile, Dominican Republic, and El Salvador) to develop actionable plans for investment in integrated health services delivery. These three countries were followed, recently, by Paraguay and yesterday by Panama; so we do believe that next year's report will have more countries, probably the ten countries that are already walking together with the Alliance will have the opportunity to sign this very important agreement. These models of care target NCDs, communicable diseases, and maternal and child health. El Salvador, for example, is expanding access to quality primary health care through a US\$ 120 million¹ project negotiated with the World Bank—the first loan under the framework of the Alliance.

In parallel, digital health expanded throughout the Region. PAHO's All-in-One Telehealth Platform, launched last year, is helping extend delivery of vital health care—particularly for NCDs—to underserved and remote areas. It also incorporated the Telehealth Readiness Assessment Toolkit, which allows health facilities to evaluate their capacity to implement and expand telehealth. Meanwhile, the Pan American Highway for Digital Health is supporting countries in establishing secure and interoperable digital systems that facilitate continuity of care across services and institutions.

The Region also moved closer to self-reliance in the production of vaccines, medicines, and health technologies, and, thereby, broader access to them. PAHO supported Argentina's initiative for local manufacture of PCV20, the pneumococcal conjugate vaccine that provides enhanced protection

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

for vulnerable groups, including children and older adults. This represents a landmark achievement in regional manufacturing and a critical step toward reducing reliance on external supply. In addition, both Argentina and Brazil expanded capacity for mRNA vaccine development, underscoring their growing leadership in health technology innovation.

PAHO also conducted rapid assessments of 24 health technologies, including 17 medicines and 7 medical devices, for possible inclusion in the Regional Revolving Funds. These technologies address some of the biggest health challenges in the Region, such as diabetes, tuberculosis, malaria, HIV, and cancer, as well as some rare diseases.

This year, PAHO's Regional Revolving Funds launched a bidding process for the first phase of PAHO's high-cost medicines initiative. This effort was developed and is designed to expand access to treatments for cancer, multiple sclerosis, and rare diseases, conditions that pose a heavy burden on patients and their families.

In addition, last year PAHO acquired more than 159 million doses of vaccines for Member States, along with injection devices and cold chain items. PAHO also distributed around 9 million diagnostic tests and 3.5 million treatments. This procurement mechanism, aligned with technical guidance, allows us to introduce new vaccines and expand access to them in our countries.

These efforts have contributed to sustained progress in immunization, while routine vaccination continued to advance in the Region. Last year, the Americas became the first region to surpass pre-pandemic routine immunization coverage levels. Coverage with the third dose of the diphtheria, pertussis, and tetanus vaccine remained stable at 86% in 2024, compared to 81% in 2021.

PAHO joined forces with countries to address a projected deficit of 600 000 health professionals in Latin America and the Caribbean by 2030. PAHO advanced a regional cooperation program to support the development of national policies on human resources for health. Capacity development was also expanded through in-person and online learning. In the past year alone, over 1 million new users accessed PAHO's Virtual Campus for Public Health, which offers over 150 free courses, bringing the total number of users benefiting, both in the Region and around the world, to 4 million.

Through the PAHO Forward initiative, we have modernized and streamlined our internal operations and introduced new digital tools. Simplified procurement, travel, human resources, and budget amendment processes and improved liquidity management generated over \$3 million in additional revenue while reducing credit and banking risks. This and other changes are helping PAHO provide technical cooperation more efficiently, effectively, and transparently.

To strengthen transparency and accountability, PAHO published three important external evaluations during the period covered by this report. These included the evaluation of our results-based management framework, the evaluation of our 2020–2025 budget policy, and the evaluation of how gender equality was integrated into PAHO's technical cooperation in health from 2005 to 2023.

We have also made progress in internal audit transparency. The reports are now available to Member States upon request. By June 2025, we had published 24 internal audit reports. These steps

reflect our commitment to ensuring that PAHO's work is not only effective but also transparent, accountable, and responsive to the trust that our Member States place in us.

During 2024 and 2025, PAHO made significant progress in laying the foundations for its Shared Services Initiative, a key component of the PAHO Forward initiative. The main objective of the Shared Services Initiative is to improve the efficiency and effectiveness of administrative processes. These two years have been marked by extensive planning, strategic analysis, and benchmarking against best practices from other multilateral organizations that have already implemented similar initiatives.

By taking this significant step towards modernizing its administrative operations and strengthening its capacity to fulfill its public health mission, PAHO continues to invest in meaningful partnerships to address the most pressing public health challenges of our time. During this reporting period alone, we have signed 24 agreements with new financial partners and 27 with non-financial partners, expanding the coalition of actors committed to advancing health in the Americas.

At the same time, we have signed 20 country cooperation strategies and 2 subregional cooperation strategies. These frameworks are more than just documents; they are roadmaps that guide our shared health priorities and actions. They reflect the commitment of our Member States and of PAHO to work hand in hand, building healthier, stronger, and more resilient societies.

This year has shown that progress in health is built through our enduring collaboration. Together, we have strengthened health systems, services, infrastructure, and innovations that protect and improve lives. We are shaping a Region better prepared to safeguard health, now and in the years to come.

Thank you very much for your trust, commitment, and dedication to the work of this Organization.
