PAHO Program Budget 2024-2025:

Recovering, innovating, and accelerating progress for health and equity

Compendium of Output Indicators

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PAHO Pan American Health Organization World Health Organization Regional Office for the Americas

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Introduction

The Compendium of 2024-2025 Output Indicators includes the technical specifications for the output indicators of the Program Budget (PB) of the Pan American Health Organization (PAHO) 2024-2025: *Recovering, innovating, and accelerating progress for health and equity*. The compendium provides definitions and measurement criteria for all indicators, in order to facilitate a systematic approach to monitoring and reporting on implementation of the Program Budget.

Each indicator technical specification contains the following information:

- **Code and title of the output**: Output code (e.g., 1.1-28.4) and title as per the approved PB 2024-2025
- **Code and title of the indicator**: Output indicator code (e.g., 1.1.a - 28.4.a) and title as per the approved PB 2024-2025
- **Definition of the indicator**: This describes how the indicator is defined and includes key parameters.
- **Purpose of the indicator**: This indicates why it is important to use the indicator and/or its parameters.
- **Technical note**: This describes how the indicator is calculated with detailed criteria, including a description of its qualifying characteristics and the minimum conditions that are necessary for the indicator to be considered achieved.
    - For country-type indicators, the technical note specifies when a country or territory is considered as having achieved the indicator.
    - For relative indicators, the technical note specifies the numerator, denominator, and corresponding formula, as applicable.
- **Type of indicator**: This indicates if the indicator measurement is absolute (number of countries and territories/documents/etc.) or relative (proportion/percentage/fraction of …).
- **Measurement units**: This indicates the units of measurement to be used for the indicator (number of countries and territories, percentage, etc.).
- **Frequency of measurement**: This indicates how often the data for the indicator is collected and reported, specifying whether the data is to be collected at the beginning, middle, or end of the year (if possible, the specific date/month when the data becomes available for reporting/publishing).
- **PASB unit**: This indicates which PASB unit is responsible for the indicator.
- **Data source**: This includes the originator of the indicator data and should indicate the leading data source, as applicable.
- **Limitations**: This indicates the challenges or restrictions related to the monitoring and reporting on the indicator. It does not, however, cover challenges related to making progress on the indicator.
- **References**: This provides a list of the main references (documents or other materials) that offer relevant information about the indicator's definition and technical specifications. It includes regional and global strategies or plans of action, if applicable. An example is shown below.

1. Pan American Health Organization. Plan of Action for the Prevention and Control of Viral Hepatitis. Washington, DC: PAHO, 2015. Available from: https://www.paho.org/hq/dmdocuments/2015/CD54-13-e.pdf

Outcome 1. Access to comprehensive and quality health services

Code and title of the output	Output 1.1: Policy options, tools, and technical guidance provided to countries to enhance equitable, people-centered, integrated service delivery, including public health
Code and title of the indicator	Output indicator 1.1.a: Number of countries and territories with frameworks in place for integrated Health Service Delivery Networks (IHSDNs) to improve the resolution capacity of the first level of care and integrate priority programs, including NCDs and the elimination agenda
Definition of the indicator	The indicator is defined as number of countries and territories that have implemented initiatives (policies, regulations, legislations, plans, etc.) at the national or sub-national levels to move toward integrated health services delivery networks.
Purpose of the indicator	The indicator serves the purpose of tracking advances in Member States toward the transformation and/or strengthening of the organization of service delivery consisted with the approved Strategy for Universal Access to Health and Universal Health Coverage (Universal Health), document CD53/5 which, in its strategic line # 1, proposes the strengthening and transformation of health services through the development of health care models that focus on the needs of people and communities, increasing the response capacity of the first level of care through integrated health services networks (IHSDNs).
Technical note	The indicator will be considered achieved if the Member State has official national plans, policies or strategies with explicit goals and targets to advance toward Integrated Health Service Delivery Networks (IHSDNs) published and implemented. The definition and attributes of IHSDNs are described in PAHO/WHO Resolution CD49/16 and detailed in the document "Integrated Health Service Delivery Networks: Concepts, Policy Options and a Road Map for Implementation in the Americas". Once reviews for each country are carried out, the countries that meet the criteria will be added up and reported as having achieved the indicator.
Type of indicator	Absolute
Measurement units	Number of countries or territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	Official national documents that make explicit mention of IHSDNs plans and implementation strategies and/or Country Office Country Cooperation Strategies and reports. The source of data for this indicator will be official documents from Member States regarding new or existing policies, regulations, legislations and/or plans to transform, strengthen, or implement IHSDNs at national or sub-national levels.
Limitations	Complexity of the definition of IHSDNs and lack of routine analysis of policies, plans, regulations, and legislation in the countries.

References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO – Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf.

Code and title of the output	Output 1.2: Countries and territories enabled to improve quality of care in health service delivery
Code and title of the indicator	Output Indicator 1.2.a: Number of countries and territories implementing strategies and/or plans of action to improve quality of care in health service delivery
Definition of the indicator	The indicator is defined as number of countries and territories that have implemented strategies and/or plans of action at the national or sub-national levels to improve quality of care in health service delivery.
Purpose of the indicator	The indicator serves the purpose of tracking advances in Member States toward sustained quality improvement of care to people, families, and communities in the delivery of comprehensive health services consistent with the approved Strategy and plan of action to improve quality of care in health service delivery 2020-2025, document CD57/12 which, in its Plan of Action includes as indicator # 2.1.2 the number of countries and territories that have implemented an operations plan to improve quality of care in the delivery of comprehensive health services.
Technical note	The indicator will be considered achieved if the Member State has official national plans, policies or strategies with explicit goals and targets to advance toward sustained quality improvement of care to people, families, and communities in the delivery of comprehensive health services published and implemented. The definition and essential defining attributes of quality of care are described in PAHO/WHO document CD57/12. Once reviews for each country are carried out, the countries that meet the criteria will be added up and reported as having achieved the indicator.
Type of indicator	Absolute
Measurement units	Number of countries or territories
Frequency of measurement	Every two years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	Official national documents that make explicit mention of quality of care plans and implementation strategies and/or Country Office Country Cooperation Strategies and reports. The source of data for this indicator will be official documents from Member States regarding new or existing policies, regulations, legislations and/or plans to advance toward sustained quality improvement of care to people, families, and communities in the delivery of comprehensive health services.
Limitations	Complexity of the definition of quality of care plans and implementation strategies with a health system and intersectoral approach, and lack of routine analysis of policies, plans, regulations, and legislation in the countries.
References	1. Pan American Health Organization. Strategy and plan of action to improve quality of care in health service delivery 2020-2025. 57rd Directing Council of PAHO - Resolution CD57.R13; Sep 30 – Oct 4; Washington, DC: PAHO; 2019. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=50641-cd57-r13-e-strategic-poa-quality-care&category_slug=cd57-en&Itemid=270&lang=en.

Outcome 2. Health throughout the life course

Code and title of the output	Output 2.1: Countries and territories enabled to implement the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030
Code and title of the indicator	Output Indicator 2.1.a: Number of countries and territories that are implementing a national plan in alignment with the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030
Definition of the indicator	The key features of the PAHO Regional Plan of Action for Women's, Children's, and Adolescents' Health (1) are the centrality of equity and intersectoral work, participation and accountability, and actions in settings critical for women, children and adolescents throughout their life course, such as schools, communities and services. This indicator has a focus on two of these features: the intersectoral work and the participation, because they are the least developed and have the potential to accelerate progress and expand the actions to health promotion and prevention in addition to treatment. The aim is to assess the progress in the (i) identification of the main social, economic or environmental factors underlying the main health challenges of at least two population groups (i.e. women, neonates, children or adolescents); (ii) an explicit institutional commitment to work with at least two other sectors to address the identified social, economic or environmental factors; and (iii) the establishment of a mechanism to increase the participation of at least two population groups either in the process of formulation, implementation, monitoring, among others.
Purpose of the indicator	Countries in the Region have made important progress in the formulation of policies, strategies and plans addressing women's, children's, and adolescents' health. However, the emphasis is largely on the identification and treatment of diseases and prevention of mortality. Less developed are the analysis of the underlying causes of those diseases and the building of health and wellness across the life course (2). The need for intersectoral work is already recognized and some experiences exist in the Region. The effectiveness of the intersectoral efforts is an issue where more attention is needed. Similarly, participation is increasingly recognized as critical to achieve healthy individuals and communities, but it is rarely included as central part of the health-related strategies or plans. Efforts to build and sustain mechanisms for the participation of women, children, or adolescents are almost inexistent.
Technical note	Due to the qualitative nature of the indicator, the policies, plans, or strategies addressing women's, children's or adolescents' health will be collected and revised to determine those that have identified the social determinants of women's, children's, and adolescents' health, and explicitly address those determinants by including the intersectoral work and creating opportunities for participation. The report of this indicator will include the description of the key features of the intersectoral work and participation, such as sectors involved, main social determinants identified, mechanisms for participation, whose participation is being promoted, among others.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual

PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	The main data source are the official documents from each country. Policies, plans, or strategies addressing women's, children's or adolescents' health will be collected as a continuous process. Other sources will also be used as a way to validate and/or complement the results of the review of the official documents. PAHO has developed a survey to build the baseline and progress reports of the indicators of the Regional Plan of action for women's, children's, and adolescents' health. The survey includes various questions on intersectoral work and participation.
Limitations	Building and analyzing this indicator may be affected by: • The quality and level of detail of the official country documents • The heterogeneous understanding of what is meant by intersectoral work and participation. • The number of countries with plans/strategies and the level of participation in surveys.
References	1. Pan American Health Organization. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030. 56th Directing Council of the Pan American Health Organization, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23-27; Washington, DC. (Document CD56/8, Rev. 1) Washington, DC: PAHO; 2018. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=46461-cd56-8-e-poa-wca&category_slug=56-directing-council-english-9964&Itemid=270&lang=en 2. Pan American Health Organization. Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030. 57th PAHO Directing Council; 30 September to 4 October 2019; Washington, DC. (Document CD57/10) Washington, DC: PAHO; 2019. Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49687-cd57-10-e-health-promotion&category_slug=cd57-en&Itemid=270&lang=en

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered
Code and title of the indicator	Output indicator 2.2.a: Number of countries and territories that measure percentage of women of reproductive age who have their need for family planning satisfied with modern methods, disaggregated by age, race/ethnicity, place of residence, and income level
Definition of the indicator	This indicator is defined as the number of countries that measure the percentage of women of reproductive age (15-49 years) who do not want any more children or want to postpone the next pregnancy and who are currently using a modern contraceptive method stratified by age, race/ethnicity, place of residence, and income level.
Purpose of the indicator	This indicator parallels SDG indicator 3.7.1 under SDG target 3.7, which calls for "universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes." It also responds to the Global Strategy for Women's, Children's and Adolescents' Health 2016-2030, target 8: "Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights."[1,2,3] The indicator is useful for assessing overall levels of coverage of family planning programs and services. Access to and use of an effective means of contraception helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information and means to do so. Meeting demand for family planning with modern methods contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes. Satisfying family planning needs is also one of the most cost-effective investments to alleviate poverty and improve health.[5]
Technical note	The demand for family planning that is satisfied by using modern methods of contraception describes the number of women of reproductive age (15–49 years) who are married or in a union who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method, as a proportion of the number of women of reproductive age who are married or in a union who have a demand for family planning.[5] * Modern methods of contraception, as defined by United Nations, include oral contraceptive pills, the implant, injectables, patch and vaginal ring, intrauterine device (IUD), female and male sterilization, male and female condoms, lactational amenorrhea method, emergency contraception pills.[4] ** Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. Unmet need for family planning is defined as the percentage of women of reproductive age, either married or in a union, who want to stop or delay childbearing but are not using any method of contraception.[4]
Type of indicator	Absolute

Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	United Nations, Department of Economic and Social Affairs, Population Division, World Contraceptive Use dataset.
Limitations	• Differences in survey design and implementation, as well as differences in the way survey questionnaires are formulated and administered, can affect the comparability of the data. The most common differences relate to the range of contraceptive methods included and the characteristics (age, sex, marital or union status) of the persons for whom contraceptive prevalence is estimated (the base population). The time frame used to assess contraceptive prevalence can also vary. In most surveys there is no definition of what is meant by "currently using" a method of contraception. • Sampling variability can also be an issue, especially when measuring contraceptive prevalence for a specific subgroup (according to method, age group, level of educational attainment, place of residence, etc.) or when analyzing trends over time. • Strict comparison must be avoided between estimates based on different definitions.
References	1. Pan American Health Organization. Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030. 56th Directing Council of the Pan American Health Organization, 70th Regional Committee of WHO for the Americas; 23-27 September 2018; Washington, DC: PAHO; 2018 (Document CD56/9). Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=46461-cd56-8-e-poa-wca&category_slug=56-directing-council-english-9964&Itemid=270&lang=en 2. United Nations Statistics Division – Sustainable Development Goals. Proportion of women of reproductive age who have their needs for family planning satisfied by modern methods (3.7.1) 3. Pan American Health Organization. Compendium of Impact and Outcome Indicators-Strategic Plan 2014-2019. October 2014. Outcome indicator 3.1.1. Unmet needs for family planning. 4. United Nations, Department of Economic and Social Affairs, Population Division (2019). Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435). Available from: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_2019_contraceptiveusebymethod_databooklet.pdf 5. Alkema, LA and others (2013). National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: A systematic and comprehensive analysis. The Lancet, Volume 381, Issue 9878, pp. 1642-1652. See also web appendix with technical details. 6. World Health Organization. Global Health Observatory. Definition of percentage of women of reproductive age who have their need for family planning satisfied with modern methods. Available from: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/6

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered
Code and title of the indicator	Output indicator 2.2.b: Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence
Definition of the indicator	This indicator is defined as the number of countries and territories that inform that they collect yearly information on the percentage of women aged 15-49 with a live birth in a given time period that received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence.
Purpose of the indicator	This indicator provides information on women's access to and use of health care during pregnancy, in particular, antenatal care (ANC) services at the recommended level. It can be used to track trends in utilization. Many health problems experienced by pregnant women can be prevented, detected and treated during ANC visits with trained health workers. The antenatal period presents opportunities for reaching pregnant women with interventions that may be vital to their health and wellbeing and that of their infants. Receiving antenatal care at least four times, as recommended by WHO, increases the likelihood of receiving effective maternal health interventions during antenatal visits and use of skilled health personnel during delivery, ANC may facilitate better use of emergency obstetric services, and ANC is also associated with improved perinatal survival.
Technical note	The indicator is expressed as an absolute number, corresponding to the number of countries and territories that annually measure the percentage of pregnant women who received antenatal care four or more times, disaggregated by age, ethnicity, and place of residence. a. Number of countries and territories who measure it – The number of countries and territories reporting on this indicator will be counted. b. Number of countries and territories who disaggregated the indicators data by age category of the women, AND race/ethnicity, AND place of residence will be counted
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Yearly
PASB unit	Health Systems and Services/Latin American Center of Perinatology, Women, and Reproductive Health (HSS/CLAP)
Data source	• Number of countries and territories who measure it – WHO indicator registry • Number of countries and territories who disaggregate it by age, race/ethnicity, and place of residence – data will be obtained from PAHO Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (PoA WCAH) survey.

	• In years when the information for PoAs WCAH survey is not collected, the countries will be consulted directly through the PAHO offices.
Limitations	• Data availability will depend on the willingness of the member states to periodically respond to the consultations. • A not inconsiderable number of countries do not collect or publish this information on a regular basis, so they use Demographic Health Survey (DHS) that is published every five years. • Likewise, knowing whether the countries collect this information is not a guarantee that they comply with the required periodicity, the percentage of population that accesses to the care, or the quality with which it is provided.
References	1. Pan American Health Organization. Plan of Action for Women's, Children's and Adolescent's Health 2018-2030. 56th Directing Council of the Pan American Health Organization, 70th Regional Committee of WHO for the Americas; 23-27 September 2018; Washington, DC: PAHO; 2018 (Document CD56/9). Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=46461-cd56-8-e-poa-wca&category_slug=56-directing-council-english-9964&Itemid=270&lang=en 2. World Health Organization, 2006, Reproductive Health Indicators: Guidelines for their generation, interpretation and analysis for global monitoring, Geneva: WHO. Available from: https://www.who.int/reproductivehealth/publications/monitoring/924156315x/en/ 3. MEASURE Evaluation. Family Planning and Reproductive Health Indicators Database – ANC visits. Available from: https://www.measureevaluation.org/prh/rh_indicators/womens-health/sm/percent-women-attended-at-least-four-times-for 4. World Health Organization. Global Health Observatory - Indicator Metadata Registry – ANC coverage – at least 4 visits. Available from: https://apps.who.int/gho/data/node.wrapper.imr?x-id=4664

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered
Code and title of the indicator	Output indicator 2.2.c: Number of countries and territories implementing regular maternal and perinatal death reviews and audits
Definition of the indicator	The indicator is defined as the number of countries and territories with a policy/law that requires routine audit and/or review of death certification for maternal, perinatal, neonatal, and/or child deaths.
Purpose of the indicator	The purpose of the indicator is to assess progress in the countries and territories of the region in the registration and analysis of maternal and perinatal deaths. The indicator has implications in terms of contributing to the elimination of preventable maternal and perinatal deaths, to improving the quality of care, as well as reducing health inequalities.
Technical note	The indicator is expressed as an absolute number, corresponding to the number of countries with a policy/law that requires routine audit and/or review of death certification for maternal, perinatal, neonatal, and/or child deaths
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy Survey. WHO
Limitations	The availability of data will depend on the conduction of the survey by WHO and the response of the countries. PAHO will provide technical cooperation to the countries to improve the data. Alternatively, ad hoc data collection will be carried out, maintaining the same formulation contemplated in the global Policy Survey as part of the monitoring of the implementation of the regional plan of action.
References	1. World Health Organization. Maternal, newborn, child and adolescent health policy indicators. Available from: https://www.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies 2. World Health Organization. Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy Survey. 2018. Available from: https://www.who.int/docs/default-source/mca-documents/policy-survey-questionnaires/en-rmncah-policy-survey-final.pdf?sfvrsn=d91d9ec7 _ 3. World Health Organization. Maternal, Newborn, Child and Adolescent Health and Ageing Data Portal. Available from: https://www.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?selectedTabName=Documents

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered
Code and title of the indicator	Output indicator 2.2.d: Number of countries and territories that conduct periodic developmental assessment as part of their services for children
Definition of the indicator	This indicator counts the number of countries and territories with a national protocol, manual or guideline that provide recommendations on the monitoring of young children's developmental status by health services. These recommendations include the child age when the assessments should be conducted, the tool and the steps or procedures for the assessment based on the child age, criteria for referral, if needed, and the respective counselling to the caregiver.
Purpose of the indicator	The purpose of this indicator is to monitor the implementation of the strategic line of action of the Nurturing Care Framework (NCF) related to health services (1). NCF was presented to member states during the World Health Assembly (WHA) 2018. Health services for young children commonly include the periodic assessment of growth and development as part of the well-child visits. Despite the recognition of the importance of child development, most well-child visits do not perform an assessment or promotion of child development. This indicator will count the number of countries with a normative instrument that recommends when and how to conduct the developmental assessment in health services.
Technical note	This indicator is calculated by counting the number of countries with a national normative instrument (i.e., manual, guideline, protocol or similar) that recommends when and how to conduct the developmental assessment in health services in young children (0-8 yrs. old). PAHO will collect official documents and review the content to ascertain the presence of the recommendations on the monitoring of child development. PAHO will also conduct a qualitative description of the available country documents which will include the number and recommended age when a developmental assessment should be conducted, the recommended tools, the criteria for referral and the content of the respective counselling to the caregiver.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years. Data gathering will take place at the beginning of the year.
PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	In 2018, the fifth round of the WHO Global Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey (2) was conducted, and 30 countries from the Region participated and shared various official documents. To build the baseline, this database will be used to gather the documents relevant for this indicator. The global policy survey database will be updated periodically by WHO and the results will be used to monitor progress of this indicator.

	Another data source will be the official websites of the relevant ministries. These websites will be reviewed periodically, and official documents downloaded. For those countries where previous data sources indicate that no national normative document has been formulated, the technical units at relevant ministries will be contacted to confirm the information.
Limitations	None expected.
References	1. WHO/UNICEF Nurturing care framework: Available from: https://www.who.int/maternal_child_adolescent/documents/nurturing-care-early-childhood-development/en/ 2. World Health Organization. Maternal, newborn, child and adolescent health and ageing. Data portal. National Policies. Available from: https://www.who.int/data/maternal-newborn-child-adolescent-ageing/national-policies?themeId=b2cd94e3-2cf2-496a-9525-a5665feda624

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered
Code and title of the indicator	Output indicator 2.2.e: Number of countries and territories implementing strategies to increase access to responsive and quality health services for adolescents
Definition of the indicator	This indicator measures implementation of strategies for increased access for adolescents to quality health care services that respond to their needs.
Purpose of the indicator	Adolescents continue to face legal, societal and health systems challenges to access quality promotive, preventive and curative health services that respond to their needs. Improving access and coverage of responsive and quality health services for adolescents requires removal of legal and societal barriers, development and monitoring of quality standards, development and implementation of improvement plans, and training of health care providers to acquire the competencies needed to provide non-judgmental, confidential and age-appropriate care to adolescents. This indicator aims to assess progress made by countries towards the improvement of the quality and coverage of health services for adolescents, through monitoring of the existence of national standards and mechanisms for monitoring these standards.
Technical note	In 2017 the WHO published global standards for quality health services for adolescents. These eight standards can serve as a global reference for countries to develop their national standards. A critical component for quality improvement is the ongoing monitoring of the implementation of the standards and the implementation of improvement plans. The WHO Global Reproductive Maternal, Newborn, Child and Adolescents Health (SRMNCAH) Policy survey includes questions regarding the existence of national quality standards for adolescent health services and the existence of mechanisms for monitoring of the implementation of these standards.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	The WHO Global Reproductive Maternal, Newborn, Child and Adolescents Health (SRMNCAH) Policy survey The SRMNCAH Policy Survey can be complemented with desk review and technical cooperation information from countries that may not have completed the survey.
Limitations	• Not all countries participate in the SRMNCAH Policy Survey which is generally administered every two years. • The accuracy and quality of data generated through the SRMNCAH Policy Survey depends on the number of countries completing the survey.

	• Countries may have standards and quality monitoring systems that are insufficiently comprehensive or operational. Review of supporting documents must be considered to assess the quality of the standards and the appropriateness and functioning of the country mechanisms for monitoring of these standards.
References	1. World Health Organization. Global standards for quality health care services for adolescents [Internet]. Geneva: WHO; 2015. 2. World Health Organization. Maternal, newborn, child and adolescent health and ageing. Data portal. Available from: https://www.who.int/data/maternal-newborn-child-adolescent-ageing

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family- , and community-centered
Code and title of the indicator	Output indicator 2.2.f: Number of countries and territories developing specific and integrated interventions, programs and/or actions at primary care and/or community level focused on optimizing the health and well-being of men
Definition of the indicator	The indicator is defined as the number of countries and territories that have developed integrated interventions, programs, and/or actions (such as training, awareness campaigns) at primary care and/or community level oriented to optimize health and wellbeing and to reduce risk factors that can lead to premature mortality in men.
Purpose of the indicator	The purpose of the indicator is to track advances in countries and territories toward the incorporation of integrated interventions, programs, and/or actions at the primary health care and community level to 1) reduce the morbidity and mortality in men caused by NCDs and their risk factors, and 2) to optimize health and wellbeing while decreasing the persistent social inequities in health in men living in conditions of vulnerability. Men's health has, in recent years, become a global and regional concern. Men show greater mortality rates and higher rates of negative health outcomes compared to women and lower use of preventative healthcare. They also face a lack of service design and delivery aligned to their needs, as reflected in the global health estimates and current literature. Improving men's health is key to increasing overall health trajectories not only for themselves, but also for women and children, as men play an important role in family dynamics and reproductive health. Therefore, targeting men's health early in the life course will help to reduce premature mortality from non-communicable diseases overall and reach the Sustainable Developmental Goal, including the target of a one-third reduction in premature mortality by 2030.
Technical note	The indicator will be calculated based on the existence of integrated interventions, programs, and/or actions across the life course at the primary care and/or community levels with a specific goal of optimizing the health and well-being of men and their subgroups according to their specific needs. Information will be gathered by conducting country consultations with government officials and policymakers and by reviewing official documents that become available. The indicator will be considered achieved if integrated health interventions, programs, and/or actions across the life course at the primary care and/or community levels on men's health are implemented, which should include programs designed to respond to men's and their subgroups' needs, to increase service utilization by men, and with financial allocations and human resources. The indicator will be considered partially achieved if the country is in the process of putting in place integrated interventions, programs, and/or actions at primary care and/or community levels specifically oriented to improve the health of men and their sub-groups. The indicator will be considered as showing no progress if the country does not have any of the

	above-mentioned descriptions oriented to improve the health of men and their sub-groups.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/ Life Course (HSS/HL)
Data source	Official national documents that make explicit the interventions, programs, and actions developed to improve men's health; and/or PAHO/WHO Country Cooperation Strategies and reports.
Limitations	Lack of routine monitoring of implemented interventions, programs, and actions toward the improvement of the health of men.
References	1. Pan American Health Organization. Plan of Action for Women's, Children's and Adolescent's Health 2018-2030. 56th Directing Council of the Pan American Health Organization, 70th Regional Committee of WHO for the Americas; 23-27 September 2018; Washington, DC: PAHO; 2018 (Document CD56/9). Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=46461- cd56-8-e-poa-wca&category_slug=56-directing-council-english- 9964&Itemid=270&lang=en 2. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council, 29 September – 3 October 2014; Washington, DC: PAHO; 2014. Available from: http://iris.paho.org/xmlui/handle/123456789/7652. 3. Pan American Health Organization. Strategy and plan of action to improve quality of care in health service delivery 2020-2025. 57th Directing Council of the Pan American Health Organization, 71st Session of the Regional Committee of WHO for the Americas; 30 September – 4 October 2019; Washington, DC - Resolution CD57.R13;. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=50 641-cd57-r13-e-strategic-poa-quality-care&category_slug=cd57-en&Itemid=270&lang=en. 4. Etienne CF. Addressing masculinity and men's health to advance universal health and gender equality Rev Panam Salud Publica. 2018;42:e196. Available from: https://doi.org/10.26633/RPSP.2018.196 5. WHO Global Health Estimates 2000-2019. https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates 6. Griffith, D. M., Bruce, M. A., & Thorpe, Jr., R. J. (Eds.). (2019, April 25). Men's Health Equity: A Handbook. Routledge.

Code and title of the output	Output 2.2: Countries and territories enabled to expand access and coverage for women, men, children, and adolescents with quality comprehensive health services that are people-, family-, and community-centered
Code and title of the indicator	Output indicator 2.2.g. Number of countries and territories that have set equity-based targets for access and coverage in at least one population living in conditions of vulnerability
Definition of the indicator	This indicator monitors the progress made towards equitable realization of access and coverage of health services for populations living in conditions of vulnerability.
Purpose of the indicator	The Strategy for Universal Access to Health and Universal Health Coverage, adopted in October 2014 (Resolution CD53.R14), recognizes that "universal access to health and universal health coverage imply that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate, and timely, quality health services determined at the national level…as well as access to safe, affordable, effective, quality medicines, while ensuring that the use of these services does not expose users to financial hardship, especially groups in conditions of vulnerability". Despite efforts made towards achieving universal access to health, subgroups in countries in the region continue to face barriers that prevent or limit their access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Population-based data on access and coverage of health services and interventions may disguise the reality of these sub-groups living in conditions of vulnerability. To ensure that no one is left behind, universal health access and coverage efforts must identify and target these groups. The setting of specific targets can help focus attention on and support strategic actions to reach these groups. The purpose of this indicator is to measure progress toward establishment of specific access and coverage targets for subgroups living in conditions of vulnerability, with the ultimate goal to contribute to the reduction of health inequalities.
Technical note	The LAC Region remains one of the most inequitable in the world and the process of reducing health inequities has become more complex by the current epidemiological and demographic trend. Problems related to exclusion and lack of access to quality care services persist for large sectors of the population in the Region, especially in those groups in conditions of greatest vulnerability. Definitions: Vulnerable populations: Women and children with lower socio-economic levels, Indigenous, afro-decedents and rural populations; migrant women, children, and adolescents, people living with disabilities, lesbian, gay, bisexual, and transgender (LGBT) persons. Universal access to health and universal health coverage requires implementing policies and actions with a multisector approach to address the social determinants of health and promote a society-wide commitment to further health and well-being.

	Equity-based targets: based on one or more of the equities stratifiers: place of residence (urban/rural), household wealth quintile, educational attainment, sex, race/ethnicity (SHAA2030 and WHO Global Consultation for monitoring of SDH).
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	2022 and 2025, 2026
PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	• Data from National Surveys • Data from household surveys and administrative records from countries • Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (PoA WCAH) Survey as data source.
Limitations	Most countries do not have targets for reducing inequalities of SDG 3
References	1. Pan American Health Organization. Plan of Action for Women's Children's and Adolescents' Health 2018-2030. 56th Directing Council of the Pan American Health Organization, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23-27; Washington, DC. (Document CD56/8, Rev. 1) Washington, DC: PAHO; 2018. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=46461-cd56-8-e-poa-wca&category_slug=56-directing-council-english-9964&Itemid=270&lang=en 2. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of the Pan American Health Organization, 29 September – 3 October 2014; Washington, DC: PAHO; 2014. Available from: http://iris.paho.org/xmlui/handle/123456789/7652. 3. United Nations. Political Declaration on the high-level meeting on universal health coverage. 74th Session of the United Nations General Assembly, 18 October 2019; New York: UN; 2019. Available from: https://undocs.org/en/A/RES/74/2

Outcome 3. Quality care for older people

Code and title of the output	Output 3.1: Countries and territories enabled to deliver integrated people-centered services across the continuum of care that responds to the needs of older persons
Code and title of the indicator	Output indicator 3.1.a: Number of countries and territories that implement comprehensive assessments of older persons at the first level of care
Definition of the indicator	The indicator is defined as the number of countries and territories that implement comprehensive assessments of older persons at the first level of care.
Purpose of the indicator	Comprehensive assessment is an important part of the integrated person-centered approach (ICOPE), which is a strategy to strengthening the responsiveness of primary care to older adults. Primary health care, the cornerstone of universal health coverage, is the main entry point for older people into the health system. It is also the most effective, efficient approach for enhancing physical and mental capacity and well-being (3). Through comprehensive assessments, it is possible to diagnose and address early losses on functional ability and improve older adults' health according to their actual needs and situation, including the referral to other services such as social support. The indicator favors aligning health systems to the needs of older populations, which is one of the main key concepts of the Global strategy and action plan on ageing and health (2016 - 2020) (4)
Technical note	This indicator addresses one of the main action areas, deliver person-centered integrated care and primary health services responsive to older people, from the Decade of Healthy Aging, which is the main current strategy concerning older adults' policies (4). Following the 146th WHO Executive Board's recommendation made in February 2020 (5), the 73rd World Health Assembly have endorsed the proposal for a Decade of Healthy Ageing (2020-2030) through written silence procedures on 3 August 2020. Additionally, the World Health Assembly asked the Director-General to transmit this decision to the Secretary-General of the United Nations for consideration of the proposal for the Decade by the United Nations General Assembly. The indicator is also an important enabler of the ICOPE strategy (1). The indicator will be measured by the implementation of the ICOPE strategy in primary care. The ICOPE methodology advocates for integrated and person-centered care for older adults, which starts with a comprehensive assessment. ICOPE pilots have been encouraged in the region and all the documents and materials to its implementation have been published in all PAHO's official language.
Type of indicator	Absolute
Measurement units	Number of countries
Frequency of measurement	Annual
PASB unit	Health Systems and Services/Life Course (HSS/HL)
Data source	Data will be obtained by the PAHO Regional Advisor for Aging and Health from different sources: • PAHO country/regional offices • Information systems and data sources from Ministries of Health and Social Protection • Especially self-designed and administered surveys. • Interviews with key stakeholders and reports from local implementing partner organizations

	• Local Collaborating Centers
Limitations	Comprehensive assessment is the first, and an essential part of a continuum of strategies to improve care for older adults. To achieve integrated care, additionally to the comprehensive assessment it is crucial to have health services aligned with policies and social support systems in all levels of care, as well as workforce trained in aging to deliver adequate care. This all should be considered in measuring the progress of countries in delivering integrated person-centered care that adequately respond to older adults' needs.
References	1. World Health Organization. ICOPE - INTEGRATED CARE FOR OLDER PEOPLE. Guidance on person-centred assessment and pathways in primary care. 2019. Available from: https://apps.who.int/iris/handle/10665/326843. 2. World Health Organization. World report on ageing and health. World Health Organization. 2015. Available from: https://apps.who.int/iris/handle/10665/186463. Accessed November 1, 2020 3. World Health Organization. Decade of Healthy Aging. 2019. Available from: https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-en.pdf?sfvrsn=b4b75ebc_5. 4. World Health Organization. The Global strategy and action plan on ageing and health. 2016.

Outcome 4. Response capacity for communicable diseases

Code and title of the output	Output 4.1: National health systems enabled to deliver and expand coverage of key quality services and interventions for HIV, sexually transmitted infections (STIs), tuberculosis (TB), and viral hepatitis (VH), through sustainable policies, up-to-date normative guidance and tools, and generation and use of strategic information
Code and title of the indicator	Output indicator 4.1.a: Number of countries and territories implementing national norms, standards, and tools aligned with PAHO and WHO guidelines on TB, HIV, STIs, and VH, with emphasis on key and vulnerable populations
Definition of the indicator	This indicator measures the number of countries and territories that: • Are implementing interventions aligned with PAHO and WHO recommendations for HIV, in particular pre-exposure prophylaxis (PrEP). • have updated national TB guidelines aligned with the latest recommendations of PAHO/WHO, in particular treatment with Bedaquiline for multidrug resistant TB (MDR-TB), in the context of the End TB Strategy and the United Nations General Assembly High Level Meeting on TB. • are implementing and scaling up hepatitis C treatment with direct action antivirals (DAA) in alignment with PAHO/WHO recommendations.
Purpose of the indicator	Measures capacity of health services to provide recommended essential services for HIV/STI, VH and TB. These services include delivering PrEP to those who need it, providing direct acting antivirals for hepatitis, and providing diagnostics and treatment for TB aligned with PAHO/WHO recommendations.
Technical note	This indicator is calculated by counting the number of countries and territories that report all of the following: (1) having implemented a public policy for PrEP aligned with Global AIDS monitoring; (2) have updated national TB guidelines that include treatment with Bedaquiline for MDR-TB; and (3) have updated national normative guidance on hepatitis C treatment and are implementing and scaling up DAAs aligned with PAHO/WHO recommendations.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections (CDE/HT)
Data source	Compilation of information: • UNAIDS, Global AIDS monitoring. • Monitoring visit reports and follow up with PAHO country offices. • Global Hepatitis Reporting System. Additional information will be collected via direct contact with Viral Hepatitis Programs in country offices.
Limitations	This is a composite indicator. Therefore, while countries may advance in one area, all elements have to be met to achieve the indicator. Also, it measures country commitment in aligning interventions with PAHO/WHO recommendations. It does not measure the actual access and coverage of interventions.

References	1. UNAIDS. Global AIDS Monitoring 2023: Indicators for monitoring the 2021 Political Declaration on Ending AIDS. Available from: https://www.who.int/publications/i/item/9789240053694 2. World Health Organization. Differentiated and simplified pre-exposure prophylaxis for HIV prevention: update to WHO implementation guidance. Technical Brief. Geneva: World Health Organization; 2022. Available from: https://www.who.int/publications/i/item/9789240053694 3. World Health Organization [Internet]. Geneva: WHO; End TB Strategy: objectives and indicators; 2015. 4. United Nations; Political Declaration of the High-Level Meeting of the General Assembly on the fight against tuberculosis [Internet]. Seventy-third session of the United Nations General Assembly 16-19 September 2018; New York. New York: United Nations; 2015 (Resolution A/RES/73/3). Available from: https://undocs.org/en/A/RES/73/3 5. World Health Organization. Updated recommendations on treatment of adolescents and children with chronic HCV infection, and HCV simplified service delivery and diagnostics. Geneva: World Health Organization; 2022. Available from: https://www.who.int/publications/i/item/9789240052734 6. World Health Organization. Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030. Geneva: World Health Organization; 2022. Available from: https://www.who.int/publications/i/item/9789240053779

Code and title of the output	Output 4.2: Countries and territories enabled to effectively manage cases of arboviral diseases
Code and title of the indicator	Output indicator 4.2.a: Number of countries and territories implementing the new arboviral disease guidelines for patient care in the Region of the Americas
Definition of the indicator	This indicator measures the number of countries and territories that are implementing the new PAHO arboviral disease guidelines for patient care in the Region of the Americas.
Purpose of the indicator	To measure the level of progress for the appropriate clinical diagnosis and management of suspected arboviral diseases (dengue, chikungunya, and Zika) to prevent severe cases and deaths due to these diseases.
Technical note	This indicator counts the number of countries and territories adopting the new arboviral disease guidelines for the patient care in the Region of the Americas
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Semiannually, once at the end of the semester.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	• Reports of internal or external IMS-arbovirus evaluations, and/or technical reports sent by the countries. • Report of professionals who have enrolled in and passed the dengue self-learning online course for the diagnosis and management of dengue available at PAHO virtual campus. • Copy of national clinical guidelines adapted from PAHO new arboviral disease guidelines for the patient care in the Region of the Americas. • Country ministerial resolutions or decrees that indicate the official adoption of the PAHO new arboviral disease guidelines for the patient care in the Region of the Americas." • Number of professionals in the countries that have been trained in the use of the PAHO new arboviral disease guidelines for the patient care in the Region of the Americas
Limitations	Limitations to conduct external evaluation by PAHO professional and GT-arbovirus members due to restrictions to travel to countries in the context of COVID-19 pandemic.
References	1. Pan American Health Organization. New arboviral disease guidelines for the patient care in the Region of the Americas (under publication). 2. Pan American Health Organization. Strategy for arboviral disease prevention and control: final report. 58th Directing Council. 72nd Session of the regional committee of WHO for the Americas. Final Report. Washington DC, USA. 2020 Available from:: https://www.paho.org/en/documents/cd58inf11-strategy-arboviral-disease-prevention-and-control-final-report 3. Pan American Health Organization. Integrated Management Strategy for Arboviral Disease Prevention and Control in the Americas. Washington, D.C.: PAHO; 2020. License: CC BY-NC-SA 3.0 IGO. https://iris.paho.org/handle/10665.2/52492

Code and title of the output	Output 4.3: Countries and territories enabled to implement integrated interventions to reduce the burden of neglected infectious diseases (NIDs) through their health systems
Code and title of the indicator	Output indicator 4.3.a: Number of NID-endemic countries and territories that implement PAHO recommendations on integrated interventions to reduce the burden of NIDs through their health systems
Definition of the indicator	The indicator describes the number of endemic countries and territories implementing integrated plans, national or subnational, to reduce the burden of priority NIDs according to their epidemiological status in line with the WHO roadmap for NTDs.
Purpose of the indicator	To monitor the progress of countries and territories towards the development and implementation of integrated plans to prevent, control, eliminate and reduce the burden of Neglected Infectious Diseases, following PAHO´s guidelines and recommendations for the development of Integrated Plans the control and elimination of Neglected Infectious Diseases
Technical note	The indicator counts the number of NID endemic countries and territories with national or subnational integrated plans to reduce the burden of these diseases through their health systems. The NID plans will be tailored to the endemic diseases in the specific populations and contexts in which the diseases are occurring.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	The information will be collected annually, at the beginning of each year, for the previous year. The information should become available for reporting during the first quarter of the year.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	Ministries of Health or their equivalent in the countries/territories; reports of technical cooperation missions which due to COVID-19 will be virtually held.
Limitations	The main limitation of this indicator could be, in. some cases, difficulty to independently verify and assess the status of implementation specially in the context of the COVID-19 pandemic because technical reports will be provided via virtual meetings mostly.
References	1. Pan American Health Organization. Plan of Action for the elimination of neglected infectious diseases and post-elimination actions 2016-2022. https://www.paho.org/hq/dmdocuments/2016/CD55-15-e.pdf 2. Pan American Health Organization. PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas. https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=49679-cd57-7-e-disease-elimination-initiative&category_slug=cd57-en&Itemid=270&lang=en

Code and title of the output	Output 4.4: Countries and territories enabled to strengthen their political, technical, operational, and regulatory platform to reduce or eliminate malaria incidence
Code and title of the indicator	Output indicator 4.4.a: Number of countries and territories that implement PAHO/WHO recommended policies and inter programmatic approaches related to malaria
Definition of the indicator	Number of countries and territories implementing interventions that align with key PAHO/WHO recommendations on diagnosis, treatment, surveillance, and other criteria in the context of malaria elimination.
Purpose of the indicator	To reflect the level of achievement of target countries and territories in adopting and strengthening specific features of their malaria program which support elimination (i.e., diagnosis, treatment, surveillance, and others).
Technical note	The recommended policies for malaria elimination can be grouped under the components detection, diagnosis, treatment, surveillance, and vector control. The World Malaria Report (WMR) forms have a section on the implementation of updated policies and strategies, which enable countries and territories to move toward elimination. Information reported by countries and territories is validated by PAHO and WHO and used to measure the achievement of this indicator. For compliance with the indicator, the country or territory must comply with five out of seven priority actions: • Updated National Plan for malaria elimination • External Quality Assurance Program (EQAP) for microscopy • Use of Rapid Diagnostic Tests (RDT), including at community level • Treatment supervision or other measures to improve treatment adherence and safety • Microplanning and actions to organize and tailor local malaria response • Information of cases by passive and active case detection (reporting, analyzed and used for both positive cases and tested) • Insecticide-treated nets (ITNs)/long-lasting insecticidal nets (LLINs) distributed free of charge including actions to improve use The country or territory is considered to comply with each of the interventions if the country or territory reports the existence of the respective policy. For 3 of the 7 interventions for which the report includes quantitative information*, the report on the existence or not of the policy will be crossed checked with the respective information to validate compliance. *interventions with quantitative information: use of RDT including at community level, information by passive and active case detection, and LLIN distribution
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual. The data reported corresponds to the end of the previous year and the request for reporting is sent in April.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	The data is collected annually by PAHO/WHO during technical cooperation follow up activities and missions to each one of the endemic countries, complemented with data

	submitted by the country/territory for the World Malaria Report, and through WHOE-2025 initiative reporting tools, which are used by countries and territories to send annual updates and reports on key variables.
Limitations	The indicator reflects the projected country and territory capacity or potential to eliminate local malaria transmission; but does not necessarily account for the level of implementation of the strategies which are important in addressing foci-specific challenges and barriers to malaria elimination. The indicator assesses the existence of the recommended policies as part of the national malaria strategy but does not assess gaps in implementation or coverage of the different interventions.
References	1. World Health Organization (2021) Global Technical Strategy for Malaria 2016-2030, 2021 Update. Available from: https://apps.who.int/iris/handle/10665/342995 2. World Health Organization (2017) A framework for malaria elimination. Available at: https://www.who.int/publications/i/item/9789241511988 3. World Health Organization (2018) Malaria surveillance, monitoring & evaluation: a reference manual. Available at: https://www.who.int/docs/default-source/documents/publications/gmp/malaria-surveillance-monitoring-and-evaluation---a-reference-manual.pdf?sfvrsn=46489b3b_2

Code and title of the output	Output 4.5: Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan (under development) to reach unvaccinated and under-vaccinated populations
Code and title of the indicator	Output indicator 4.5.a: Number of countries and territories with DPT3 immunization coverage of at least 95% that are implementing strategies to reach unvaccinated and under-vaccinated populations
Definition of the indicator	The number of countries and territories that have DPT3 (diphtheria-tetanus-pertussis) vaccination coverage **below 95**% and are implementing recommended strategies to reach unvaccinated and under vaccinated populations to boost vaccination coverage.
Purpose of the indicator	In order to guarantee equitable access to vaccines, it is necessary to maintain the efforts and intensify, both at the regional and country level, the analysis of the causes of inequity and its close relation with social determinants of health. It is also necessary to point at the achievement of universal health coverage, which will make it possible to make access to health services more integrated, where primary health care (for example, immunization) is the gateway. The indicator demonstrates a highly functioning immunization program as part of a properly functioning, comprehensive health system and with technically sound immunization plans that target hard to reach populations to increase vaccination coverage.
Technical note	The data are reported by countries to the Comprehensive Family Immunization Unit (FPL / IM) through the annual plan of action of the Expanded Program on Immunization. First at all, it measures the coverage with DPT3 and then the DPT dropout rate to corroborate that countries have implemented strategies to reach the under vaccinated population
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Comprehensive Immunizations (CIM)
Data source	PAHO/WHO/UNICEF Joint Reporting Form (JRF) for immunization data,
Limitations	The data only reflects the technical contribution of the PAHO Secretariat to the countries. The implementation of activities will depend on the national authorities and their interest.
References	1. Pan American Health Organization. Tools for monitoring the coverage of integrated public health interventions. Vaccination and deworming of soil-transmitted helminthiasis. Available at: https://www.paho.org/en/documents/tools-monitoring-coverage-integrated-public-health-interventions-vaccination-and

Code and title of the output	Output 4.5: Implementation and monitoring of the new Immunization Action Plan for the Americas aligned with the new global immunization plan (under development) to reach unvaccinated and under-vaccinated populations
Code and title of the indicator	Output indicator 4.5.b: Number of countries and territories generating evidence to support decisions on the introduction or post-introduction of new vaccines
Definition of the indicator	The number of countries with economic or preventable diseases impact studies on new vaccines (PCV, Rotavirus and HPV).
Purpose of the indicator	To monitor the implementation of studies to generate evidence for the introduction and continued assessment of new vaccines.
Technical note	This indicator is calculated by totaling the number of countries and territories that have completed one of the following types of studies to inform new vaccine introduction decisions and continued assessment of newly introduced vaccines (with technical assistance from PAHO FPL/IM): 1. vaccine impact studies 2. cost-effectiveness analysis or other economic evaluations 3. analysis of sentinel surveillance data
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Comprehensive Immunizations (CIM)
Data source	The data are obtained by Comprehensive Family Immunization Unit (FPL/IM) from monthly surveillance data from countries and territories on diseases that can be prevented through the use of new vaccines and direct technical assistance given to countries.
Limitations	The data reflects the information provided by the ministries of health but does not provide understanding of the quality or impact of this evidence for decision-making.
References	1. Immunization in the Americas, 2016; Pneumococcal conjugate vaccine introduction in Latin America and the Caribbean: progress and lessons learned. Available at: http://dx.doi.org/10.1586/14760584.2016.1166961

Code and title of the output	Output 4.6: Countries and territories supported in implementing the Integrated Management Strategy (IMS) for Arboviral Diseases
Code and title of the indicator	Output indicator 4.6.a: Number of countries and territories that have conducted Integrated Management Strategy arbovirus evaluations
Definition of the indicator	The number of countries and territories that have conducted an internal or external evaluation of their national IMS-arbovirus based on the standardized methodology of the PAHO document for evaluation of national IMS-arbovirus.
Purpose of the indicator	To measure the level of progress of the implementation and consolidation of the national IMS-arbovirus
Technical note	This indicator counts the number of countries and territories that have performed an external or internal evaluation of their national IMS-arbovirus using the standardized methodology of the PAHO document for evaluation of national IMS-arbovirus.
Type of indicator	Absolute.
Measurement units	Number of countries and territories.
Frequency of measurement	Semiannually, once at the end of the semester.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	Report of the internal or external evaluation based on the standardized methodology of the PAHO document for evaluation of national IMS-arbovirus.
Limitations	• Limitations to conduct external evaluation by PAHO professional and GT-arbovirus members due to restrictions to travel to countries in the context of COVID-19 pandemic. • The political context is not conducive to an external evaluation its IMS-arbovirus. • Emergencies or outbreaks rightfully distract and detract from routine evaluations.
References	1. PAHO document for the evaluation of national IMS-arbovirus (under publication) Integrated Management Strategy for Arboviral Disease Prevention and Control in the Americas. Washington, D.C.: Pan American Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO. https://iris.paho.org/handle/10665.2/52492 2. PAHO. Strategy for arboviral disease prevention and control: final report. 58th Directing Council. 72nd Session of the regional committee of WHO for the Americas. Final Report. Washington DC, USA. 2020 Available at: https://www.paho.org/en/documents/cd58inf11-strategy-arboviral-disease-prevention-and-control-final-report

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

Code and title of the output	Output 5.1: Countries and territories enabled to provide quality, people-centered health services for noncommunicable diseases, based on primary health care strategies and comprehensive essential service packages
Code and title of the indicator	Output indicator 5.1.a: Number of countries and territories that are implementing evidence-based national guidelines/protocols/standards for the management of NCDs (i.e., cardiovascular disease, cancer, diabetes, and chronic respiratory disease)
Definition of the indicator	This indicator refers to whether the country has a recommended evidence-based course of action to treat or manage a chronic disease or condition aiming to prevent complications and improve outcomes and quality of life of patients. The four main types of noncommunicable diseases (NCDs)are included in this indicator: cardiovascular diseases (heart attacks and stroke), cancers, diabetes, and chronic respiratory diseases (chronic obstructed pulmonary disease and asthma). This indicator is aligned with indicator 9 of the United Nations indicators for monitoring progress on NCDs: "Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities." The 10 UN progress indicators are a set of indicators that aim to monitor the implementation of policies and interventions presented in the Global Action Plan on the Prevention and Control of NCDs.
Purpose of the indicator	To measure the extent to which countries are addressing NCD management, through the existence of evidence-based national guidelines/protocols/standards.
Technical note	The indicator will be measuring the country actions for having evidence-based national guidelines/protocols/standards. It is determined by counting the number of countries that report having such a document in place, for all the four main NCDs. To fully achieve Progress Indicator 9 ("Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities."), country must respond "Yes" to the question on whether national guidelines/protocols/standards exist for all four NCDs (cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases). The country must also provide the necessary supporting documentation.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years, as part of the PAHO/WHO Country Capacity Survey on NCDs and Risk Factors.
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	PAHO/WHO Country Capacity Survey on NCDs and Risk Factors.

Limitations	Reporting is based on national NCD team response and may involve subjective assessments.
References	1. World Health Organization. Global action plan for the prevention and control of NCDs 2013-2020. 2. Pan American Health Organization. NCDs progress monitor 2020, scorecard. Results for the Americas. Available from: https://iris.paho.org/handle/10665.2/51952 3. World Health Organization. Noncommunicable Diseases Progress Monitor 2020. 4. United Nations. SDG target 3.4. Available from: https://www.un.org/sustainabledevelopment/health/

Code and title of the output	Output 5.2: Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments
Code and title of the indicator	Output indicator 5.2.a: Number of countries and territories that have surveillance systems in place to enable reporting on the global and regional NCD commitments
Definition of the indicator	The WHO NCD Global Monitoring Framework (GMF), developed after the adoption of the Global and Regional Action Plan on the Prevention and Control of NCDs in 2013, compiles data from four key sources of information: mortality information systems, population-based surveys, cancer registries, and health care information systems response. The GMF is comprised of 9 targets and 25 indicators grouped as follows: 1) outcome indicator: NCD premature mortality; 2) risk factors indicators – modifiable/biological: harmful use of alcohol, tobacco use, salt/sodium intake, physical inactivity, raised blood pressure, raised blood glucose, overweight and obesity; 3) national health systems response: eligible people receiving drug therapy and counseling, and availability of essential medicines and technologies. Among the 9 targets and 25 indicators established in the GMF, the following indicators/targets are produced by implementing population-based surveys: alcohol consumption, tobacco use, physical inactivity, salt/sodium intake, raised blood pressure, diabetes, overweight and obesity, drug therapy and counselling to prevent heart attack and strokes, and cervical cancer screening. This indicator will measure countries' surveillance capacity to monitor and report on these NCD GMF targets and indicators. The indicator is an adaptation of the indicator n. 3 (Member State has a STEPS survey or a comprehensive health examination survey every 5 years) of the United Nation Progress Monitor on NCDs. It will consider countries that implemented population-based surveys in the last 5 years, with nationally representativeness, and collect data using self-reported and/or physical and/or biological measurements. The 10 UN progress indicators are a set of indicators that aim to monitor the implementation of policies and interventions presented in the Global Action Plan on the Prevention and Control of NCDs.
Purpose of the indicator	NCDs account for the highest proportion of deaths in most countries. Assessing national surveillance capacity to monitor and report on NCDs and their risk factors requires countries to strengthen their surveillance capacity. NCD surveillance capacity is defined as the ability of a country to produce quality data, analyze and report NCD mortality, implement population-based surveys at least every 5 years, and have a cancer registry and a comprehensive information system at the primary health care level. The purpose of this indicator is to track countries' capacity to monitor a minimum set of indicators (9 targets) adopted in the GMF to monitor and report on NCDs and their risk factors.
Technical note	The information requested to assess this indicator is collected every 2 years as part of the WHO NCD Country Capacity Survey (CCS) tool. This indicator will be reached if the country has progress indicator 3 fully or partially achieved, according to the following progress indicator adaptation: To achieve progress indicator 3 ("Member State has a STEPS survey or a comprehensive health examination survey every 5 years"), country must respond "Yes" to each of the

	following for adults: "Have surveys of risk factors (may be a single RF or multiple) been conducted in your country for all of the following:" • "Harmful alcohol use" (optional for the Member States where there is a ban on alcohol), • "Physical inactivity," • "Tobacco use," • "Raised blood glucose/diabetes," • "Raised blood pressure/hypertension," • "Overweight and obesity," and • "Salt / Sodium intake" For risk factors "Raised blood glucose/diabetes," "Raised blood pressure/hypertension", "Overweight and obesity", and "Salt / Sodium intake", the data can be measured or self-reported. Additionally, for each risk factor, the country must indicate that the last survey was conducted in the past 5 years (i.e., 2014 or later for the 2019 CCS survey responses) and must respond that the reported survey is of "National" representation. The country must also provide the necessary supporting documentation. The 9 global voluntary targets of the WHO Global Monitoring Framework are: 1. A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases; 2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context; 3. A 10% relative reduction in prevalence of insufficient physical activity; 4. A 30% relative reduction in mean population intake of salt/sodium; 5. A 30% relative reduction in prevalence of current tobacco use; 6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances; 7. Halt the rise in diabetes & obesity; 8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes; 9. An 80% availability of the affordable basic technologies and essential medicines, including generics required to treat major noncommunicable diseases in both public and private facilities.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years, according to the implementation of the NCD Country Capacity Survey
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	• NCD Country Capacity Survey
Limitations	• Misunderstanding or misinterpretation of questions • Validation process
References	1. Pan American Health Organization. NCDs progress monitor 2020, scorecard. Results for the Americas. Available from: https://iris.paho.org/handle/10665.2/51952 2. World Health Organization. Technical Note: How WHO will report in 2017 to the United Nations General Assembly on the progress achieved in the implementation of commitments included in the 2011 UN Political Declaration and 2014 UN Outcome

	Document on NCDs. Available from: https://www.who.int/publications/m/item/technical-note-how-who-will-report-on-progress-in-2017-to-unga. 3. World Health Organization. Noncommunicable Diseases Progress Monitor 2015: Available from: https://www.who.int/publications/i/item/noncommunicable-diseases-progress-monitor-2015 4. World Health Organization. Noncommunicable Diseases Progress Monitor 2017. Available from: https://apps.who.int/iris/handle/10665/258940 5. World Health Organization. Noncommunicable Diseases Progress Monitor 2020. Available from: https://www.who.int/publications/i/item/ncd-progress-monitor-2020 6. World Health Organization. Noncommunicable Diseases Global Monitoring Framework: Indicator Definitions and Specifications. Available from: http://www.who.int/nmh/ncd-tools/indicators/GMF_Indicator_Definitions_Version_NOV2014.pdf

Code and title of the output	Output 5.2: Countries and territories enabled to strengthen noncommunicable disease surveillance systems to monitor and report on the global and regional NCD commitments
Code and title of the indicator	Output indicator 5.2.b: Number of countries and territories with implementation plans for population-based surveys on NCDs developed with direct support from PASB
Definition of the indicator	Global and regional commitments have been made over the past two decades, raising the profile of NCDs and their risk factors on health, social protection, and economic development agendas. The need to strengthen countries' capacities on NCDs and risk factors surveillance was highlighted in the WHO Global Monitoring Framework (GMF) and in the 2030 Agenda for Sustainable Development Goals (SDG) where NCDs were included. The timely measurement and reporting of this monitoring framework approved by Member States require a surveillance system that can produce and analyze data in a systematic, periodic, standardized, and sustainable manner. Population-based surveys are one of the main data sources for NCDs and can produce data for 16 of the 25 indicators included in the WHO NCD GMF. Within the PAHO NCD surveillance toolbox, there are four gold standard protocols for population-based surveys used by countries to produce these indicators and monitor the burden of NCDs and their social determinants of health: the PanAm STEPwise approach on NCD surveillance, the Global Adult Tobacco Survey (both household surveys); the Global School-based Student Health Survey, and the Global Youth Tobacco Survey (both school-based surveys). These tools produce data for more than 14 thematic areas and can be adapted according to country needs. PASB provides technical advice and guidance to countries on the planning, implementation, and analysis of population-based surveys for NCDs. This indicator will measure the technical support provided by PASB to countries in the development of their survey implementation plan, applying the gold standard protocols used to produce data to monitor the GMF indicators.
Purpose of the indicator	This indicator aims to assess the technical support provided by PASB to countries and territories on the development of an implementation plan of population-based surveys on NCDs.
Technical note	PAHO will count the number of countries and territories that have developed a written implementation plan for population-based surveys on NCDs with direct support from PASB. The technical guidance provided by PASB for the development of implementation plans includes at least the following aspects of the survey: • Questionnaire development, including selection of core and expanded items, local adaptations, country-specific questions, showcards when applicable, and languages in which the questionnaire will be fielded. • Sampling plan, including target population, geographical coverage, sampling frame, sample design, sample size and associated statistical parameters, and levels of disaggregation. • Training plan for fieldworkers on the standard procedures for data collection. • Fieldwork operational plan, including timeline, number of fieldworkers, electronic data collection procedures when applicable, standardized equipment for physical and biochemical measurements when applicable, and budget. • Data analysis and dissemination plan. PASB leads the process of development of survey implementation plans. This is a collaborative planning process that takes approximately six months and which involves the participation of several national stakeholders, including Ministries of Health, Ministries of Education, and National Statistics Offices.

	Once finalized, survey implementation plans are submitted to national ethics committees and to the PAHO ethics review committee.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	Reports from the Noncommunicable Diseases, Violence and Injuries Prevention Unit regarding ongoing technical cooperation.
Limitations	The implementation of the activities recommended by the Pan American Sanitary Bureau through technical cooperation depend on the decisions of the national authorities and their priorities. Lack of resources, both human and financial, at the national level remains a limitation in some countries to ensure the continuation of these processes in the medium and long term.
References	1- Noncommunicable Diseases Global Monitoring Framework: Indicator Definitions and Specifications. Geneva: World Health Organization; 2014. Available from https://www.who.int/publications/m/item/noncommunicable-diseases-global-monitoring-framework-indicator-definitions-and-specifications 2- United Nations. Transforming our world: the 2030 Agenda for Sustainable Development: United Nations. Department of Economic and Social Affairs. Sustainable Development. Available from: https://sdgs.un.org/2030agenda 3- World Health Organization (WHO). Global Action Plan for the Prevention and Control of NCDs 2013-2020. Geneva: WHO; 2013. Available from: https://www.who.int/publications/i/item/9789241506236 4- WHO Discussion Paper on the development of an implementation roadmap 2023-2030 for the WHO Global Action Plan for the Prevention and Control of NCDs 2023-2030. Available at https://www.who.int/publications/m/item/implementation-roadmap-2023-2030-for-the-who-global-action-plan-for-the-prevention-and-control-of-ncds-2023-2030 5- World Health Organization. STEPwise approach to NCD risk factor surveillance (STEPS). Available from: https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/steps 6- World Health Organization. Global school-based student health survey. Available from: https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-school-based-student-health-survey 7- World Health Organization. Global Adult Tobacco Survey. Available from: https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-adult-tobacco-survey 8- World Health Organization. Global Youth Tobacco Survey. Available from: https://www.who.int/teams/noncommunicable-diseases/surveillance/systems-tools/global-youth-tobacco-survey 9- Pan American Health Organization. ENLACE: Data Portal on Noncommunicable Diseases, Mental Health, and External Causes. https://www.paho.org/en/enlace

Code and title of the output	Output 5.3: Countries and territories enabled to provide quality, people-centered mental health services, based on primary health care strategies and comprehensive essential mental health service packages
Code and title of the indicator	Output indicator 5.3.a: Number of countries and territories with comprehensive mental health services integrated into primary health care in at least 50% of health care facilities
Definition of the indicator	The indicator measures the level of integration for the provision of comprehensive mental health services into Primary Health Care (PHC) in at least 50% of health care facilities at a national level.
Purpose of the indicator	Common mental health problems must be addressed largely in non-specialized settings, particularly in PHC. Integrating mental health services into PHC is one of the key strategic areas in the development of national mental health programs. This indicator aims to ensure that countries and territories work on integrating mental health into PHC in a systematic manner. This can be accomplished via training in the WHO's Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) adapted to the national context. Training should also be linked to the organization and practice of health services.
Technical note	PAHO will count the number of countries and territories that have established a program to integrate mental health into PHC using the mhGAP-IG. PAHO will also document the number of health facilities in the country to determine the percentage of facilities where personnel have trained in the use of mhGAP-IG. The criterion for considering that the facility meets the indicator is that it has followed the operational criteria of WHO to implement the mhGAP-IG. This means that personnel trained in the mhGAP-IG must have been trained in at least two modules, and there must exist a planning document for developing the process of regular and progressive training in the country. The baseline is built on the reports of technical cooperation of the regional PAHO Unit of Mental Health and Substance Use.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual
PASB unit	Noncommunicable Disease and Mental Health/Mental Health and Substance Use (NMH/MH)
Data source	The Mental Health Atlas, country reports, and reports from the Mental Health and Substance Use Unit regarding ongoing technical cooperation.
Limitations	Lack of resources, both human and financial, at the national level remains a limitation in some countries to ensure the continuation of these processes in the medium and long term. PAHO technical cooperation has supported the development of the process in baseline countries. Sustainability of the process requires a clear commitment by national authorities.

References	1. World Health Organization. MhGAP Intervention guide – Version 2.0 for mental neurological and substance use disorders in non-specialized health settings, 2016. Available from: http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/ 2. United Nations. SDG target 3.4. Available from: https://www.un.org/sustainabledevelopment/health/. 3. Pan American Health Organization. Regional Mental Health Atlas 4. Pan American Health Organization. Regional Mental Health Plan of Action. Available from: https://www3.paho.org/hq/index.php?option=com_content&view=article&id=11337:plan-of-action-on-mental-health-2015-2020&Itemid=41600&lang=en

Code and title of the output	Output 5.4: Countries and territories enabled to strengthen mental health information systems to monitor and report on the basic mental health indicators
Code and title of the indicator	Output indicator 5.4.a: Number of countries and territories that collect, analyze, and report a core set of mental health indicators within the national health information systems
Definition of the indicator	This indicator measures the progress of countries with the collection and synthesis of mental health information in public and/or private health facilities within the national health information systems to report on mental health indicators.
Purpose of the indicator	Health information systems should regularly collect and report data on mental health service delivery, which should be broken down, at a minimum, by gender, age, race or ethnic group, and diagnosis, as well as by sexual orientation (where possible). These data should be used routinely for evaluation and to report to authorities, and as a basis for improvement and expansion of services.
Technical note	The health information system collects data from the health sector and other relevant sectors, analyzes the data and ensures their overall quality, relevance, and timeliness, and converts data into information for health-related decision-making. The basic set of mental health indicators are aligned with the Mental Health Atlas. Countries will have met the criteria for this indicator if a specific report focusing on mental health activities in the public sector only has been published by the Health Department or any other responsible government unit in the last two years.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual
PASB unit	Noncommunicable Disease and Mental Health/Mental Health and Substance Use (NMH/MH)
Data source	Regional Mental Health Atlas
Limitations	Countries may not always provide the data on schedule. Additionally, responding to the Mental Health Atlas questionnaire is on a voluntary basis. Efforts will need to be made to encourage countries to report.
References	1. Pan American Health Organization. Regional Mental Health Atlas. Available from:

Code and title of the output	Output 5.5: Countries and territories enabled to improve access to health and health equity for people with disabilities
Code and title of the indicator	Output indicator 5.5.a: Number of countries and territories that have defined a priority list of assistive devices and products and to strengthen rehabilitation and assistive technology services
Definition of the indicator	This indicator measures the number of countries and territories that have established and defined a national priority assistive product list that is based on population need and available resources.
Purpose of the indicator	Assistive products maintain or improve an individual's functioning and independence, thereby promoting their well-being. Examples of assistive products include hearing aids, wheelchairs, communication aids, spectacles, prostheses, pill organizers, and memory aids. Access to assistive technologies are an important component of the UN Convention on the Rights of Persons with Disabilities, particularly articles 20 (personal mobility) and 26 (habilitation and rehabilitation), which has been ratified by 34 of the 35 Member States of the Americas. The WHA Resolution on Improving Access to Assistive Technology (A71_R8, 2017) urges Member States, "*where appropriate, based on national needs and context, to develop a national list of priority assistive products that are affordable and cost-effective and meet minimum quality and safety standards, drawing on WHO's priority assistive products list*." WHO developed a Priority Assistive Products list in 2016 as a guide for Member States to adapt their own lists. The WHO Policy Brief: Access to Assistive Technology (2020) further recommends that Member States develop such a list. This indicator will therefore support PAHO to track progress of the WHA Resolution on Improving Access to Assistive Technology and can be used for regional and global reporting.
Technical note	The indicator measures the number of countries and territories that can demonstrate a national assistive product list that is: 1. Based on evidence of population need 2. Contains products that cover at least 3 of the 6 functional domains of mobility, hearing, vision, communication, cognition, and daily living 3. Developed and published by a national government agency and available in a clear format.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annually
PASB unit	Noncommunicable Disease and Mental Health/Mental Health and Substance Use (NMH/MH)
Data source	• Results of Assistive Technology (ATA-C) or rehabilitation (STARS) national assessments. • Country reports for the UN Convention on the Rights of Persons with Disabilities.

	• National strategic reviews on rehabilitation and assistive technologies by PAHO and government teams.
Limitations	The presence of a defined list does not reflect the availability of these products to the population. There are no fixed criteria for a comprehensive list, therefore validation is subjective Not all countries will be able to undertake national assistive technologies assessments/reviews.
References	1. United Nations (2006) Convention on the Rights of Persons with Disabilities 2. World Health Organization (2016) Priority Assistive Products List. Available from: https://apps.who.int/iris/handle/10665/207694 3. World Health Organization (2017) Resolution A71_R8: Improving Access to Assistive Technology 4. World Health Organization (2020) Policy Brief: Access to Assistive Technology. Available from: https://www.who.int/publications-detail-redirect/978-92-4-000504-4

Outcome 6. Response capacity for violence and injuries

Code and title of the output	Output 6.1: Countries and territories enabled to increase health service response capacity for road traffic injuries
Code and title of the indicator	Output indicator 6.1.a: Number of countries and territories that have a single emergency care access number with full national coverage
Definition of the indicator	This indicator measures the number of countries and territories that have a single emergency care access number with full national coverage.
Purpose of the indicator	This indicator measures how emergency services are centrally coordinated and to able to offer a faster response.
Technical note	To consider this indicator as achieved, countries must have a single emergency care access number with full national coverage.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	This indicator will be measured every three years according to guidance for road traffic injuries data collection to be updated by WHO.
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	Status of Road Safety in the Region of the Americas (as part of the Global Status Report on Road Safety).
Limitations	There are Member States that already have a single emergency care access number with partial coverage. For this indicator to be considered as achieved, full national coverage is required.
References	1. PAHO. Status of Road Safety in the Region of the Americas (2019). Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=15237:status-of-road-safety-in-the-region-of-the-americas-2019&Itemid=39873&lang=en

Code and title of the output	Output 6.2: Countries and territories enabled to develop national standard operating procedures, protocols, and/or guidelines to strengthen the health system response to violence
Code and title of the indicator	Output indicator 6.2.a: Number of countries and territories that are implementing national standard operating procedures, protocols, and/or guidelines for the health system response to violence, aligned with PAHO and WHO guidelines
Definition of the indicator	This indicator measures the number of countries and territories that create or adjust national standard operating procedures/protocols/guidelines for the health system response to violence against children (yes/no). *Violence against children will be used as a proxy indicator, though countries and territories should strive to have evidence-based guidelines to guide the health system response to multiple forms of violence, including violence against women, violence against children, youth violence, gun violence, and elder abuse, among others.
Purpose of the indicator	The indicator shows how countries in the Americas have advanced in strengthening the health sector response to violence against children, including ensuring that the provision of health services to survivors of violence is guided by evidence-based clinical protocols.
Technical note	This indicator measures the number of countries and territories with at least one standard operating procedure, protocol, or guideline to guide the health system response to violence against children (yes/no). To guide the development and revision of national guidelines, PAHO and WHO have released a set of evidence-based guidelines on how the health sector should respond to survivors of violence. This includes the clinical guidelines on responding to children and adolescents who have been sexually abused as well as guidelines on child maltreatment. Key areas for attention by the health system include: 1. Identifying signs and symptoms of violence 2. Non-judgmental response to disclosure of violence 3. Ensuring privacy and confidentiality during consultation 4. Respecting the best interest of the child 5. Providing psychosocial support, including psychological first aid and first line support 6. Providing sexual assault services available 24/7 7. Providing referrals and strengthening linkages between services and sectors through intersectoral collaboration
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2-3 years
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	• This indicator is included in the regional status report on violence against children, published every 5 years. Updates of data at the halfway mark can be obtained through PAHO/WHO Country Offices.

	• A content analysis of available guidelines in line with the indicators suggested above can provide additional information about potential gaps in health system guidance. • A similar indicator has also been included in the Strategy and Plan of Action on strengthening the health system response to violence against women, collected every 2 years. • A similar indicator is also included in the WHO Global Plan of Action to Strengthen the Role of the Health System Within a National Multisectoral Response to Address Interpersonal Violence, in Particular Against Women and Girls, and Against Children.
Limitations	Although the data will indicate the extent to which countries and territories' protocols report having national guidelines in line with PAHO/WHO recommendations, this data will not provide information regarding the quality and implementation of these protocols or the quality of the care provided to survivors. Therefore, it is suggested that parallel, targeted efforts be made to address this gap in knowledge. This indicator uses violence against children as a proxy; however, multiple forms of violence affect the Americas and often intersect. Therefore, PAHO will continue to support Member States' efforts to strengthen the development of national health sector guidelines addressing violence in all its forms.
References	1. Pan American Health Organization. Regional Status Report 2020: Preventing and Responding to Violence against Children in the Americas. Washington, D.C.: Pan American Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO. 2. World Health Organization. Global Plan of Action to Strengthen the Role of the Health System Within a National Multisectoral Response to Address Interpersonal Violence, in Particular Against Women and Girls, and Against Children. Geneva: WHO; 2016. 3. World Health Organization. Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; 2017. 4. World Health Organization. Guidelines for the health sector response to child maltreatment. Geneva: World Health Organization; 2019.

Outcome 7. Health workforce

Code and title of the output	Output 7.1: Countries and territories have formalized and initiated implementation of a national policy on human resources for health
Code and title of the indicator	Output indicator 7.1.a: Number of countries and territories that are implementing a national policy on human resources for health
Definition of the indicator	The indicator will monitor the number of countries that develop HRH policies, plans and/or strategies to achieve universal health.
Purpose of the indicator	This indicator measures strengthened leadership through the development and implementation of a national policy on human resources for health that has high-level, intersectoral agreement and is aimed at transforming systems toward universal health.
Technical note	The existence of an HRH policy/plan/strategy at country level will be verified by Member States and must be expressed in an official document endorsed by national HRH authorities.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Human Resources for Health (HSS/HR)
Data source	National Health Authorities; Human Resources Management and Planning of the Ministry of Health or equivalent public institution
Limitations	Restricted development of HRH policies in some countries Lack of intersectoral actions in many countries (health, education, labor and finance)
References	1. Pan American Health Organization. Strategy on Human Resources for Universal Access to Health and Universal Health Coverage [Internet]. 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas; 25-29 September 2017; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/10) [cited 30 November 2020]. Available from: https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=41531&Itemid=270&lang=en 2. Pan American Health Organization. Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage [Internet]. 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas; 23-27 September 2018; Washington, DC. Washington, DC: PAHO; 2018 (CD56/10, Rev. 1) [cited 30 November 2020]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=56-directing-council-english-9964&alias=45770-cd56-10-e-poa-hr-770&Itemid=270&lang=en 3. World Health Organization. (2016) National health workforce accounts: a handbook. Linkage: Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 (CD56/10, Rev. 1) , indicator 1.1.1

Code and title of the output	Output 7.2: Countries and territories have developed inter-professional teams at the first level of care with combined capacities for integrated care
Code and title of the indicator	Output indicator 7.2.a: Number of countries and territories with a norm that defines the capacities and scope of practices of inter-professional teams at the first level of care
Definition of the indicator	This indicator counts the number of countries and territories that have an official technical norm together with an established national model of care based on interprofessional teams at the first level of care, consistent with the country's model of care.
Purpose of the indicator	The indicator promotes equitable distribution and retention of health workers through the development of a professional and economic incentives policy that considers the gender perspective and is consistent with the specific needs of each community, especially in underserved areas. The existence of norms, laws, and/or regulations is a critical criterion for assessing the capacity of health systems and services to deploy interprofessional teams in primary health care.
Technical note	Specifications for this indicator are in development with Member States as part of the implementation of the Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023. Proposed criteria: 1. Officially approved technical norms (or laws) defining the composition and scope of practice for interprofessional teams in primary health care. AND/OR 2. Officially approved and established national models of care based on multidisciplinary teams working in primary health care and integrated networks.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Human Resources for Health (HSS/HR)
Data source	Data will be provided by ministries of health or health agencies of countries. Other possible data sources include health workforce registries or databases; aggregate data from health facilities (routine administrative records, health management information system, district health information system census and/or survey); professional council/chamber/association registers; labor force surveys; population census data; United Nations Statistics Division population data.
Limitations	The definitions of interprofessional teams (regarding composition and scope of practice), first level of care, and integrated networks vary between countries, depending on the model of care adopted. This may affect the comparability of data obtained for this indicator.
References	4. Pan American Health Organization. Strategy on Human Resources for Universal Access to Health and Universal Health Coverage [Internet]. 29th Pan American Sanitary Conference

	of PAHO, 69th Session of the Regional Committee of WHO for the Americas; 25-29 September 2017; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/10) [cited 30 November 2020]. Available from: https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=41531&Itemid=270&lang=en 5. Pan American Health Organization. Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage [Internet]. 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas; 23-27 September 2018; Washington, DC. Washington, DC: PAHO; 2018 (CD56/10, Rev. 1) [cited 30 November 2020]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=56-directing-council-english-9964&alias=45770-cd56-10-e-poa-hr-770&Itemid=270&lang=en 6. World Health Organization. (2016) National health workforce accounts: a handbook. Linkage: Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018-2023 (CD56/10, Rev. 1), indicator 2.2.1

Code and title of the output	Output 7.3: Countries and territories have strengthened capacities of the health workforce through continuing education programs and lifelong learning
Code and title of the indicator	Output indicator 7.3.a. Number of countries and territories enabled to strengthen health workforce competencies and capacity-building programs through the Virtual Campus for Public Health and other WHO platforms
Definition of the indicator	The indicator will monitor the number of countries and territories enabled to strengthen their health workforce competencies and capacity-building programs through the Virtual Campus for Public Health and other WHO platforms (OPEN WHO or WHO Academy).
Purpose of the indicator	Countries have recognized the importance of continuing education of the health workforce as a vital tool for promoting and sustaining shifts in health service delivery. The indicator serves to measure the use of PAHO/WHO capacity-building platforms to respond to the skill development needs of the health workforce in countries and territories.
Technical note	The following two criteria and sets of data will be used to measure the indicator: 1) The growth in the number of new users per country in the Region of the Americas per year enrolled in PAHO/WHO platforms. 2) The growth in the number of users per country in the Region of the Americas per year who completed at least one course. The country is considered to have achieved the indicator if both criteria show growth of at least 10% in one year. The country is considered to have partially achieved the indicator if only one of the two criteria shows growth of at least 10% in one year. The country is considered to show no progress in the indicator if neither of the two criteria shows growth of 10% in one year.
Type of indicator	Absolute
Measurement units	Number of countries and territories.
Frequency of measurement	Annual
PASB unit	Health Systems and Services/Virtual Campus for Public Health (HSS/VCPH)
Data source	Data on 1) the number of new users per country per year enrolled, and 2) data on the number of users per country per year who completed at least one course will be provided by the VCPH databases and databases of other platforms such as OPEN WHO or WHO Academy.
Limitations	VCPH expects to have the data readily available from the VCPH and WHO databases to report on the indicator each year.
References	1. Pan American Health Organization. Strategy on Human Resources for Universal Access to Health and Universal Health Coverage [Internet]. 29th Pan American Sanitary Conference of PAHO, 69th Session of the Regional Committee of WHO for the Americas; 25-29 September 2017; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/10) [cited 30 November 2020]. Available from:

	https://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=41531&Itemid=270&lang=en 2. Pan American Health Organization. Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage [Internet]. 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas; 23-27 September 2018; Washington, DC. Washington, DC: PAHO; 2018 (CD56/10, Rev. 1) [cited 30 November 2020]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=56-directing-council-english-9964&alias=45770-cd56-10-e-poa-hr-770&Itemid=270&lang=en 3. Pan American Health Organization. Educational Approach of the Virtual Campus for Public Health. General considerations and pedagogical criteria for preparing virtual education initiatives. Available from: https://iris.paho.org/handle/10665.2/55984

Outcome 8. Access to health technologies

Code and title of the output	Output 8.1: Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies
Code and title of the indicator	Output indicator 8.1.a: Number of countries and territories with updated national policies and/or strategies on access, quality, and use of medicines and other health technologies
Definition of the indicator	This indicator measures the number of countries and territories that have explicit policies and other provisions to guarantee equitable access free of charge at the point of care of essential medicines and other priority health technologies based on public health needs.
Purpose of the indicator	The indicator aims to evaluate the strengthening of actions aimed at improving access to essential medicines and other health technologies with an equity perspective as part of the progress towards Universal Health.
Technical note	This indicator is calculated by assessing current documented national policies, strategies, norms, standards, guidance or other instruments in place within the last 5 years that reflects the countries' overall objectives and guiding principles on at least two of the following: 1) medicines; 2) medical devices; 3) radiation safety; 4) blood safety; 5) organ transplantation.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	• Country pharmaceutical profiles • Country legislation, norms, strategy, standards, guidance or other official instruments • Surveys • Expert consultations
Limitations	Policies, strategies, norms, and other official documents are an incomplete indicator of improved access since the effective implementation level of the norm may be highly variable. Moreover, the fact that a policy has been updated in the last five years does not guarantee an improvement. Alternatively, well designed and effective policies may not require updating every five years.
References	1. Pan American Health Organization. Access and rational use of strategic and high-cost medicines and other health technologies. Washington, DC, PAHO, 2016 (Document CD55/10). 2. Pan American Health Organization. Strategy for Universal Access to Health and Universal Health Coverage. Washington, DC, PAHO, 2014 (Document CD53/5 and CD53.R14) 3. Sustainable development goals (SDGs): Goal 3. Targets 3.8 and 3.b

Code and title of the output	Output 8.1: Countries and territories enabled to develop/update, implement, monitor, and evaluate national policies and regulations for timely and equitable access to medicines and other health technologies
Code and title of the indicator	Output indicator 8.1.b: Number of countries and territories with policies and/or strategies on research and development, innovation, and/or manufacturing to promote access to affordable health products
Definition of the indicator	This indicator measures the number of countries and territories that have intellectual property policies, health policies or other provisions to promote R&D, innovation, and/or manufacturing, and access to affordable essential medicines and other priority health technologies based on public health needs.
Purpose of the indicator	The indicator aims to evaluate the promotion of R&D, innovation, and/or manufacturing, aimed at improving access to essential medicines and other priority health technologies based on health needs as part of the advance towards Universal Health.
Technical note	This indicator is calculated by assessing current national policies, strategies, norms, standards, guidance or other instruments in place within the last 5 years that reflects the countries overall objectives and guiding principles.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	• Country pharmaceutical profiles • Country legislation, norms, strategy, standards, guidance or other official instruments • Surveys • Expert consultations
Limitations	Policies, strategies, norms, and other official documents are an incomplete indicator of improved promotion of R&D, innovation, and/or manufacturing, aimed at improving access to medicines and other health technologies since the effective implementation level of the norm may be highly variable. Moreover, the fact that a policy has been updated in the last five years does not guarantee an improvement. Alternatively, well designed and effective policies may not require updating every five years.
References	1. Pan American Health Organization. Access and rational use of strategic and high-cost medicines and other health technologies. Washington, DC, PAHO, 2016 (Document CD55/10). 2. Sustainable development goals (SDGs): Goal 3. Targets 3.8 and 3.b

Code and title of the output	Output 8.2: Countries and territories enabled to strengthen their national regulatory capacity for medicines and health products
Code and title of the indicator	Output indicator 8.2.a: Number of countries and territories that have established an institutional development plan to improve regulatory capacity for health products based on the assessment of their national regulatory capacities by the Global Benchmarking Tool
Definition of the indicator	Number of countries and territories with an institutional development plan defined after assessing its regulatory capacities by using the WHO Global Benchmarking Tool (GBT).
Purpose of the indicator	Regulatory systems play a key role in assuring the quality, safety, and efficacy of medical products. Effective regulatory systems are an essential component of health systems and contribute to desired public health outcomes and innovation. This indicator is useful for identifying gaps and formulating plans for improvement of regulatory systems to ensure thorough regulatory oversight the quality, safety, and effectiveness of health technologies, including medicines and vaccines, throughout the entire product life cycle.
Technical note	The WHO Global Benchmarking Tool (GBT) will be the methodology used to enable regulatory authorities to identify strengths and areas for improvement; facilitating the formulation of an institutional development plan (IDP) to build upon strengths and address the identified gaps; prioritize IDP interventions; and monitor progress and achievements. The assessment of regulatory capacities to build an IDP can be performed either by peers coming from other regulatory authorities or self-assessment, and can be supported by WHO headquarters, regional, and country offices if required. The IDP will be the basis for technical cooperation to address and work on closing the identified gaps.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	Regional and global platforms that collate results of the benchmarking of regulatory system strengthening; national data provided by the regulatory authorities through self-assessment processes and institutional development plans.
Limitations	The assessment of regulatory capacities should be performed by countries on regular basis as part of their quality management systems. When capacities are strengthened and level 3 is achieved, it is recommended that regulatory capacities be reassessed every three years to ensure that the regulatory system remains functional and demonstrates continuous improvement. Every year the regulatory country profile is updated and made available through the Regional Platform on Access and Innovation for Health Technologies (PRAIS). Although the Member States have endorsed regulatory system strengthening, the assessment of regulatory capacities is voluntary, and its performance requires a political commitment from each Member State. This may constrain the achievement and reporting of the indicator.

	There are also limitations related to the product stream categories included in the current version of the GBT, namely medicines and vaccines. Future revisions are expected to also address blood products (including whole blood, blood components, and plasma-derived medicinal products) and medical devices, including diagnostics. Beta versions of these tools have been developed and are expected to be finalized in 2019 by WHO.
References	1. World Health Organization. Global Benchmarking Tool (GBT). 2. World Health Organization. WHA67.20, Regulatory system strengthening for medical products. 2014 3. Pan American Health Organization. CD50/20 and CD50.R9, Strengthening National Regulatory Authorities for Medicines and Biologicals. 2010. 4. Pan American Health Organization. CD53/5 and CD53.R14, Strategy for Universal Access to Health and Universal Health Coverage. 2014. 5. Pan American Health Organization. CD55.R12 and CD55/10, Rev. 1, Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies. 2016. 6. Pan American Health Organization. CD42/15, Essential Public Health Functions. 2000. 7. Pan American Health Organization. CD42/13 and CD42.R11, Drug Regulatory Harmonization in the Americas. 2000.

Code and title of the output	Output 8.3: Countries and territories enabled to improve affordability and access to medicines and other health technologies
Code and title of the indicator	Output indicator 8.3.a: Number of countries and territories with a comprehensive strategy on multisource/generic medicines
Definition of the indicator	This indicator counts the number of countries and territories that have legal frameworks, strategies, or programs that define and ensure availability of and access to multisource/generic medicines.
Purpose of the indicator	This indicator is a proxy for an important component of access to medicines. Countries and territories that achieve the indicator improve available options of therapeutically equivalent products, increasing competition, and preventing financial burdens that can be a barrier to access, in particular for populations living in conditions of vulnerability, patients suffering from chronic diseases, and patients whose treatments include high-cost products.
Technical note	To verify the achievement of the indicator, a published, officially approved program or strategy for promoting access to multisource/generic medicines issued by a governmental institution must be in effect.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	National legal frameworks and official documents; and in some cases, development of studies to evaluate effective implementation of the strategy at the national level.
Limitations	The main limitation is that a legal framework or the existence of an officially approved strategy does not guarantee its implementation or the real access to multisource/generic medicines; however, it is a good proxy indicator.
References	1. Pan American Health Organization. Access and rational use of strategic and high-cost medicines and other health technologies. Washington, DC: PAHO; 2016 (Document CD55/10).

Code and title of the output	Output 8.3: Countries and territories enabled to improve affordability and access to medicines and other health technologies
Code and title of the indicator	Output indicator 8.3.b: Number of countries and territories updating, developing, and implementing medicines pricing policies and monitoring systems
Definition of the indicator	This indicator measures the number of countries and territories that have a comprehensive pricing strategy or other related provisions to promote access to affordable essential medicines and other priority health technologies based on public health needs, updated within the last five years. These strategies and provisions include, among others: price regulations; transparency of price information; generics promotion strategies; public acquisitions strategies; health technology assessments; and price conditionalities in public R&D subsidies or incentives.
Purpose of the indicator	The indicator aims to evaluate the adoption of pricing strategies or other provisions aimed at improving access to affordable essential medicines and other priority health technologies based on health needs.
Technical note	This indicator is calculated by assessing the existence of a documented comprehensive pricing strategy, legislation, norms, or other related instruments in place within the last 5 years that reflects the countries' overall objectives and guiding principles on at least two of the following: 1) price regulations, 2) transparency of price information, 3) generics promotion strategies, 4) public acquisitions strategies, 5) health technology assessments, and 6) price conditionalities in public R&D subsidies or incentives.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	• Country pharmaceutical profile • Country legislation, norms, strategy, standards, guidance or other official instruments • Surveys • Expert consultations
Limitations	Policies, strategies, norms, and other official documents are an incomplete indicator of improved access to affordable medicines and other health technologies since the effective implementation level of the norm may be highly variable. Moreover, the fact that a policy has been updated in the last five years does not guarantee an improvement. Alternatively, well designed and effective policies may not require updating every five years.
References	1. Pan American Health Organization. Access and rational use of strategic and high-cost medicines and other health technologies. Washington, DC: PAHO; 2016 (Document CD55/10). 2. Pan American Health Organization. CD53/5 and CD53.R14, Strategy for Universal Access to Health and Universal Health Coverage. 2014. 3. Sustainable development goals (SDGs): Goal 3. Targets 3.8 and 3.b

Code and title of the output	Output 8.4: Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services
Code and title of the indicator	Output indicator 8.4.a: Number of countries and territories implementing a national plan to strengthen access to radiological services and radiation safety
Definition of the indicator	This indicator measures the number of countries and territories having improved quality and safety of radiological services by implementing the requirements of the international basic safety standards (BSS).
Purpose of the indicator	To improve access to quality and safe radiological services, it is necessary to implement the applicable requirements of the BSS. The indicator tracks the Region's progress toward compliance with these international standards.
Technical note	Countries and territories should have a reported external evaluation of radiological services and an official plan to implement the applicable requirements of the BSS. While the BSS cover all radiation exposure situations, only the requirements applicable to all medical services that use ionizing radiation (radiological services) are to be considered for achievement of the indicator. As part of those requirements, each government must establish an authority or a system of authorities that is legally empowered to conduct the regulatory process, including by issuing authorizations of the services. This means that the country should be able to meet the BSS General Requirements (2.1 to 2.52), which mainly concern the responsibilities of the government and regulatory body, and the Planned Exposure Situations requirements (3.1 to 3.184), which concern the responsibilities of registrants and licensees regarding protection of health workers, patients, and members of the public.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	PAHO and/or IAEA Evaluation of Radiation Safety Regulatory Infrastructure based on International Basic Safety Standards (BSS).
Limitations	Some countries do not have any formal system for regulation and oversight of radiological services. Other countries have a system, but the regulations and standards have not been updated to comply with the BSS, and/or the oversight capacity is limited. Many countries, during the process of building this capacity, will be rated as partially achieving the indicator. Only countries that demonstrate sufficient compliance with the above-mentioned requirements should be considered as having achieved the indicator.
References	1. International Atomic Energy Agency. Radiation protection and safety of radiation sources: international basic safety standards. Vienna: IAEA; 2014. https://www.iaea.org/publications/8930/radiation-protection-and-safety-of-radiation-sources-international-basic-safety-standards

	2. Pan American Health Organization. Radiation protection and safety of radiation sources: international basic safety standards. Washington, DC: PAHO; 2012 (Resolution CSP28.R15). Available from: https://www.paho.org/hq/dmdocuments/2012/CSP28.R15-e.pdf 3. International Atomic Energy Agency. Radiation protection and safety in medical uses of ionizing radiation. Vienna: IAEA; 2018. https://www-pub.iaea.org/books/IAEABooks/11102/Radiation-Protection-and-Safety-in-Medical-Uses-of-Ionizing-Radiation

Code and title of the output	Output 8.4: Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services
Code and title of the indicator	Output indicator 8.4.b: Number of countries and territories implementing a national plan to strengthen access to pharmaceutical services
Definition of the indicator	This indicator counts the number of countries and territories that have a national working group that coordinates a national plan that includes the implementation of indicators to monitor quality standards and functions of pharmaceutical services under professional pharmaceutical supervision and connected to the health services network.
Purpose of the indicator	The indicator is key to support the development, collaboration, and integration of pharmaceutical services as part of health care services.
Technical note	To achieve the indicator, a country must have a multidisciplinary national working group, led by the Health Authority, that coordinates an officially approved plan for the development of quality pharmaceutical services including monitoring of standards/indicators of practice. Standards or indicators should follow the recommendations of global reference documents (see References, below) and adoption or adaptation of proposed regional indicators. These standards/indicators should consider and evaluate the following: 1. Pharmaceutical services require the presence of, or are supervised by, a pharmacist. 2. Pharmaceutical services comply with national or local standards of practice regarding: a) mandatory procedures for the management of medical products; b) role of pharmaceutical services in prevention and promotion activities; c) information to the patient on medicines; d) participation in pharmacovigilance reporting; e) pharmacotherapy follow-up of patients; and f) interprofessional coordination of actions with the physician or other health care professionals when required.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	Country legislation, norms, regulations, information provided by the national working groups on pharmaceutical services.
Limitations	Adoption and reporting of indicators may be a proxy rather than a precise real evaluation of quality of services.
References	1. World Health Organization. WHO Technical Report Series, No. 961, 2011, Annex 8: Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services. 2. World Health Organization. Developing Pharmacy Practice. A focus on patient care. WHO/FIP, 2006. https://apps.who.int/medicinedocs/documents/s14094e/s14094e.pdf

	3. Pan American Health Organization. Servicios farmacéuticos basados en la atención primaria de salud: documento de posición de la OPS/OMS. Washington, DC: PAHO; 2006. Available in Spanish from: https://www.paho.org/hq/dmdocuments/2013/SerieRAPSANo6-2013.pdf 4. Pan American Health Organization. Indicators for Pharmaceutical services (under publication)

Code and title of the output	Output 8.4: Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services
Code and title of the indicator	Output indicator 8.4.c: Number of countries and territories implementing national strategies/mechanisms to improve access, quality, safety, or rational use of blood in their services
Definition of the indicator	This indicator measures the number of countries and territories that have a national plan to strengthen access to quality blood services, which includes improving human resources, voluntary donation, and monitoring of blood services.
Purpose of the indicator	The indicator allows assessing the implementation of a national plan or strategy to strengthen access to quality blood services.
Technical note	Improving the efficiency of blood banks by increasing their processing capacity and reducing blood losses due to expiration, together with increasing voluntary donation and training quality human resources have proven to be good strategies to advance access to quality blood. The plan focused on improving access to quality blood must include verification in the plan of at least 3 of the following strategies, which will be verified with the analysis of the indicators reported annually by the blood programs: • Training of human resources in blood quality components. • Increase in blood donation collected from voluntary donor. • Increased efficiency of blood banks, greater collection capacity per year • Decrease in the percentage of units discarded of red blood cells due to expiration. • Development of inspection, surveillance and control activities in blood services.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	Annual report of the country's blood program.
Limitations	The regional Plan of Action for Universal Access to Safe Blood requires a commitment from Member States to review and reorganize their blood service networks and thus improve their efficiency indicators. The lack of blood bank information systems in some countries may affect the quality of the reporting data. The atomized blood bank models generate less efficiency in accessing safe blood.

References	1. Pan American Health Organization. Plan of Action for Universal Access to Safe Blood [Internet]. 53rd PAHO Directing Council, 66th Regional Committee of WHO for the Americas, 29 September – 3 October 2014; Washington, DC. Washington, DC: PAHO; 2014 (document CD53/6) [accessed 1 June 2021]. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-6-e.pdf. 2. Pan American Health Organization. Suministro de sangre para transfusiones en los países de América Latina y el Caribe 2016-2017 [Internet]. Washington, DC. Washington, DC: PAHO; 2020 [accessed 1 June 2021]. Available from: https://iris.paho.org/handle/10665.2/52150.

Code and title of the output	Output 8.4: Countries and territories enabled to improve access to quality radiological, pharmaceutical, diagnostic, transplant, and blood services within a comprehensive and integrated network of health services
Code and title of the indicator	Output indicator 8.4.d: Number of countries and territories implementing a national plan to strengthen access to transplant services
Definition of the indicator	This indicator measures the number of countries and territories that implement a national plan to strengthen access to transplant services in accordance with the recommendations of the regional strategy and plan for equal access to organ, tissue and cell transplants 2019-2030 CD 57/11.
Purpose of the indicator	The indicator allows PAHO to evaluate the implementation at the local level of the regional strategy aimed at strengthening access to organ, tissue, and cell transplants.
Technical note	Improving equitable access to transplantation of organs, tissues and cells requires a legal framework that allows, promotes the donation of organs, tissues and cells, an organization or national responsible that promotes, coordinates and monitors access, the training of professionals in donation and transplantation, the development of strengthened donation and transplantation services. The plan focused on improving equitable access to transplants must include at least one of the following strategies, which will be verified with the analysis of the indicators reported annually by the countries: 1. A legal and regulatory framework for the donation, acquisition or procurement and transplantation of organs, tissues and cells. 2. A national donation and transplant unit or program or entity responsible for promoting and coordinating donation and transplantation management. 3. A registry of patients awaiting transplants and transplanted patients.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	Annual reports that the transplant programs submit to PAHO, Donasur, and the Global Donation and Transplantation Observatory (GODT).
Limitations	Some countries do not have an organized transplant system. They may not have legislation and an organized transplant program. The adoption of these norms and the implementation of activities and the presentation of reports require a commitment from national authorities. A transplant system with rules and programs can be a proxy for access to transplant services.
References	1. Pan American Health Organization. Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030. [Internet]. 57th PAHO Directing Council, 71st Regional Committee of WHO for the Americas; 30 September – 4 October 2019; Washington, DC. Washington, DC: PAHO; 2019 (document CD57/11) [Accessed 3 November 2020]. Available from:

	https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49671-cd57-11-e-strategic-poa-organ-transplants&category_slug=cd57-en&Itemid=270&lang=en 2. Estados Parte del Mercado Común del Sur (MERCOSUR) - Instituto Nacional Central Único Coordinador de Ablación e Implante (INCUCAI) de Argentina, Registro Mercosur de Donación y Trasplante. (DONASUR). [Internet]. [Accessed 3 November 2020]. Available from: https://donasur.net/ 3. World Health Organization (WHO) and the Spanish Transplant Organization, Organización Nacional de Trasplantes (ONT). Global Observatory on Donation and Transplantation [Internet]. [Accessed 3 November 2020]. Available from: http://www.transplant-observatory.org/

Code and title of the output	Output 8.5: Countries and territories enabled to improve supply chain management of quality-assured and safe health products
Code and title of the indicator	Output indicator 8.5.a: Number of countries and territories implementing plans to manage and oversee the essential medicines supply chain, including planning, forecasting, and availability
Definition of the indicator	This indicator counts the number of countries and territories with at least three of the following capacities: 1. A characterization of the public national Integrated Supply Chain Management (SCM) system of medicines and other health technologies in which major bottlenecks are identified on key SCM elements: governance, selection, forecasting of needs, procurement, storage, distribution, use and disposal. 2. A SCM System Strengthening Plan based on characterization findings and national priorities, including institutional development, operational efficiency and capacity building actions. 3. A Logistic Management Information System (LMIS) able to produce quality (validated) data on at least, but not limited to the following indicators: stock availability at central level (and service delivery level desirable), unsatisfied demand as % of days out of stock in the last 12 months and historical monthly consumption of essential medicines and other health technologies. 4. A multidisciplinary committee(s) for planning the supply of essential medicines with capacity for at least forecasting needs using consumption and morbidity methods, deliver on time Annual Procurement Plans, and implementing inventory control and distribution plans.
Purpose of the indicator	This indicator allows PAHO to assess the national capacities to improve and implement an efficient integrated supply chain management system in order to have the right medicines, in the right place, at the right quantities, for the right use and with the right quality, safety and efficacy.
Technical note	The characterization of the national SCM system must be done against WHO good practices guidelines for distribution, storage, drug procurement, pharmacy, and dispensing. The strengthening plans of SCM systems should be an official document of the national health authorities and involve all actors with relevant roles in any step of the Medicines Supply Cycle. The LMIS of medicines and other health technologies must be designed for its purpose and be integrated in the national health system at all levels. It may be electronic or on paper or both. The multidisciplinary committees may be one or more than one. They should have clear terms of reference, mandate and accountability. Their members must be free of conflicts of interest.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of	Annually, reported end of the year, collected first quarter following year.

measurement	
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	• Ministry of Health reports and official websites. • Evaluations
Limitations	• Quality of data from LMIS • Validation of data by parties outside the MoH not always accepted. • Self-characterization may have bias and must be validated. • SCM Strengthening Plans without an allocated budget for their implementation • Fragmented LMIS and/or not integrated LMIS.
References	1. World Health Organization. Good Distribution Practices for Medical Products. August 2019. Draft for Comments. 2. World Health Organization. Guidelines on Quality Risk Management (WHO Technical Report Series, No. 981, 2013, Annex 2). 3. Quality Risk Management, ICH Q9, 2015. 1210. 4. Risk Management – Guidelines. ISO 31000: 2018. 5. World Health Organization. Guidance on Testing of "Suspect" Falsified Medicines (WHO Technical Report Series, No. 1010, 2018, Annex 5). 6. World Health Organization. Guidelines on Import Procedures for Pharmaceutical Products (WHO Technical Report Series, No. 1019, 2019, Annex 5). 7. World Health Organization. Good Practices of National Regulatory Authorities in Implementing the Collaborative Registration Procedures for Medical Products (WHO Technical Report Series, No. 1019, 2019, Annex 6). 8. World Health Organization. Guidelines for Medicine Donations, 3rd edition 2011. Available from: https://apps.who.int/iris/bitstream/handle/10665/44647/9789241501989_eng.pdf?sequence=1&isAllowed=y 9. World Health Organization. Guidelines for Safe Disposal of Unwanted Pharmaceuticals in and after Emergencies: Interagency Guidelines. Geneva, World Health Organization, 1999 1233 (WHO/EDM/PAR/99.2). 10. World Health Organization. Model quality assurance system for procurement agencies (WHO Technical Report Series, No 986, 2014, Annex 3). 11. World Health Organization. Validation (WHO Technical Report Series, No 1019, 2019, Annex 3).

Code and title of the output	Output 8.6: Countries and territories enabled to improve antibiotic use and monitoring in support of the implementation of national plans for containment of antimicrobial resistance
Code and title of the indicator	Output indicator 8.6.a: Number of countries and territories that have a strategy/mechanism for antibiotic sales estimation and that enforce antibiotic sales under prescription
Definition of the indicator	This indicator counts the number of countries and territories that have implemented mechanisms or strategies for a) monitoring the national consumption/sales of antimicrobials; b) improved measures or procedures to monitor or enforce antimicrobials sales under prescription.
Purpose of the indicator	The indicator supports countries' capacities for evaluating their antimicrobial consumptions and enforcement of antimicrobials sales under prescription as part of their national plans for containment of antimicrobial resistance.
Technical note	To achieve the indicator, a country must have: a) norms, strategies or procedures with data on the evaluation of antimicrobial consumptions/sales for at least one year in the last 4 years; b) Improved or updated norms, procedures or measures to monitor or enforce antimicrobial sales under prescription.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	Country legal frameworks, procedures, norms and reports from focal points or the national working groups for pharmaceutical services.
Limitations	Evaluation of real implementation of regulations or procedures updates might be difficult to obtain but taken as a proxy.
References	1. Pan American Health Organization. Global Action Plan on Antimicrobial Resistance; 2017. Available from: https://www.paho.org/en/documents/global-action-plan-antimicrobial-resistance-2017 2. Pan American Health Organization. Resolution CD55.R12: Access and rational use of strategic and high-cost medicines and other health technologies. Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-R12-e.pdf

Code and title of the output	Output 8.7: Countries and territories enabled to implement processes and mechanisms for health technology assessment, incorporation, management, and for rational use of medicines and other health technologies
Code and title of the indicator	Output indicator 8.7.a: Number of countries and territories with mechanisms for health technology assessment and evidence-based incorporation, selection, management, and rational use of medicines and other health technologies
Definition of the indicator	This indicator measures the number of countries and territories with at least three of the following: 1. A functional structure with members officially designated for the task without conflict of interest for the evidence-based evaluation of medicines or other health technologies; 2. A mechanism in place for the incorporation of medicines and other health technologies into the health system linked to their assessment; 3. A national strategy for the rational use of medicines and/or other health technologies, including the monitoring of its components; and 4. The assessment, selection, incorporation, rational use and monitoring of medicines and other health technologies are implemented through a coordinated integrated approach.
Purpose of the indicator	The indicator allows PAHO to assess the implementation of the evaluation and incorporation of health technologies into the health system as well as their rational use.
Technical note	The indicator aims to measure the number of countries and territories with an official functional structure for the evidence-based evaluation of medicines or other health technologies, a mechanism for their incorporation into health systems, a monitored national strategy for rational use, and a coordinated integrated approach for the assessment, selection, incorporation, rational use and monitoring of medicines and other health technologies (evidence of the adopted mechanism for the integrated approach should be provided). Evidence should be available to confirm the appropriate functioning of at least three of the components. Once evaluations for each country are carried out, the countries that meet the criteria will be added up and reported as having achieved the indicator.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Innovation and Access to Medicines and Health Technologies (IMT)
Data source	• Country pharmaceutical profiles • Country legislation and norms • Surveys • Expert evaluations

Limitations	The existence of an HTA structure and of a HTA-linked mechanism for the incorporation of health technologies into the health systems is necessary but not sufficient to guarantee an equitable and efficient use of resources, and a legitimate decision-making system. Considering that mechanisms of HTA, incorporation and rational use of health technologies into health systems can take various equally valid and functional forms, on some occasions, interpretation may be required to determine whether a country complies with specific aspects of the indicator. For example, in cases when the same structure holds both the HTA and incorporation functions, or the opposite case, when there is more than one structure with similar functions, or in different health sub-systems. The heterogeneity of monitoring assessing criteria throughout the different countries would require a standardized tool for evaluation. The existence of an officially approved national strategy does not guarantee by itself either its implementation or the rational use of medicines and/or other health technologies; however, it is an appropriate proxy indicator.
References	None

Outcome 9. Strengthened stewardship and governance.

Code and title of the output	Output 9.1: Countries and territories enabled to implement the essential public health functions as the basis for building resilient health systems
Code and title of the indicator	Output indicator 9.1.a: Number of countries and territories implementing a strategy and/or plan of action to improve the essential public health functions as the basis for building resilient health systems
Definition of the indicator	This indicator measures the number of countries and territories that are implementing a strategy or action plan to improve the following essential public health functions: • Monitoring and evaluation • Surveillance, control, and risk management • Research and knowledge management • Policies, legislation, and regulatory frameworks • Social participation and social mobilization • Development of human resources for health. • Regulation and enforcement of access to health technologies. • Efficient and equitable health financing. • Access to comprehensive quality services • Interventions to promote health, reduce risk factors and favor healthy behaviors. • Addressing the social determinants of health
Purpose of the indicator	This indicator is an indirect measure of the stewardship and governance capacity of health authorities and health systems to implement public health actions to address health needs of the population.
Technical note	Number of countries that develop strategies/action plans to improve the essential public health functions after conducting an evaluation exercise.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	Results from application of tool developed by HSS/PH to assess the essential public health functions
Limitations	Obtaining the data for this indicator will depend on the number of countries that conduct an assessment of the EPHFs using a tool developed by PAHO and develop an action plan/strategy or road map based on the results of this assessment. For those countries that do not conduct such assessment, the collection of data will be limited.
References	1. Pan American Health Organization. Essential public health functions in the Americas. renewal for the 21st century, conceptual framework and description, 2020.

Code and title of the output	Output 9.2: Countries and territories enabled to monitor and evaluate health systems transformation strategies for universal health that are based on primary health care
Code and title of the indicator	Output indicator 9.2.a: Number of countries and territories with mechanisms for monitoring and evaluating progress toward universal health and primary health care using PAHO's frameworks and tools
Definition of the indicator	The indicator is defined as number of countries and territories that have been enabled to analyze and report progress towards Universal Health and PHC using indicators and approaches included in PAHO's frameworks and tools.
Purpose of the indicator	The indicator is needed to report on progress toward Universal Health and PHC, including advances towards improving PHC capacities, performance (identification of access barriers), and impact.
Technical note	Indicators to measure progress toward Universal Health and PHC will follow the frameworks and tools developed by HSS/PH in collaboration with Member States (see reference 2 below). The indicator is considered achieved, if the Member State reports periodic analyses of indicators that measure progress toward at least two of the four strategic lines of the Universal Health Strategy: 1. Expansion of equitable access to comprehensive, quality, people- and community-centered health services, including assessments of barriers to access. 2. Strengthened stewardship and governance. 3. Increased and improved financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service. 4. Strengthened inter-sectorial coordination to address social determinants of health inequities
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	National reports produced by the national health authorities or national offices of statistics, Reports produced by Member States in collaboration with PAHO, Evaluation reports on progress toward universal health
Limitations	Countries are not producing Universal Health M&E reports at the moment, data is not always available, and the monitoring systems are weak.
References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO - Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf.

	2. Pan American Health Organization. Monitoring Framework for Universal Health in the Americas. Washington, D.C.: PAHO; 2021. License: CC BY-NC-SA 3.0 IGO. 3. Pan American Health Organization. Analizar y superar las barreras de acceso para fortalecer la atención primaria de salud. Washington, D.C.: PAHO; 2023. Available from: https://doi.org/10.37774/9789275327562. 4. Primary health care measurement framework and indicators: monitoring health systems through a primary health care lens. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2022. License: CC BY-NC-SA 3.0 IGO.

Code and title of the output	Output 9.3: Policy options, tools, and technical guidance provided to countries to improve the regulation of the provision and financing of integrated people-centered health services
Code and title of the indicator	Output indicator 9.3.a: Number of countries and territories implementing regulatory frameworks for the provision and financing of integrated people-centered health services
Definition of the indicator	The indicator is defined by the existence of regulatory strategies that address: 1. Health financing of health services, including mechanisms to increase solidarity and equity. 2. Health service provision to increase and guarantee access to health services, in quantity and quality.
Purpose of the indicator	This indicator measures the advance countries and territories have made to improve regulatory mechanisms that ensure that all actors within the health system guarantee solidarity and equitable access to quality health services for the population.
Technical note	This indicator will be considered achieved, if Member States formulate and implement regulatory strategies that address the following aspects: 1. Health financing of health services, including mechanisms to increase solidarity and equity: pooling of funds and insurance coverage. 2. Health service provision to increase and guarantee access to health services, in quantity and quality: regulation of health service infrastructure and quality standards, health services plans, and indicators on utilization and access
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	• Academic research • Countries' official government websites • National strategic plans
Limitations	This indicator relies on the information publicly available or provided by Member States.
References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO - Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf

Code and title of the output	Output 9.4: Countries and territories enabled to develop and implement legislative and regulatory frameworks for universal access to health and universal health coverage
Code and title of the indicator	Output indicator 9.4.a: Number of countries and territories that have established, reviewed, and/or updated health-related legislation and regulatory frameworks in the last five years in support of universal access to health and universal health coverage, the realization of the right to health, and other health-related matters from a human rights perspective
Definition of the indicator	The indicator is defined by the existence of legal and regulatory frameworks including international and/or regional treaties that increase any of the dimensions for universal access to health services. The dimensions of universal health include: 1. Increase in population covered. 2. Increase of guaranteed access to health services, in quantity and quality 3. Financial mechanism to increase cost-sharing and reduce fees through pooling, and social solidarity-based in order to avoid catastrophic health-care expenditure and impoverishment of individuals as a result of seeking health care.
Purpose of the indicator	The construction of legislative and regulatory frameworks is an essential element for the implementation of health policies and strategies towards Universal Health which is linked to the progressive realization of the right to health in a manner consistent with WHO and PAHO Constitutions. The indicator will assess the improvement of targeted countries as they develop legislation and regulatory frameworks to support Universal Health.
Technical note	Even though countries are at different stages in achieving Universal Health, countries can take effective steps in order to advance towards Universal Health. Achievements on Universal Health with legislative and regulatory provisions will be analyzed on a country specific basis. This indicator will be considered achieved if Member States review, formulate, and enact legislation or regulatory frameworks that increase any of the dimensions for universal health coverage with a human rights approach in the last five years. This will include: 1. Specific legislation/regulatory frameworks to improve one or more of the dimensions of Universal Health 2. Engage in the process of reviewing, strengthening, formulating, and enacting national laws and specific regulatory and administrative provisions that guarantee equity access, strong governance and stewardship, financing for health, fulfilling the essential functions of public health and addressed to 1) reduce exclusion in health services; 2) non-discrimination; and 3) equal protection under the law in a manner consistent with international treaties and resolutions. 3. Existence of legislation/regulatory frameworks on participation and intersectoral coordination in the health system and with other sectors, in a participative manner with the civil society and improving the transparency in decision-making. 4. Judicial decisions (national/international) that consolidate different State powers to implement the adoption of legislation/regulatory frameworks for Universal Health 5. Existence of legislation/regulation to monitor an effective implementation of the right to health and other related human rights. 6. Ratification and implementation of international and regional human rights treaties relevant to the right to health (*) 7. Formal recognition of the right to health in the State's highest-ranking legal norms

	(*) Ratification of international and regional human rights treaties related to the right to health. E.g.: International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC), and the Convention on the Elimination of Discrimination against Women (CEDAW), Protocol of San Salvador, which legally bind State Parties to ensure "the highest attainable standard of health, encompassing medical care, access to safe drinking water, adequate sanitation, education, health-related information and other underlying determinants of health."
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Social and Environmental Determinants for Health Equity
Data source	• Health coverage, financing, access to medicines/technologies, essential public health functions and other public health reports, including the related to the SDGs and PAHO´s information systems National and regional legislative databases. • Compilations of national and regional legislation/regulations and administrative decisions • Academic research • Countries' official government websites • National strategic plans • Relevant judiciary resolutions • Universal Periodic Review • UN/OAS treaty bodies' reports/decisions • Reports of the UN Special Rapporteur on the Right to Universal Health • PAHO's online database resources • Country reports on the achievement of the Essential Public Health Functions
Limitations	• Some data sources have specific calendars for updating information. It will require individual analysis / approaches. • Different elements of Universal Health are dispersed in various legal instruments. As a consequence, a comprehensive analysis of the legislative and regulatory frameworks of the Ministries of Health/health authorities and other Departments is required as well. • A preference for short term solutions, rather than applying greater foresight and investing in long term sustainable legislative and regulatory frameworks to guarantee Universal Health. • Every Member State will present a specific legal analysis and approach.
References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO - Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf 2. Pan American Health Organization. Strategy on Health-Related Law. 54th Directing Council of PAHO – Resolution CD54.R9; Sep 28 – Oct 2, 2015; Washington, DC. Available from: https://www.paho.org/en/documents/cd54r9-strategy-health-related-law 3. Pan American Health Organization. Health and Human Rights, concept paper. 50th Directing Council of PAHO; Sep 27 – Oct 1, 2010; Washington, DC. Available from: https://www.paho.org/hq/dmdocuments/2010/CD50-12-e.pdf

Code and title of the output	Output 9.5: Policy options, tools, and technical guidance provided to countries and territories for increasing equitable access to comprehensive, timely, quality health services and financial protection for migrant populations
Code and title of the indicator	Output indicator 9.5.a: Number of countries and territories implementing interventions and actions to promote and protect the health and well-being of the migrant population within national health policies, plans, and programs
Definition of the indicator	This indicator counts the number of countries and territories that have demonstrated advances in the implementation of interventions and actions to promote and protect the health and well-being of migrants within national health policies, plans, and programs. At the country level, this advancement is defined by the existence of national health policies, plans, and programs that integrate migrants within target population groups or promote and protect the health of this population within defined objectives and/or goals. These policies, plans and programs should have been published or revised within the last 3 years.
Purpose of the indicator	Many migrants in the Region are often excluded from national programs on health promotion, disease prevention, treatment and care, as well as from financial protection in health. This indicator measures the advances of countries toward the progressive inclusion of migrants' distinct health needs in national health policies, plans and programs, as well as the implementation of interventions within such frameworks to protect and promote their physical and mental health and well-being.
Technical note	Resolution CD55.R13, Health of Migrants, adopted at PAHO's 55th Directing Council in 2016, urged Member States to, among other aspects, generate health policies and programs to address health inequities that affect migrants and to develop targeted interventions to reduce migrants' health risks by strengthening programs and services that are sensitive to their conditions and needs. To achieve this indicator, the interventions should be implemented within a country's national health policy, plan or program, and must address at least 3 of the following. Promotes migrants' access and coverage to: • comprehensive immunization schedules, according to national guidelines; • prevention, diagnosis and treatment for communicable diseases, including vaccine-preventable diseases; • comprehensive health services at the first level of care, according to diversified health needs, epidemiological profiles and health priorities; • prevention, diagnosis and treatment for noncommunicable diseases; • prevention, diagnosis and treatment for mental health conditions; • integrated health services networks to enhance the continuity and quality of care received by population groups in all settings, with particular emphasis on migrant women, children, and the elderly; • emergency care services; • antenatal and post-natal health services;

	• health promotion services; • medicines and other health technologies; • sexual and reproductive health services; and • an essential package of life-saving health services when affected by public health emergencies.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	Indicator data will be obtained through repositories or databases of health policies, plans and programs. Other secondary data sources will include country reports, case studies, and factsheets.
Limitations	Data is not actively or routinely collected by all countries in the Region and this may pose challenges related to monitoring and reporting. However, data on the interventions and actions on health and migration and the existing policy frameworks under which they are implemented should be available. No other challenges or restrictions are identified.
References	1. Pan American Health Organization. Resolution CD55.R13 Health of Migrants. PAHO's 55th Directing Council. 2016. Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-R13-e.pdf 2. Pan American Health Organization. Guidance Document on Migration and Health. 2019. Available from: https://www.paho.org/en/documents/guidance-document-migration-and-health 3. World Health Organization. Global Action Plan on Promoting the Health of Refugees and Migrants 2019-2023. 72nd World Health Assembly. 2019. Available from: https://www.who.int/publications/i/item/promoting-the-health-of-refugees-and-migrants-draft-global-action-plan-2019-2023 4. World Health Organization. Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region. Regional Committee for Europe 66th Session. 2016. Available from: https://bit.ly/38Z4bqT

Outcome 10. Increased public financing for health.

Code and title of the output	Output 10.1: Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health coverage
Code and title of the indicator	Output indicator 10.1.a: Number of countries and territories implementing equitable health financing strategies and reforms to sustain progress toward universal health, including specific strategies to progressively increase public expenditure in health in a sustainable manner
Definition of the indicator	This indicator measures which countries have adopted and are implementing an official plan or strategy to improve health system financing.
Purpose of the indicator	This indicator assesses Member States advancement towards strategic line 3 of the Strategy for Universal Access to Health and Universal Health Coverage (Universal Health) approved by the 53rd Directing Council in October 2014 (CD53.R14) "Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service".
Technical note	The indicator is a simple count of countries that have adopted and are implementing an official plan or strategy aimed at promoting the mobilization and allocation of financial resources for health with at least two of the following goals and targets: 1. To increase public spending investment in health from every source that increases fiscal space, including efficiency gains, to replace direct payments at the point of service as source of funding. 2. To increase public financing in an efficient, sustainable and fiscally responsible manner in order to expand access and reduce inequities. 3. To prioritize investments to strengthen the first level of care and promote health service delivery networks. 4. To enhance pooling mechanisms to reduce segmentation and improve efficiency of the health system financing functions. 5. To develop provider payment systems that create incentives to help improve the efficiency, equity, and quality of health service delivery.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	• National plans and strategies • Health accounts • Official reports
Limitations	• Information is not readily available. • Assessment needed to measure progress.
References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO - Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf

	2. World Health Organization (2010). Health Systems Financing: The path to universal coverage. World Health Report 2010, Geneva. Available from: https://apps.who.int/iris/handle/10665/44371/ 3. Pan American Health Organization. Fiscal Space for Health in Latin America and the Caribbean. (2018). Washington, DC: Pan American Health Organization. https://iris.paho.org/handle/10665.2/52410 4. Cid Pedraza C, Pagano JP, Pescetto C, Prieto L. Fiscal space for sustainable financing of health systems and universal health. Panam Journal Public Health 2018;42:e197. https://doi.org/10.26633/RPSP.2018.197 5. Kutzin J, Yip W, Cashin C (2016): Alternative Financing Strategies for Universal Health Coverage. World Scientific Handbook of Global Health Economics and Public Policy: pp. 267–309. 6. Barroy H., Sparkes S., Dale E.; Assessing fiscal space for health in low and middle income countries: a review of the evidence. Geneva: World Health Organization; 2016 (WHO/HIS/HGF/ HFWorkingPaper/16.3; Health Financing Working Paper No.3). Licence: CC BY-NC-SA 3.0 IGO. 7. Barroy, H, S Gupta, A Tandon (forthcoming). Fiscal space for health: new considerations for implementation. Geneva: World Health Organization. 8. Kutzin, J, S Witter, M Jowett, D Bayarsaikhan (2017). Developing a national health financing strategy: a reference guide. Health Financing Guidance No.3. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/254757/1/9789241512107-eng.pdf?ua=1 9. Pan American Health Organization (2023). Desafíos de la Gestión Financiera Pública y el Espacio Fiscal Para Salud. Working Document(forthcoming). Washington DC: PAHO.

Code and title of the output	Output 10.1: Countries and territories enabled to develop and implement financial strategies for universal access to health and universal health coverage
Code and title of the indicator	Output indicator 10.1.b: Number of countries and territories implementing payment systems and resource allocation strategies to promote a PHC approach in the organization of health services delivery
Definition of the indicator	This indicator measures which countries have adopted and are implementing an official plan or strategies to improve resource allocation based on evidence and strategic purchasing principles towards equity and efficiency.
Purpose of the indicator	This indicator assesses Member States progress towards strategic line 3 of the Strategy for Universal Access to Health and Universal Health Coverage (Universal Health) approved by the 53rd Directing Council in October 2014 (CD53.R14) "Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service".
Technical note	This indicator is a simple count of countries that have adopted and are implementing an official plan or strategies to improve equity and efficiency in resource allocation, based on evidence and strategic purchasing principles, towards PHC strengthening and integrated care. The indicator is considered achieved if countries have addressed at least one of the following areas: 1. Designing or updating comprehensive, quality, universal and progressively expanded health services, including high cost interventions and medicines, that are consistent with evolving health needs, system capacities, available resources, and the national context. 2. Development or updating of payment systems, contracting practices and tariffs setting that provide the right incentives to achieve an equitable and efficient performance of the integrated provision of quality health services and facilitate advancing towards Integrated Health Service Delivery Networks (IHSDNs). 3. Development or updating of information systems and data flows fully integrated to ensure proper monitoring of provider and health system outcomes related to resource allocation at national and subnational levels. 4. Formulating or updating of institutional arrangements that allow public financial management (PFM) in health rules, norms and regulations to interact efficiently with resource allocation at national and subnational levels and with payment systems, allowing for flexibility in resource management and facilitating efficient provider performance. 5. Development of continuous capacity building interventions to improve resource management and implement and manage enhanced costing information, monitoring and reporting systems for PHC strengthening and integrated care.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)

Data source	The source of data for this indicator will be official documents from Member States regarding new or existing policies, regulations, legislations, project and/or plans to transform, strengthen, or develop capacities the different processes involving resource allocation improvement
Limitations	This is a new indicator and most probably countries will need to develop specific capacities to evaluate, monitor and report on it. Some of the areas to be evaluated for achievement are highly specialized and will require strong support from the regional level through active and continuous technical cooperation interventions.
References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO - Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf 2. World Health Organization (2010). Health Systems Financing: The path to universal coverage. World Health Report 2010, Geneva. Available from: https://apps.who.int/iris/handle/10665/44371/ 3. Kutzin, J. (2008). Health Financing Policy: A guide for decision-makers. WHO, EURO office. Available from: https://apps.who.int/iris/bitstream/handle/10665/107899/E91422.pdf?sequence=1&isAllowed=y 4. Cashin, et.al. What is Strategic purchasing for health? R4D blog, February 2018. Available from: https://r4d.org/blog/qa-strategic-purchasing-health/ 5. Mathauer, I, et.al. (2017) Strategic purchasing for universal health coverage: key policy issues and questions. A summary from expert and practitioners' discussions. WHO: Geneva. 6. Cashin, S, et.al. (2017). Aligning Public Financial Management and Health Financing. WHO: Geneva. Health Financing Working Paper No.4 7. Maynard, A. (2012). The powers and pitfalls of payment for performance. Health Economics, 21: 3-12 8. Figueras J, Robinson R and Jakubowski E, Eds. (2005) Purchasing to improve health systems performance. European Observatory on Health Systems and Policies Series, Open University Press 9. World Health Organization. (2000) The World Health Report. Health Systems: Improving Performance. WHO: Geneva, 2000. Available from: https://www.who.int/whr/2000/en/whr00_en.pdf?ua=1 10. Barroy, H. and S. Gupta (2020) From Overall Fiscal Space to Budgetary Space for Health: Connecting Public Financial Management to Resource Mobilization in the Era of COVID-19. Policy Paper 185. Center for Global Development, CGD. Washington DC. Available from: https://www.cgdev.org/publication/overall-fiscal-space-budgetary-space-health-connecting-public-financial-management 11. Barroy, H. et,.al. (2020) If you're not ready, you need to adapt: lessons for managing public finances from the Covid-19 response. P4H blog, October 26, 2020. 12. Piatz, M. et.al. (2020) Why strategic purchasing in health and public financial management are two sides of the same coin. World Bank, blog August 12. Available from: https://blogs.worldbank.org/health/why-strategic-purchasing-health-and-public-financial-management-are-two-sides-same-coin

	13. Pan American Health Organization (2023). Development of Support Tools and Examples from Different Countries of Their Application to the Analytical Framework for Determinants of Effective Budget Execution in Health. PAHO. Washington DC. Working Document

Outcome 11. Strengthened financial protection.

Code and title of the output	Output 11.1: Countries and territories enabled to implement strategies to strengthen financial protection in health
Code and title of the indicator	Output indicator 11.1.a: Number of countries and territories implementing specific strategies to eliminate or diminish direct payments at the point of service
Definition of the indicator	This indicator measures which countries have adopted and are implementing an official plan or strategy to eliminate or diminish direct payments (out of pocket expenditure) at the point of services as strategy to strengthen financial protection in health.
Purpose of the indicator	This indicator assesses Member States advancement towards strategic line 3 of the Strategy for Universal Access to Health and Universal Health Coverage (Universal Health) approved by the 53rd Directing Council in October 2014 (CD53.R14) "Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service". Together with progress towards the commitments assumed in the framework of the Millennium Development Goals.
Technical note	The indicator is a simple count of countries that have adopted and are implementing an official plan or strategy with at least two of the following goals and targets: 1. To expand access and reduce inequities. 2. To increase financial protection. 3. To avoid impoverishment and exposure to catastrophic expenditures.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Health Systems and Services/Primary Health Care and Integrated Services Delivery (HSS/PH)
Data source	• National plans and strategies • Health accounts • Official reports • Official interviews or surveys
Limitations	• Information is not readily available. • Assessment needed to measure progress
References	1. Pan American Health Organization. Strategy for universal access to health and universal health coverage. 53rd Directing Council of PAHO - Resolution CD53.R14; Sep 29 – Oct 3; Washington, DC: PAHO; 2014. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf 2. World Health Organization (2010). Health Systems Financing: The path to universal coverage. World Health Report 2010, Geneva. Available from: https://apps.who.int/iris/handle/10665/44371/ 3. Kutzin, J, S Witter, M Jowett, D Bayarsaikhan (2017). Developing a national health financing strategy: a reference guide. Health Financing Guidance No.3. Geneva: World Health Organization. http://apps.who.int/iris/bitstream/10665/254757/1/9789241512107-eng.pdf?ua=1.

	4. Pan American Health Organization (2020). Protección Financiera en Salud en la Región de las Américas: mediciones de gasto catastrófico y empobrecedor. (Printing). Washington DC, 2020. 5. WHO and World Bank (2019). Global Monitoring Report on Financial Protection in Health 2019. Advance Copy Available from: https://www.who.int/healthinfo/universal_health_coverage/report/fp_gmr_2019.pdf?ua=1

Outcome 12. Risk factors for communicable diseases

Code and title of the output	Output 12.1: Countries and territories enabled to improve awareness and understanding of antimicrobial resistance (AMR) through effective communication, education, and training
Code and title of the indicator	Output indicator 12.1.a: Number of countries and territories that have campaigns on antimicrobial resistance and rational use aimed at the general public and at professional sectors
Definition of the indicator	Number of countries that participated in the World Antibiotic Awareness Week (WAAW) each year, raising awareness through launching campaigns, conferences, social media and press releases and/or answered option B-E on the Tripartite AMR Country Self-assessment Survey question 6.1: Raising awareness and understanding of AMR risks and response in human health.
Purpose of the indicator	Promote the need for recognition of antimicrobial resistance as a priority intersectoral action
Technical note	Target for 2020 has already been exceeded and it is anticipated that number of countries participating in the WAAW will increase further by 2020.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Antimicrobial Resistance (CDE/AR)
Data source	• PAHO requests countries to report on WAAW activities each year (Communication Report available) • Americas' response overview in the Tripartite AMR Country Self-assessment Survey (excel file) • Landscape analysis report on the implementation of AMR National Action Plans: Tool available from https://www.paho.org/en/documents/landscape-analysis-status-implementation-amr-national-action-plans-eu-project-working
Limitations	Not all countries have nationwide activities and it is difficult to determine the actual impact of the World Antibiotic Awareness Week. General limitation, no clear overview of situations in territories (point for improvement). Competing public health priorities (such as COVID-19 response) might endanger the (a) implementation of the WAAW campaign, and (b) decrease the response rate to the Country Self-assessment survey.
References	1. World Health Organization. Global survey questionnaire. Available from: http://www.who.int/antimicrobial-resistance/national-action-plans/AMR-country-questionnaire-1.1-English.pdf?ua=1 2. World Health Organization. Global survey database. 3. World Health Organization. Global Database for the Tripartite Antimicrobial Resistance (AMR) Country Self-assessment Survey (TrACCS). Available from: http://amrcountryprogress.org/

Code and title of the output	Output 12.2: Countries and territories enabled to strengthen capacity on standard setting and policy implementation to reduce the incidence of multidrug-resistant infection through effective sanitation, hygiene, and infection prevention measures
Code and title of the indicator	Output indicator 12.2.a: Number of countries and territories with active programs to control antimicrobial resistance through scaling up of infection prevention and control and provision of water, sanitation, and hygiene in health facilities
Definition of the indicator	Countries that have an Infection Prevention and Control program or operational plan in place and/or answered option B-E on the Tripartite AMR Country Self-assessment Survey question 8.1: Infection Prevention and Control in human health care.
Purpose of the indicator	Establish strategies to boost national capacities to contain, treat, prevent, monitor, and communicate the risk of diseases caused by multidrug-resistant pathogens.
Technical note	Member States should ensure the implementation of intervention strategies to improve the prevention and control of health care-associated infections, which is also essential to limiting the development and spread of multidrug-resistant bacteria.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Antimicrobial Resistance (CDE/AR)
Data source	• Americas' response overview in the Tripartite AMR Country Self-assessment Survey (excel file) • Landscape analysis report on the implementation of AMR National Action Plans: Tool available from https://www.paho.org/en/documents/landscape-analysis-status-implementation-amr-national-action-plans-eu-project-working
Limitations	It is a complex indicator with several variables to measure. Data collection on the specific characteristics on provision of water and sanitation of health facilities should standardized.
References	1. World Health Organization. WHO Infection Prevention and Control Core Components, 2018 2. World Health Organization. Global survey database. 3. World Health Organization. Global Database for the Tripartite Antimicrobial Resistance (AMR) Country Self-assessment Survey (TrACCS). Available from: http://amrcountryprogress.org/

Code and title of the output	Output 12.3: High-level political commitment sustained and effective coordination in place at the national and regional levels to combat antimicrobial resistance in support of the Sustainable Development Goals
Code and title of the indicator	Output indicator 12.3.a: Number of countries and territories with an established multisectoral coordinating mechanism to oversee national strategies to combat antimicrobial resistance
Definition of the indicator	Number of countries and territories that have demonstrated a multi-sector and One Health collaboration/coordination mechanism in specific lines of action, such as an implemented integrated antimicrobial resistance surveillance program or have started the development of an integrated AMR surveillance program through multisectoral collaboration AND/OR answered option B-E on the Tripartite AMR Country Self-assessment Survey question 4.1: Multi-sector and One Health collaboration / coordination.
Purpose of the indicator	Develop a national multisectoral governance or coordination mechanism on AMR that could be reflected on a resistance surveillance system that includes data on pathogens transmitted through food, terrestrial and/or aquatic animals, or human interaction.
Technical note	A multisectoral collaboration/coordination mechanism can be reflected in integrated AMR surveillance activities, as they are a reliable indicator on multisectoral collaboration on AMR as it requires join planning, data sharing, foster microbiologic collaboration between human health and food laboratories.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Antimicrobial Resistance (CDE/AR)
Data source	• Americas' response overview in the Tripartite AMR Country Self-assessment Survey (excel file) • Landscape analysis report on the implementation of AMR National Action Plans: Tool available from https://www.paho.org/en/documents/landscape-analysis-status-implementation-amr-national-action-plans-eu-project-working
Limitations	The indicator illustrates one key aspect of multisectoral collaboration, but other relevant collaborative areas such as regulatory aspects, use of antimicrobials, are not measured by this indicator.
References	1. World Health Organization. AGISAR Technical Documents. 2. World Health Organization. Global survey database. Available from: http://www.who.int/antimicrobial-resistance/national-action-plans/AMR-country-questionnaire-1.1-English.pdf?ua=1

Code and title of the output	Output 12.4: Countries and territories enabled to develop and implement integrated surveillance systems and research to strengthen the knowledge and evidence base on antimicrobial resistance
Code and title of the indicator	Output indicator 12.4.a: Number of countries and territories that annually provide laboratory-based data on antimicrobial resistance
Definition of the indicator	Number of Latin American and Caribbean countries that annually provide laboratory-based data on antimicrobial resistance to PAHO and/or answered option B-E on the Tripartite AMR Country Self-assessment Survey question 7.4: National surveillance system for antimicrobial resistance in humans.
Purpose of the indicator	Maintain and improve national resistance surveillance systems to monitor the impact of resistance and its containment interventions on public health
Technical note	The ReLAVRA network is improving data collection, standardization and reporting, to improve the quality and type of data collected, also to align with the Global AMR Surveillance System (GLASS), Caribbean countries are developing and strengthening their national AMR surveillance networks, from data collection to analysis.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Antimicrobial Resistance (CDE/AR)
Data source	• ReLAVRA website: https://www.paho.org/hq/index.php?option=com_content&view=article&id=13682:relavra-home&Itemid=42427&lang=en • ReLAVRA database in PLISA. • Americas' response overview in the Tripartite AMR Country Self-assessment Survey (excel file) • Landscape analysis report on the implementation of AMR National Action Plans: Tool available from https://www.paho.org/en/documents/landscape-analysis-status-implementation-amr-national-action-plans-eu-project-working
Limitations	The Caribbean countries are still under development and continuous capacity building investments are needed in many of the Caribbean countries and territories to set up a national AMR surveillance system. Special attention should be given to ensure the territories also benefit from the capacity building efforts in the Caribbean.
References	1. Schmunis G, Salvatierra-Gonzalez R. Birth of a public surveillance system: PAHO combats the spread of antimicrobial resistance in Latin America. APUA Newsletter. 2006;24(1). 2. World Health Organization. Antimicrobial Resistance: Global Report on Surveillance, 2014 [Internet]. Geneva: WHO; 2014. Available from: http://apps.who.int/iris/bitstream/10665/112642/1/9789241564748_eng.pdf?ua=1. 3. World Health Organization. AGISAR docs.

Code and title of the output	Output 12.5: Countries and territories enabled to identify and address HIV, TB, STIs, and VH social determinants and risk factors through multisectoral action, with the participation of public and private sectors and the engagement of civil society
Code and title of the indicator	Output indicator 12.5.a: Number of countries and territories reporting participation of communities in the response to HIV, TB, STIs, and viral hepatitis
Definition of the indicator	This indicator measures the number of countries that report participation of communities in the response to HIV, TB, STIs, and viral hepatitis
Purpose of the indicator	To monitor the progress of the participation of communities in the national responses to HIV, TB, STIs and viral hepatitis.
Technical note	A country will be considered to have achieved the indicator if it has: • reported YES to questions on community engagement in the TB response as part of the WHO global TB data collection system (questions related to community-based referrals or any form of community treatment adherence support), AND • reported YES to questions on participation in developing national policies, guidelines, and strategies by people living with HIV, sex workers, gay men, and transgender people, in the Global AIDS Monitoring system.
Type of indicator	Absolute
Measurement units	Number of countries and territories.
Frequency of measurement	Annual (end of the year).
PASB unit	Communicable Diseases Prevention, Control, and Elimination/HIV, Hepatitis, Tuberculosis and Sexually Transmitted Infections (CDE/HT)
Data source	The data will be obtained through the WHO global TB data collection system and the Global AIDS Monitoring system.
Limitations	N/A
References	1. World Health Organization. ENGAGE-TB approach. 2. UNAIDS. Indicators and questions for monitoring progress on the 2021 Political Declaration on HIV and AIDS — Global AIDS Monitoring 2023.

Code and title of the output	Output 12.6: Countries and territories enabled to build capacities to integrate the Global Strategy on Water, Sanitation and Hygiene for accelerating and sustaining progress on neglected tropical diseases into their NID interventions
Code and title of the indicator	Output indicator 12.6.a: Number of NID-endemic countries and territories that use the framework of the WHO WASH-NTD strategy as part of their national or subnational approach to tackle NIDs
Definition of the indicator	The indicator monitors the building of capacities for intersectoral integration of the Global Strategy on Water, Sanitation and Hygiene (WaSH) for accelerating and sustaining progress on neglected tropical diseases into the national integrated plans for the control and elimination of neglected tropical diseases and thus address the social determinants of health.
Purpose of the indicator	Integration with the WASH sector to address the social determinants of health, such as the lack of drinking water and proper sanitation in the communities affected by NIDs, complements and contribute to ensure its sustainability.
Technical note	This indicator counts the number of NID-endemic countries and territories using the WASH-NTD framework of the WHO strategy as part of the national or subnational approach to control and eliminate this group of diseases. Each country will tailor the WASH-NTD framework to the NID endemic, context, and populations affected.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	The information will be collected annually, at the beginning of each year, for the previous year. The information should become available for reporting on the first quarter of the year.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	Ministries of Health or their equivalent in the countries; reports of technical cooperation missions (face to face or virtual).
Limitations	The main limitation of this indicator could be, in. some cases, the difficulty to effectively assess the capacity building for this purpose
References	1. Pan American Health Organization. Plan of Action for the elimination of neglected infectious diseases and post-elimination actions 2016-2022. Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-15-e.pdf 2. World Health Organization. Water sanitation and hygiene for accelerating and sustaining progress on neglected tropical diseases. A global strategy 2015-2020. Available from: https://www.who.int/publications/i/item/WHO-FWC-WSH-15.12

Code and title of the output	Output 12.7: Countries and territories enabled to implement international standards and strategies for food safety to prevent and mitigate foodborne illnesses, including infections produced by resistant pathogens, with a One Health approach
Code and title of the indicator	Output indicator 12.7.a: Number of countries and territories that have in place or under implementation intersectoral mandatory risk-based regulatory mechanisms, food monitoring and foodborne disease surveillance systems, or any other practice to protect public health from foodborne diseases, with a One Health approach
Definition of the indicator	This indicator counts the number of countries and territories with adequate intersectoral food control mechanisms in place to prevent or mitigate risks to food safety.
Purpose of the indicator	The indicator shows progress in the implementation of a risk-based approach to strengthen food safety in a country or territory.
Technical note	This indicator is calculated by counting the countries and territories that have in place, or under implementation multi-sectoral, cross-sectoral plans to prevent the spread of foodborne pathogens and chemical contaminants along the food value chain considering a coherent One Health approach. One Health embraces the concept that the human, animal, and environmental health are interconnected. Under One Health approach, food represents the vehicle how microorganisms and chemical contaminants spread between the environment, animal, and human continuum. Many of the most important foodborne pathogens originate in animals before being transmitted to humans, hence the importance of promoting an integrated surveillance along the whole farm to fork continuum. More than ever, good practices need to be reinforced and monitored along the food value chain to prevent any spillovers of foodborne or zoonotic pathogens and their resistant variants. Integrated surveillance approaches underpinned by cross-sectoral laws and regulations are necessary to prevent food safety risks and derived socio-economic impacts. Special attention should be given to rural communities in medium, low-income countries as they are highly dependent on livestock as a food source to survive and lack formal inspection mechanisms to prevent the spread of foodborne pathogens and chemical contaminants. If prevention fails, a food safety incident in an isolated area could rapidly escalate to a global threat.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual. The reported data correspond to the end of the year and are received in March of the following year.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/PANAFTOSA (CDE/AFT)
Data source	Data are obtained from reports submitted by national authorities in health and agriculture to PANAFTOSA, WHO/FAO Codex and other sources such as surveys, legislation databases, etc.
Limitations	• The data reflect self-assessment reports of qualitative measurements. They need to be complemented by other performance measures, including the number of foodborne illnesses reported and consumer surveys on food safety issues.

	• The indicator also depends on different authorities, according to the national governance mechanisms.
References	1. Pan American Health Organization and IICA. Desempeño, visión y estrategia (DVE) para los sistemas y servicios nacionales de control de inocuidad de alimentos. 3rd ed. 2012; PAHO/WHO and IICA, 2012. Available from: http://repositorio.iica.int/bitstream/handle/11324/6092/BVE17109305e.pdf?sequence=2&isAllowed=y 2. Food and Agriculture Organization of the United Nations FAO/WHO Diagnostic tool for assessing status of national Codex programmesAvailable from: http://www.fao.org/publications/card/en/c/e6a6a2bb-9412-4299-8571-4ab2647a52a2

Code and title of the output	Output 12.8: Countries and territories enabled to implement interventions against zoonotic diseases, especially to prevent transmission from infected animals to people, with a One Health approach
Code and title of the indicator	Output indicator 12.8.a: Number of countries and territories that have programs to prevent or mitigate zoonotic diseases and snake/arthropod envenoming
Definition of the indicator	This indicator measures countries and territories with zoonotic diseases programs in place, which include relevant capacities (specific to endemic and neglected zoonosis), such as diagnostic, surveillance, control/prevention, risk communication, alert response, legislation, coordination, and capacity building, etc., from both a public health and animal health perspective, and based on a methodology previously implemented by PAHO (Maxwell *et al* 2016).
Purpose of the indicator	This indicator demonstrates country progress in strengthening core capacities to prevent or mitigate zoonotic diseases. Countries can use these results to inform the allocation of zoonotic diseases program resources (e.g., investment in specific capacity when underperforming). The tool is then able to provide the optimum investment profile.
Technical note	This is calculated by counting the countries and territories that maintain intersectoral and integrated programs, based on diagnostic, surveillance, risk communication, alert response, legislation, coordination and capacity building, and other measures to prevent and mitigate the incidence of zoonoses within its population.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years, at the end of each biennium.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/PANAFTOSA (CDE/AFT)
Data source	Ministries of Agriculture and Ministries of Health
Limitations	Not all countries report the required information on a timely basis to be assessed for inclusion in indicator calculation.
References	1. Maxwell MJ, Carvalho M, Del Rio Vilas VJ, 2016. Building the road to a regional zoonoses strategy: a survey of zoonoses programmes in the Americas. Online Journal of Public Health Informatics, Vol 8, No 1 (2016). Available from: http://ojphi.org/ojs/index.php/ojphi/search/search 2. PANAFTOSA-PAHO. Interface For Official Veterinary Surveillance (IVVO). Available from: https://ivvo.panaftosa.org.br

Code and title of the output	Output 12.9: Countries and territories enabled to implement actions for eliminating vector-borne transmission of T. cruzi by the main or secondary vector
Code and title of the indicator	Output indicator 12.9.a: Number of countries and territories with integrated territorial actions for prevention, control, and/or surveillance of vector-borne transmission of Trypanosoma cruzi
Definition of the indicator	The number of countries or territories that have established and integrated form of programmatic control for Chagas in territorial units (with integration of different tools, vector control, blood transfusion, and strengthening surveillance and treatment) where transmission of *Trypanosoma cruzi* to humans is domiciliary.
Purpose of the indicator	To monitor the progress of integrated programmatic actions of Chagas control in a Chagas endemic country, territory or geographic area level, based on the domiciliary transmission of *Trypanosoma cruzi* to humans.
Technical note	Indicator is calculated as the number of endemic countries and territories that have established integrated programmatic Chagas control in territorial units where transmission mode of *Trypanosoma cruzi* to humans is domiciliary. This indicator reflects the presence of active integrated control programs (prevention, control and treatment of Chagas) in areas of vector transmission of Chagas in the home through activities completed, results achieved and stock performance.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	The data are obtained from the annual reports of countries at each annual meeting of the Sub Regional Chagas Initiative or reports from international field assessment missions with the technical secretariat of PAHO/WHO.
Limitations	The data generally reflect situations in representative samples obtained through entomological and complementary sero-epidemiological surveys.
References	1. Schofield, C.J.; Jannin, J.; Salvatella, R.: The future of Chagas disease control. Trends Parasitol. 2006 Dec;22(12):583-8. Epub 2006 Oct 16. 2. Pinto Dias, J.C.: Tendenciassociales de la enfermedad de Chagas para las próximasdécadas. SaludColectiva vol.8 suppl.1 Lanús Nov. 2012. 3. Salvatella, R.; Irabedra, P.; Sánchez, D.; Castellanos, L.G.; Espinal, M: South-south cooperation for Chagas disease. Lancet.382(9890):395-6. Aug 2013. 4. Salvatella, R.; Irabedra, P.; Castellanos, L.G.: Interruption of vector transmission by native vectors and "the art of the possible". Mem Inst Oswaldo Cruz.;109(1):122-30. Feb 2014. 5. Pan American Health Organization. Control, interrupción de la transmission y eliminación de la enfermedad de Chagas como problema de salud pública. Guía de evaluación, verificación y validación. Washington, D.C.: PAHO; 2019.

Outcome 13. Risk factors for NCDs

Code and title of the output	Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests
Code and title of the indicator	Output indicator 13.1.a: Number of countries and territories implementing population-based policy measures to reduce the harmful use of alcohol in line with PAHO and WHO resolutions
Definition of the indicator	This indicator measures the number of countries and territories with a written policy, law, regulation, or plan to reduce the harmful use of alcohol in line with PAHO and WHO resolutions.
Purpose of the indicator	The goal of this indicator is to monitor implementation of effective policies and plans on harmful use of alcohol. The indicator is already part of the regional plan of action on reducing harmful use of alcohol adopted in 2011.
Technical note	The indicator considers whether countries have a written policy, law, regulation, or plan including at least one of the following alcohol policy areas: restrictions on alcohol availability, statutory alcohol marketing regulations, or excise taxation system that leads to increased prices of alcoholic beverages (may include minimum pricing policy and taxes adjusted to inflation). In any of these areas, evidence that the regulation has been strengthened or expanded compared to previous ones the country had will be assessed and documented by the Secretariat. Countries can consult the Secretariat on the development of national plans and legislation. Official correspondence, reports, and sometimes the policies/plans mention PAHO/WHO policies and plans. Evidence from technical cooperation on their development will be used for considering whether the country met the criteria or not.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every three years at least, as part of the WHO process of data collection to estimate per capita consumption (WHO questionnaire on alcohol and health). A WHO survey was undertaken in 2016 and 2019 in collaboration with PAHO.
PASB unit	Noncommunicable Disease and Mental Health/Mental Health and Substance Use (NMH/MH)
Data source	• WHO Global Information System on Alcohol and Health • Global Status Report on Alcohol 2018 • Regional Status Report on Alcohol and Health 2020 • National documents and reports
Limitations	Policies and programs can be effective for sub-populations and have a public health impact on a particular health outcome; population-based policies can have a larger and broader impact but are hard to implement politically. National plans and policies can use PAHO strategies and recommendations to a certain extent, but they may not respond to all alcohol problems or have a national measurable impact.
References	1. World Health Organization. Global Strategy to reduce the harmful use of alcohol, 2010. Available from: http://www.who.int/substance_abuse/msbalcstragegy.pdf 2. Pan American Health Organization. Plan of Action to reduce the harmful use of alcohol, 2011. Available from:

	http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=20294&Itemi. 3. Pan American Health Organization. Regional Status Report on Alcohol and Health in the Americas, 2020. Available from: https://www.paho.org/en/documents/regional-status-report-alcohol-and-health-americas-2020. 4. World Health Organization. Global Status report on alcohol and health, 2018. Available from: https://apps.who.int/iris/handle/10665/274603 5. Shield KD, Monteiro M, Roerecke M, Smith B, Rehm J. Alcohol consumption and burden of disease in the Americas in 2012: implications for alcohol policy. Rev Panam Salud Publica 2015;38(6):442–449. 6. Pan American Health Organization. Noncommunicable Diseases Risk Factors in the Americas: Considerations on the Strengthening of Regulatory Capacity – REGULA Technical reference Document, 2015. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/10024/9789275118665rev_eng.pdf. 7. Pan American Health Organization. The SAFER technical package: five areas of intervention at national and subnational levels. Available from: https://www.paho.org/en/documents/safer-technical-package-five-areas-intervention-national-and-subnational-levels

Code and title of the output	Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests
Code and title of the indicator	Output indicator 13.1.b: Number of countries and territories implementing a national policy or strategy on physical activity
Definition of the indicator	This indicator measures the number of countries and territories promoting "open streets" programs in at least five cities.
Purpose of the indicator	This indicator aims to monitor the implementation of effective policies and strategies for the prevention of obesity. The indicator is part of the PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents (2015-2019).
Technical note	The indicator measures the number of countries and territories in which the population of at least five cities has access to "open streets."
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every three years
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	"Open Streets" Network for the Americas (Red Ciclovías Recreativas de las Américas)
Limitations	Data from initiatives that are similar in nature to "Open Streets" but that are not taking part in the "Open Streets" Network for the Americas may be missing.
References	1. Ciclovías Recreativas de las Américas. Available in Spanish from: http://cicloviasrecreativas.org/. 2. Pan American Health Organization. Plan of Action for the Prevention of Obesity in Children and Adolescents (2015-2019). Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=28890&lang=en

Code and title of the output	Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests
Code and title of the indicator	Output indicator 13.1.c: Number of countries and territories implementing policies to reduce salt/sodium consumption in the population
Definition of the indicator	This indicator measures the number of countries and territories implementing policies that reduce salt consumption in the population following at least one of the five key broad strategies below that are recommended by the World Health Organization.
Purpose of the indicator	Measurement of this indicator will determine the number of countries and territories that have national policies in place to reduce population salt consumption.
Technical note	National policies frame the intervention that must be implemented at the country level. Interventions recommended by WHO include: 1. government policies - including appropriate fiscal policies and regulation to ensure food manufacturers and retailers produce healthier foods or make healthy products available and affordable; 2. working with the private sector to improve the availability and accessibility of low-salt products; 3. consumer awareness and empowerment of populations through social marketing to raise awareness of the need to reduce salt intake; 4. creating an enabling environment for salt reduction through local policy interventions and the promotion of "healthy food" settings such as schools, workplaces, communities, and cities; 5. monitoring of population salt intake, sources of salt in the diet and consumer knowledge, attitudes and behaviors relating to salt to inform policy decisions.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 3-5 years, or more frequently as per the schedule of the PAHO/WHO Country Capacity Survey on NCDs and Risk Factors.
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	• PAHO/WHO Country Capacity Survey on NCDs and Risk Factors • PAHO consultation with countries about progress on current and potential policies
Limitations	Accuracy of self-reported data on the Country Capacity survey and country reports
References	1. Pan American Health Organization. Profile of Capacity and Response to Noncommunicable Diseases and Risk Factors in the Region of the Americas. Country capacity survey results, 2015. 2. World Health Organization. Noncommunicable Diseases Global Monitoring Framework. Available from: http://www.who.int/nmh/ncd-tools/indicators/GMF_Indicator_Definitions_Version_NOV2014.pdf. 3. World Health Organization. Global Action Plan for the Prevention and Control of NCDs 2013-2020. 4. United Nations. SDG target 3.4. Available from: https://www.un.org/sustainabledevelopment/health/

	5. World Health Organization. "Best buys" and other recommended interventions for the prevention and control of noncommunicable diseases. Available from: https://www.who.int/ncds/management/best-buys/en/ 6. World Health Organization. 2016. The SHAKE Technical Package for Salt Reduction.

Code and title of the output	Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests
Code and title of the indicator	Output indicator 13.1.d: Number of countries and territories implementing policies and/or actions to regulate unhealthy food and drink products
Definition of the indicator	This indicator measures the number of countries and territories that implement fiscal policies and/or regulatory frameworks on food marketing and/or front-of-package labeling norms to prevent obesity, cardiovascular diseases, diabetes, and cancer.
Purpose of the indicator	Determine the number of countries that have national policies or regulatory frameworks in place to prevent obesity, cardiovascular diseases, diabetes and cancer.
Technical note	National policies frame the intervention that must be implemented at the country level. Interventions include fiscal policies, such as a sugar-sweetened beverage tax; regulatory frameworks on food marketing to limit the consumption of foods high in critical nutrients such as salt, sugar, saturated fats, and trans fats (as outlined in the PAHO Nutrient Profile Model); and front-of-package labeling norms.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every three years
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	Global Nutrition Policy Review; Policy documents from Ministries of Health, Social Protection, Agriculture, and Education
Limitations	Policy documents vary in their specificity. Therefore, in addition to policy document review, plans of action or strategies may also need to be reviewed.
References	1. Pan American Health Organization. PAHO Plan of Action for the Prevention of Obesity in Children and Adolescents (2015-2019). Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=28890&lang=en 2. Pan American Health Organization. Pan American Health Organization Nutrient Profile Model (2016). Available from: https://iris.paho.org/handle/10665.2/18621

Code and title of the output	Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests
Code and title of the indicator	Output indicator 13.1.e: Number of countries and territories covered by best-practice policies to eliminate industrially produced trans-fatty acids in the food supply
Definition of the indicator	This indicator measures the number of countries and territories that have implemented policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply.
Purpose of the indicator	To measure and monitor the number of countries that implement policies to limit saturated fatty acids and eliminate industrially produced trans-fatty acids from the food supply.
Technical note	Number of countries that approved national legislation that implement one or all of the following measures: • Limit percentage of total fat in all food products (recommended 2%) • Ban of partially hydrogenated oils (the major source of industrially produced trans-fatty acids) • Front-of-package labeling norm that includes warnings on fats. • Combination of these measures
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every three years
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	Global Nutrition Policy Review
Limitations	Policies may be under implementation, but not in effect due to the process agreed upon in the legislation.
References	1. Pan American Health Organization. Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025. Available from: https://iris.paho.org/handle/10665.2/51426

Code and title of the output	Output 13.1: Countries and territories enabled to develop and implement technical packages to address risk factors through multisectoral action, with adequate safeguards in place to prevent potential conflict of interests
Code and title of the indicator	Output indicator 13.1.f: Number of countries and territories that have implemented the four major demand-reduction measures in the WHO Framework Convention on Tobacco Control (FCTC) at the highest level of achievement
Definition of the indicator	This indicator measures the number of countries that have implemented at least three out of the four core measures in tobacco control included as "best buys" for NCD prevention and control at its highest level of achievement at the national level.
Purpose of the indicator	To monitor implementation of core WHO FCTC measures
Technical note	This indicator measures the number of countries that approved national legislation (or subnational legislation covering at least 90% of the population) that fully implements three out of the four following core articles: • Art 6- tobacco taxes representing more than 75% of the final retail price or the country has increased taxes in the reviewed period and have moved to the next category according to the WHO Report on the Global Tobacco Epidemic. • Art 8- all enclosed public places, workplaces and public transportation totally smoke-free. • Art 11- at least 50% pictorial warnings on the principal surfaces of the outside packaging and labeling of all tobacco products; and ban on misleading descriptors. • Art 13- Total ban on all tobacco advertisement, promotion, and sponsorship
Type of indicator	Absolute
Measurement units	Number of countries
Frequency of measurement	Annual (except for the one related to Article 6 on tobacco taxes, which is measured every two years)
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	Official text of legislation/regulation reviewed by PAHO and provided by the country or obtained from an official website
Limitations	• Access to the official text of the legislations. • Ambiguities in the drafting of the legislation that make it difficult to interpret. • Lack of regulation providing implementation details.
References	1. World Health Organization. Report on the Global Tobacco Epidemic (published every two years), latest version available from: https://www.who.int/tobacco/global_report/en/ 2. World Health Organization. Guidelines for implementation of Art 6, 8, 11 and 13. Available from: http://www.who.int/fctc/en/. 3. World Health Organization. Global Action Plan for prevention and control of NCDs 2013-2020 – Annex 3. 4. United Nations. SDG target 3.a

Outcome 14. Malnutrition

Code and title of the output	Output 14.1: Countries and territories enabled to develop and monitor implementation of policies and plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals
Code and title of the indicator	Output indicator 14.1.a: Number of countries and territories that are implementing national policies consistent with the WHO Global Targets 2025 for maternal, infant, and young child nutrition and the nutrition components of the Sustainable Development Goals
Definition of the indicator	The indicator measures the number of countries and territories that are implementing national policies, programs, or strategies that address stunting, anemia among women of reproductive age, low birth weight, child overweight, exclusive breastfeeding, and wasting.
Purpose of the indicator	To monitor implementation of key policies and programs and to assess PAHO's support for countries to implement key actions to improve maternal, infant and young child nutrition.
Technical note	Countries achieve the indicator when they have a policy, program or strategy that simultaneously addresses at least four of the six nutrition global targets for 2025. These targets include: 1. Stunting: 40% reduction in the number of children under-5 who are stunted 2. Anaemia: 50% reduction of anaemia in women of reproductive age 3. Low birth weight: 30% reduction in low birth weight 4. Childhood overweight: No increase in childhood overweight 5. Breastfeeding: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% 6. Wasting: Reduce and maintain childhood wasting to less than 5% Countries that have very low prevalence of stunting are not expected to include actions to address stunting in the national policy, program, or strategy, so they will be set as baseline even if their policy, program, or strategy does not address stunting. Countries that have very low prevalence of wasting are not expected to include actions to address wasting in the national policy, program, or strategy, so they will be set as baseline even if their policy, program, or strategy do not address wasting.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	• WHO Global Nutrition Policy Review (GNPR) • Global database on the Implementation of Nutrition Action (GINA) • Policy documents from Ministries of Health, Social Protection, Agriculture and Education
Limitations	• Policy documents vary in their specificity. Therefore, in addition to policy document review, plans of action or strategies may also need to be reviewed. • National representative surveys are conducted every five years and are not available in many countries. Data from MoH are generally unreliable.

References	1. World Health Organization. Comprehensive implementation plan on maternal, infant and young child nutrition. Available from: https://apps.who.int/iris/handle/10665/113048 2. United Nations. SDG targets 2.1 and 2.2. Available from: https://www.un.org/sustainabledevelopment/hunger/ 3. De Onis, M., Borghi, E., Arimond, M., Webb, P., Croft, T., Saha, K., Flores-Ayala, R. (2019). Prevalence thresholds for wasting, overweight and stunting in children under 5 years. *Public Health Nutrition, 22*(1), 175-179. doi:10.1017/S1368980018002434 4. World Health Organization. Global Nutrition Policy Review 2016-2017. Available from: https://apps.who.int/iris/bitstream/handle/10665/275990/9789241514873-eng.pdf?ua=1 5. World Health Organization. Global database on the Implementation of Nutrition Action (GINA).

Code and title of the output	Output 14.1: Countries and territories enabled to develop and monitor implementation of policies and plans to tackle malnutrition in all its forms and to achieve the global nutrition targets for 2025 and the nutrition components of the Sustainable Development Goals
Code and title of the indicator	Output indicator 14.1.b: Number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices
Definition of the indicator	This indicator measures the number of countries and territories implementing policies to protect, promote, and support optimal breastfeeding and complementary feeding practices.
Purpose of the indicator	To monitor implementation of key policies and programs to improve infant and young child nutrition and to assess PAHO's support for countries to implement these actions.
Technical note	Countries achieve the indicator when they have adopted measure number 1 among the criteria below, plus at least one of the other two measures (2 and/or 3). 1. The adoption of at least few provisions in national law (as defined by WHO categorization of legislation) (5) of the International Code of Marketing of breast milk Substitutes and its subsequent WHA resolutions, including the guidance on breast milk substitutes and foods for older children (69th WHA). 2. Countries that publish, at least twice over a period of 5 years, the results of monitoring of the implementation of the Code of Marketing of breast-milk substitutes and subsequent resolutions in accordance with the NetCode. 3. Countries that, in the last 5 years, have certified or recertified at least 50% of hospitals (public and private) and maternity facilities as Baby Friendly.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Noncommunicable Diseases and Mental Health/Risk Factors and Nutrition (NMH/RF)
Data source	The indicator will be measured by a) surveys to countries b) review of nutrition policies, plans or strategies of the Ministry of Health as well as of related documents of regulatory agencies c) assessment of the degree to which the policies include most provisions of the Code, and d) WHO's status report on the Code.
Limitations	The indicator does not measure enforcement of the Code.
References	1. Pan American Health Organization. Plan of Action for the Prevention of Obesity in Children and Adolescents. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=28890&lang=en. 2. World Health Organization. Marketing of breast-milk substitutes: National implementation of the international code- Status Report 2016. 3. World Health Organization. Baby Friendly Hospital Initiative. Available from: http://www.who.int/nutrition/topics/bfhi/en/. 4. United Nations. SDG targets 2.1, 2.2 and 3.2. Available from: https://www.un.org/sustainabledevelopment/hunger/ https://www.un.org/sustainabledevelopment/health/

	5. World Health Organization. Marketing of breast-milk substitutes: national implementation of the international code, status report 2018 Available from: https://www.who.int/nutrition/publications/infantfeeding/code_report2018.pdf?ua=1

Outcome 15. Intersectoral response to violence and injuries

Code and title of the output	Output 15.1: Countries and territories enabled to strengthen multisectoral policies and legislation that promote road safety and lower associated risk factors
Code and title of the indicator	Output indicator 15.1.a: Number of countries and territories that have road safety laws or regulations on all five key risk factors: speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints
Definition of the indicator	This indicator measures the number of countries and territories that have road safety laws or regulations on all five key risk factors: speed, drink-driving, and use of motorcycle helmets, seat belts, and child restraints.
Purpose of the indicator	Legislation based on evidence and paired with strong enforcement has proven to be a cost-effective measure that positively changes the behavior of road users.
Technical note	Member States provide this information through a recurring survey.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every three years in accordance with WHO guidance for road traffic injuries data collection
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	Status of Road Safety in the Region of the Americas.
Limitations	Member States need to have in place legislation on five key risk factors following the best practices parameters defined by WHO.
References	1. Pan American Health Organization. Status of Road Safety in the Region of the Americas (2019). Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=15237:status-of-road-safety-in-the-region-of-the-americas-2019&Itemid=39873&lang=en

Code and title of the output	Output 15.2: Capacity of key sectors strengthened to prevent violence through multisectoral collaboration
Code and title of the indicator	Output indicator 15.2.a: Number of countries and territories that have a national multisectoral coalition/task force to prevent and respond to violence that includes the health sector
Definition of the indicator	This indicator measures the number of countries and territories that have a national multisectoral mechanism addressing violence against children* (yes/no). *Violence against children will be used as a proxy indicator, though countries and territories should strive to have functioning multisectoral mechanisms to coordinate the prevention and response to multiple forms of violence, including violence against women, violence against children, youth violence, gun violence, and elder abuse, among others.
Purpose of the indicator	The prevention and response to violence is inherently multisectoral, relying on coordination and collaboration between health, justice/police, social welfare, child protection, and other sectors and stakeholders. For an integral and comprehensive response to violence against children, these sectors must work together, since an effective response in one sector often relies on the response of a partner sector. Accordingly, this indicator will measure the availability of a national multisectoral mechanism that facilitates the coordination of efforts across multiple sectors within government and civil society.
Technical note	This indicator measures the number of countries and territories that have a national multisectoral mechanism addressing violence against children (yes/no).
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2-3 years
PASB unit	Noncommunicable Diseases and Mental Health/Noncommunicable Diseases, Violence and Injuries Prevention (NMH/NV)
Data source	• Countries already provide information on this indicator as part of the global/regional status reports on violence against children, collected every 5 years. Data updates at the halfway mark can be obtained through PAHO/WHO Country Offices. • A similar indicator is included among the reporting requirements linked to the Regional Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women (CD54/9, Rev 2). • Efforts will also be made to strengthen information and data sources on national or multisectoral mechanisms addressing multiple forms of violence.
Limitations	Existence of a multisectoral mechanism is just one step in the process of strengthening coordination across sectors and between government and civil society organizations and does not necessarily mean that the mechanism is effective in preventing and responding to violence against children. This indicator uses violence against children as a proxy; however, multiple forms of violence affect the Americas and often intersect, therefore, PAHO will continue to support Member

	States' efforts to strengthen the development of national or multisectoral plans addressing multiple forms of violence.
References	1. World Health Organization. Global status report on preventing violence against children. Geneva: WHO; 2020. License: CC BY-NC-SA 3.0 IGO. 2. Pan American Health Organization. Regional Status Report 2020: Preventing and Responding to Violence against Children in the Americas. Washington, D.C.: PAHO; 2020. License: CC BY-NC-SA 3.0 IGO.

Outcome 16. Intersectoral action on mental health

Code and title of the output	Output 16.1: Countries and territories enabled to strengthen multisectoral policies and legislation for mental health in line with PAHO/WHO policies
Code and title of the indicator	Output indicator 16.1.a: Number of countries and territories implementing policies and legislative frameworks to promote and improve mental health in line with global human rights instruments
Definition of the indicator	The indicator measures the progress with development, adoption, and implementation of national mental health polices, plans, and legislative frameworks that promote and improve mental health.
Purpose of the indicator	To track progress with the development, adoption, and implementation of national policies, plans, and legislation that improve the quality of mental health services in baseline and target countries.
Technical note	Countries are at various stages along the continuum of developing, adopting, and implementing policies, plans, and legislative frameworks on mental health. Policies, plans, and legislative frameworks need to be in line with PAHO Plan of Action on Mental Health 2015-2020 and the PAHO Policy to improve mental health, 2023. A mental health policy is an official statement by a government or health authority that provides the overall direction for mental health by defining a vision, values, principles, and objectives, and by establishing a broad model for action to achieve that vision. A mental health plan provides a detailed outline for action and usually includes strategies, priorities, responsibilities, timelines for implementation, and resource requirements. It also should include activities for promoting mental health, preventing mental disorders, and the treatment and rehabilitation of persons with mental health conditions. Mental health legislation provides a legal framework for addressing critical issues such as the community integration of persons with mental disorders, provision of care of high quality, improvement of access to care, protection of civil rights, and protection and promotion of rights in other critical areas such as housing, education, and employment. Ministries of Health will be consulted to determine where they stand with respect to the year of their latest version of their mental health policy, plan, and legislation. If the response indicates that they were adopted or updated after 2015, the country will be considered as having reached the indicator. The baseline is built on the evaluation reports of countries' mental health systems and tracking of progress will be derived from the Mental Health Regional Atlas through which countries in cooperation with PAHO report on the status of mental health services, policies, and plans.
Type of indicator	Absolute
Measurement units	Number of countries and territories

Frequency of measurement	Biannual
PASB unit	Noncommunicable Disease and Mental Health/Mental Health and Substance Use (NMH/MH)
Data source	1. The Mental Health Atlas 2. Technical support provided to countries
Limitations	Countries are sometimes delayed in responding the Mental Health Atlas questionnaire, and in this case, technical cooperation may provide some insights. Of note is that response to the questionnaire is a voluntary initiative that depends on the countries. PAHO promotes this periodic update but does not have decision power in that respect. Another consideration is the WHO AIMS tool, which PAHO/WHO recommend being completed every five years (some countries of the Region have already completed it); nevertheless, the completion of this survey is also voluntary.
References	1. World Health Organization. Comprehensive Mental Health Action Plan 2013-2030. Available from: http://www.who.int/mental_health/publications/action_plan/en/. 2. United Nations. SDG target 3.4. Available from: https://www.un.org/sustainabledevelopment/health/ 3. Pan American Health Organization. Policy for improving mental health, 2023. Available from: https://www.paho.org/en/documents/policy-improving-mental-health

Code and title of the output	Output 16.2: Countries and territories enabled to develop suicide prevention plans
Code and title of the indicator	Output indicator 16.2.a: Number of countries and territories with national multisectoral strategies and plans aimed at the prevention of suicide across the life course and addressing its main risk factors and social determinants
Definition of the indicator	This indicator measures the availability of a national suicide prevention strategy and plan that has been developed in collaboration with multiple sectors and that addresses the risk factors and social determinants.
Purpose of the indicator	A strategy/plan for suicide prevention is a powerful tool that helps to ensure that a government and other stakeholders are committed to prevent suicide in a country, that there is coordination and monitoring of these efforts, that suicide prevention is elevated highly on a political agenda, and that resources are allocated to make it possible to implement the necessary actions.
Technical note	The indicator will be considered achieved if the country has developed and is implementing a suicide strategy and plan that addresses the risk factors and social determinants and has included financing for its implementation.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual
PASB unit	Noncommunicable Disease and Mental Health/Mental Health and Substance Use (NMH/MH)
Data source	Data comes from the Mental Health Atlas, which is updated every two years.
Limitations	Insufficient routine collection of data, stigma and discrimination, and limited human resources are among the limitations for successful completion of this indicator. Additionally, countries often underestimate the importance of focusing on developing a suicide prevention plan, compared to focusing on interventions. In recognition that much more needs to be done to reduce the number of people who die by suicide, countries will need to be guided to implement key effective evidence-based strategies for suicide prevention following the WHO LIVE LIFE approach for preventing suicide.
References	1. Pan American Health Organization. Regional report on suicide 2. World Health Organization. Mental Health Atlas 2017 3. World Health Organization (2019). Preventing suicide: a resource for pesticide registrars and regulators. 4. World Health Organization (2019). Suicide in the Word: Global Health Estimates. 5. World Health Organization (2018). National suicide prevention strategies: progress, examples and indicators.

Outcome 17. Elimination of communicable diseases

Code and title of the output	Output 17.1: Countries and territories enabled to provide early diagnosis, treatment, case investigation, and response toward malaria elimination and prevention of reestablishment
Code and title of the indicator	Output indicator 17.1.a: Number of countries and territories implementing PAHO/WHO-recommended interventions in active foci and areas at risk of reestablishment of malaria
Definition of the indicator	Number of countries and territories implementing interventions that align with key PAHO/WHO recommendations in active foci and areas at risk of reestablishment of malaria.
Purpose of the indicator	To reflect the level of achievement of target countries and territories in implementing recommended malaria elimination interventions to eliminate transmission in active foci with low number of cases, residual foci, and to avoid malaria transmission in areas free of malaria but at risk of reintroduction.
Technical note	PAHO/WHO-recommended a set of interventions to eliminate malaria in active foci with a low number of cases and to maintain zero indigenous cases in areas at risk of reestablishment of malaria. The indicator evaluates the implementation of three of those elimination actions. The World Malaria Report (WMR) forms have a section on the implementation of updated policies and strategies, which enable countries and territories to move towards elimination. Information reported by countries and territories is validated by PAHO and WHO and used to measure the achievement of this indicator. For compliance with the indicator, the country or territory must provide information that supports the implementation of 3 out of 4 key elimination actions in endemic countries and territories, and 4 out of 4 key elimination actions in non-endemic countries and territories. The following criteria will be used to establish the compliance with each intervention: Endemic countries and territories: • Early detection: reporting the number of cases by time taken to treat from the start of symptoms of indigenous cases. • Case investigation: reporting specific number of cases investigated or number of cases classified as Indigenous, introduced, imported. • Foci investigation: reporting specific number of foci investigated or identified. • Reactive case detection: reporting specific number of cases examined by active case detection consistent with the number of foci and number of cases. Non-endemic countries and territories: • Case investigation: reporting specific number of cases investigated or number of cases classified as Indigenous, introduced, imported. • Stock of ACT (Artemisinin combination therapy) at national level (as a proxy for prompt treatment). • Existence of National Guidelines for malaria treatment.

	Cases are notified annually to PAHO/WHO, to the public through epi-bulletins, or notified immediately through IHR when meeting guidelines (as a proxy of good surveillance.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual. The data reported corresponds to the end of the previous year and the request for reporting is sent in April of the next year.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	The data is collected annually by PAHO/WHO via country/territory submission of the World Malaria Report (WMR) and PAHO-Annex forms, which are used by countries and territories to send annual updates and reports on key variables, which serve as a basis to assess this indicator for each country/territory.
Limitations	The indicator reflects the existence of policies to eliminate local malaria transmission or prevent the re-establishment of malaria in non-endemic countries or territories. Although the indicator also evaluates whether the intervention is being implemented, the indicator does not necessarily account for gaps in coverage or quality of the different interventions, which are important in addressing foci-specific challenges and barriers to malaria elimination or prevention of re-establishment.
References	1. World Health Organization (2015) Global Technical Strategy for Malaria 2016-2030 Available at: https://www.who.int/docs/default-source/documents/global-technical-strategy-for-malaria-2016-2030.pdf?sfvrsn=c82afcc_0 2. World Health Organization (2017) A framework for malaria elimination. Available at: https://apps.who.int/iris/bitstream/handle/10665/254761/9789241511988-eng.pdf 3. World Health Organization (2018) Malaria surveillance, monitoring & evaluation: a reference manual. Available at: https://www.who.int/docs/default-source/documents/publications/gmp/malaria-surveillance-monitoring-and-evaluation---a-reference-manual.pdf?sfvrsn=46489b3b_2

Code and title of the output	Output 17.2: Countries and territories enabled to accelerate, expand, or maintain interventions for the elimination of NIDs, HIV, STIs, TB, and viral hepatitis as public health problems
Code and title of the indicator	Output indicator 17.2.a: Number of countries and territories implementing PAHO policies and frameworks for diseases targeted for elimination as recommended in the Elimination Initiative
Definition of the indicator	The number of countries or territories that have developed, implemented and concluded and assessment to determine the list of diseases feasible for elimination (validation, verification or certification), following the recommendations and conceptual framework of the "Disease Elimination Initiative (EI): An integrated, Sustainable Framework to Elimination of Communicable Diseases in the Americas" a policy which sets the goals of eliminating, by 2030, more than 30 communicable diseases and related conditions.
Purpose of the indicator	To monitor and measure the progress and efforts to advance the planning and implementation of an integrated action plan and timeline aimed to eliminating selected infectious diseases as recommended by the EI.
Technical note	In general, this indicator measures technical effort in countries where integrated plans of action are developed. Although not specific for one disease, it captures the efforts of inter and intra programmatic work, efficient use of combined resources and the reach of multiple diseases due for elimination.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	Official reports, documents or publications shared with PAHO in regard to the Elimination Initiative efforts at country level
Limitations	Each country may use different protocols, criteria and variables to determine diseases due for elimination at country level.
References	1. Pan American Health Organization. PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Document CD57/R7) [cited 2020 Nov 15]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=50598-cd57-r7-e-disease-elimination-initiative&category_slug=cd57-en&Itemid=270&lang=en 2. Pan American Health Organization. Plan of action for the prevention and control of viral hepatitis [Internet]. 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas; 2015 Sep 28-Oct 2; Washington, DC. Washington, DC: PAHO; 2015 (Document CD54/13) [cited 2019 Jan 15]. Available from: https://www.paho.org/hq/dmdocuments/2015/CD54-13-e.pdf

3. Pan American Health Organization. Plan of action for the prevention and control of HIV and sexually transmitted infections 2016-2021 [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/14) [cited 2019 Jan 15]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/31438/CD55-14-e.pdf?sequence=1&isAllowed=y

4. Pan American Health Organization. Plan of action for the prevention and control of tuberculosis [Internet]. 54th Directing Council of PAHO, 67th Session of the Regional Committee of WHO for the Americas; 2015 Sep 28-Oct 2; Washington, DC. Washington, DC: PAHO; 2015 (Document CD54/11, Rev. 1) [cited 2019 Jan 15]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/28351/CD54-11-e.pdf?sequence=1&isAllowed=y

5. Pan American Health Organization. Strategy and plan of action for Chagas disease prevention, control and care [Internet]. 50th Directing Council of PAHO, 62nd Session of the Regional Committee of WHO for the Americas; 2010 Sep 27-Oct 1; Washington, DC. Washington, DC: PAHO; 2010 (Document CD50/16) [cited 2019 Jan 15]. Available from: https://www.paho.org/hq/dmdocuments/2011/CD50-16-e.pdf

6. Pan American Health Organization. Strategy for arboviral disease prevention and control [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/16) [cited 2019 Jan 15]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/31430/CD55-16-e.pdf?sequence=1&isAllowed=y

7. Pan American Health Organization. Plan of action for the elimination of neglected infectious diseases and post-elimination actions 2016-2022 [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/15) [cited 2019 Jan 15]. Available from:
8. http://iris.paho.org/xmlui/bitstream/handle/123456789/31434/CD55-15-e.pdf?sequence=1&isAllowed=y

9. Pan American Health Organization. Plan of action for malaria elimination 2016-2020 [Internet]. 55th Directing Council of PAHO, 68th Session of the Regional Committee of WHO for the Americas; 2016 Sep 26-30; Washington, DC. Washington, DC: PAHO; 2016 (Document CD55/13) [cited 2019 Jan 15]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/31440/CD55-13-e.pdf?sequence=1&isAllowed

10. Pan American Health Organization. Plan of action to strengthen the surveillance and control of leishmaniasis in the Americas 2017-2022 [Internet]. Washington, DC: PAHO; 2017 [cited 2019 Jan 15]. Available from:
11. http://iris.paho.org/xmlui/bitstream/handle/123456789/34147/PlanactionLeish20172022-eng.pdf?sequence=5&isAllowed=y

12. Pan American Health Organization. EMTCT Plus: framework for elimination of mother-to-child transmission of HIV, syphilis, hepatitis B, and Chagas [Internet]. Washington, DC: PAHO; 2017 [cited 2019 Jan 15]. Available from:

	http://iris.paho.org/xmlui/handle/123456789/34306 13. Pan American Health Organization. Plan of action for cervical cancer prevention and control 2018-2030. 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23-27; Washington, DC. Washington, DC: PAHO; 2018 (Document CD56/9) [cited 2019 Jan 15]. Available from: http://iris.paho.org/xmlui/handle/123456789/49212

Code and title of the output	Output 17.3: Implementation of the plan of action to eliminate perinatal transmission of hepatitis B
Code and title of the indicator	Output indicator 17.3.a: Number of countries and territories that administer hepatitis B vaccine to newborns during the first 24 hours
Definition of the indicator	The indicator is defined as the number of countries and territories that have introduced Hepatitis B Vaccine for newborns during the first 24 hours of life.
Purpose of the indicator	The timely vaccination within the first 24 hours of birth is critical in order to prevent the mother to child transmission of Hepatitis B. The effectiveness of vaccination after 24 hours declines. However, late vaccination can still prevent horizontal transmission of Hepatitis B.
Technical note	Number of countries and territories that have introduced Hepatitis B Vaccine for newborns during the first 24 hours of life.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annually
PASB unit	Comprehensive Immunizations (CIM)
Data source	JRF reports
Limitations	The implementation of the activities recommended by the Pan American Sanitary Bureau through technical cooperation depend on the decisions of the national authorities and their priorities.
References	1. Maternal and Neonatal Immunization Field Guide for Latin America and the Caribbean. Available from: https://iris.paho.org/bitstream/handle/10665.2/34150/9789275119501-eng.pdf 2. WHO Global health sector strategy on viral hepatitis 2016–2021. Available from: WHO-HIV-2016.06-eng.pdf

Code and title of the output	Output 17.4: Implementation of the Hemispheric Program for the Eradication of Foot-and-Mouth Disease (PHEFA)
Code and title of the indicator	Output indicator 17.4.a: Number of countries and territories with official status as foot-and-mouth disease (FMD) free, with or without vaccination, in accordance with the timeline and expected results established in the PHEFA Action Plan 2011-2020
Definition of the indicator	This describes how the indicator is defined, and includes key parameters, baseline, and target.
Purpose of the indicator	To preserve the status of those countries who have reached FMD eradication in South America.
Technical note	The indicator is obtained from the official list of FMD countries publishes every year by OIE.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	The indicator is obtained from the official list of FMD countries. It is collected annually (end of the year) on the list published on the OIE official website.
PASB unit	Communicable Diseases Prevention, Control, and Elimination/PANAFTOSA (CDE/AFT)
Data source	OIE's official list of FMD free countries/zones
Limitations	There are no limitations or restrictions related to the monitoring and reporting on this indicator.
References	1. Official FMD free list

Code and title of the output	Output 17.5: The Region of the Americas maintained free of poliomyelitis
Code and title of the indicator	Output indicator 17.5.a: Number of countries and territories that have maintained their status as free from both wild poliovirus and circulating vaccine-derived poliovirus
Definition of the indicator	This indicator is defined based on the Polio Endgame Strategy 2019-2023 and the Polio Eradication Strategy 2022 – 2026.
Purpose of the indicator	The purpose of this indicator is to monitor the sustainability of polio elimination in the Americas and the progress to global eradication.
Technical note	The Polio Eradication Strategy 2022 -2026 has two goals: (i) Permanently interrupt all poliovirus transmission in endemic countries, and (ii) Stop cVDPV transmission and prevent outbreaks in non-endemic countries. The path to permanently interrupt all poliovirus transmission is to improve detection and response through sensitive surveillance. The three key indicators of AFP surveillance are: Sensitivity of surveillance — At least one AFP should be detected annually per 100 000 population aged less than 15 years. Timely investigation — *Interval between notification of a probable case and investigation*: 80% of the cases should have been investigated within 48 hours of notification. Adequate stool sampling — *All AFP cases should have virological investigation with at least 80% of AFP cases having 'adequate' stool specimen collected.* 'Adequate' stool specimen is a stool specimen of sufficient quantity for laboratory analysis, collected within 14 days after the onset of paralysis, and arriving at the laboratory in cold chain and with proper documentation.
Type of indicator	Absolute
Measurement units	Number of countries and territories with confirmed cases of poliomyelitis due to wild poliovirus or cVDPV.
Frequency of measurement	For surveillance purposes these indicators are collected and reported on a weekly basis. For the purpose of monitoring the strategic plan, this should be done every 6 months.
PASB unit	Comprehensive Immunizations (CIM)
Data source	Polio Bi-Weekly Bulletin
Limitations	Other priorities and emergencies (e.g., pandemic)
References	1. PAHO. Poliomyelitis Eradication Field Guide. Third Edition. 2005

<table>
<tr><td>Code and title of the output</td><td>Output 17.6: Implementation of the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023</td></tr>
<tr><td>Code and title of the indicator</td><td>Output indicator 17.6.a: Number of countries and territories that have met the established minimum annual rate of suspected measles/rubella cases plus at least three of the five surveillance indicators defined in the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023</td></tr>
<tr><td>Definition of the indicator</td><td>This quantitative indicator measures the ratio of the number of countries that have met the established minimum annual rate of suspected measles/rubella cases, and in addition to this, have met at least three out of five measles and rubella surveillance indicators defined in the Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023. There are 42 countries and territories (20 for Latin America and 22 for the Caribbean subregion) reporting measles and rubella surveillance information. Canada and the United States do not report suspected cases to PAHO (only confirmed cases), for which these indicators are not applicable.</td></tr>
<tr><td>Purpose of the indicator</td><td>PAHO’s defined indicators assess the quality of the surveillance system at the country level, in order to monitor the sustainability of measles, rubella and CRS elimination. In addition, fulfillment of these indicators constitutes a strong line of evidence for those countries that are applying for re-verification of elimination of measles, rubella and CRS.</td></tr>
<tr><td>Technical note</td><td>This indicator counts the number of countries and territories that have met indicator 1 from the list below, and in addition to this, have met at least three out of five measles and rubella surveillance indicators below (indicators 2-6).
<table>
<tr><th>Indicator</th><th>Formula</th></tr>
<tr><td>1) Annual rate of suspected measles and rubella cases at the national level

Minimum threshold:
>=2 cases per 100,000 population</td><td>Total number of suspected cases reported annually x100.
Total country population</td></tr>
<tr><td>2) Percentage of suspected measles or rubella cases with adequate investigation

Minimum threshold:
>=80%</td><td>• % of suspected cases with home visit within less than 48 hours of notification; PLUS
• % of suspected cases with 8/11 data points completed: name and or identifier, place of residence, sex, age or date of birth, date of reporting, date of investigation, date of rash onset, date of specimen collection, presence of fever, date of prior MR vaccination and travel history.</td></tr>
</table>
</td></tr>
</table>

		Number of cases reported with adequate investigation x 100. Total number of cases reported.
	3) Percentage of suspected cases with adequate blood specimens *Minimum threshold:* >=80%	No. of reported cases with samples taken with =30 days from rash onset x 100 Total number of reported cases Note: except for cases with epidemiological link to a laboratory confirmed case or that was confirmed by clinical criteria.
	4) Percentage of specimens reach the laboratory within five days. *Minimum threshold:* >=80%	Number of reported cases with sample received <=5 days from date obtained x 100 Total number of reported cases with at least 1 sample
	5) Percentage of laboratory results are reported within four days. *Minimum threshold:* >=80%	Number of cases with results reported in ≤ 4 days since sample obtained x 100. Total number of reported cases
	6) Annual rate of suspected Congenital Rubella Syndrome cases *Minimum threshold:* *1 per 10,000 live births*	Number of suspected CRS cases x 10,000 live births Annual birth average
Type of indicator	Absolute	
Measurement units	Number of countries and territories	
Frequency of measurement	PASB collects this information on a weekly basis and published in its measles-rubella surveillance bulletin. Available at: https://www.paho.org/en/measles-rubella-weekly-bulletin	
PASB unit	Comprehensive Immunizations (CIM)	
Data source	Data sources are countries' surveillance reports submitted on a weekly basis to PAHO through the Integrated Surveillance Information System for Vaccine Preventable Diseases (ISIS VPD) and	

	information technology (IT) bridges between country information surveillance systems and PAHO's Immunization Data Warehouse (IMDW).
Limitations	• Delays in timely submitting the data to PAHO. • Data quality issues can affect the analysis and adequate conclusions regarding this indicator.
References	1. Pan American Health Organization. Plan of Action for the Sustainability of Measles, Rubella and Congenital Rubella Syndrome Elimination in the Americas 2018-2023. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas, Washington, D.C., USA, 25-29 September 2017 (document CSP29/8) [consulted on 24 November 2020]. Available at: https://www3.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=41210-csp29-8-e-210&Itemid=270&lang=en

Code and title of the output	Output 17.7: Endemic countries and territories enabled to implement the strategy for the elimination of congenital Chagas (EMTCT-Plus)
Code and title of the indicator	Output indicator 17.7.a: Number of endemic countries and territories with screening and diagnosis of Chagas implemented for all newborns of mothers who tested positive for Chagas disease during prenatal care
Definition of the indicator	The number of countries with *T. cruzi* screening for pregnant women as part of the existing prenatal care services, as well as monitoring, diagnosing, and treating all newborns of mothers tested positive.
Purpose of the indicator	To monitor the implementation of the strategy for the elimination of congenital Chagas with routine in service screening (through the primary health network) of mothers and newborns for Chagas in endemic countries.
Technical note	The indicator is calculated as the number of endemic countries and territories that have established on site screening, diagnosis, and treatment of congenital cases of Chagas through the primary health network of existing public health services. This indicator reflects the results of efforts made by the countries to perform *T. cruzi* screening for pregnant women as part of universal prenatal care, as well as, monitoring, diagnosing, and treating all newborns of infected mothers.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/Neglected, Tropical and Vector Borne Diseases (CDE/VT)
Data source	The data are obtained from the annual reports of countries at each annual meeting of the Sub Regional Chagas Initiatives; reports from international field assessment missions, or official reports shared with the technical secretariat of PAHO/WHO.
Limitations	The data may reflect situations in representative samples obtained through clinical complementary sero-epidemiological surveys.
References	1. 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.

Code and title of the output	Output 17.8: Countries and territories enabled to implement plans of action for the prevention, prophylaxis, surveillance, control, and elimination of human rabies transmitted by dogs
Code and title of the indicator	Output indicator 17.8.a: Number of countries and territories implementing plans of action to strengthen prevention, prophylaxis, surveillance, and control for the validation of the elimination of human rabies transmitted by dogs
Definition of the indicator	Number of countries and territories that developed action plans for rabies prevention, prophylaxis, surveillance, control and elimination and have completed annual evaluations of their rabies program.
Purpose of the indicator	Shows the ability of the country or territory to maintain a coordinated action to eliminate human rabies transmitted by dogs and prevent human rabies cases through a coordinated surveillance system and an appropriate and opportune health care system.
Technical note	This is calculated by counting the action plans presented by the individual country or territory, and in specific cases, initiating the process of validation of the elimination of human rabies transmitted by dogs.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Communicable Diseases Prevention, Control, and Elimination/PANAFTOSA (CDE/AFT)
Data source	Data is obtained directly from the countries and territories. Either ad-hoc approaches during missions, or through regional surveys or events.
Limitations	An action plan will require verification.
References	1. Meeting of Rabies Program Directors in the Americas (REDIPRA) - http://www.panaftosa.org/redipra16/index.php?lang=en 2. Informe de resultados de la encuesta sobre la situación de los programas nacionales de rabia en las Américas: 2015-2016 https://iris.paho.org/handle/10665.2/51720 3. Regional Information System for Epidemiological Surveillance of Rabies (SIRVERA) - https://sirvera.panaftosa.org.br/ 4. WHO Expert Consultation on Rabies: WHO TRS N°1012 - https://www.who.int/publications/i/item/WHO-TRS-1012

Outcome 18. Social and environmental determinants

Code and title of the output	Output 18.1: Countries and territories enabled to address the social determinants of health
Code and title of the indicator	Output indicator 18.1.a: Number of countries and territories that have developed national, subnational, or local health policies, plans, programs, and/or projects that address the social determinants of health and inequities
Definition of the indicator	Countries will define the two most important social determinants of health according to their national context and develop policies to address those determinants. By doing so, they will have demonstrated capacity to address the social determinants of health.
Purpose of the indicator	To achieve health equity, it is necessary to address the social determinants of health, so tracking which countries have developed policies, plans, programs and projects that address social determinants of health measures what countries and the region are doing to improve health and reduce health inequities.
Technical note	In order to promote equity in health and improve health outcomes, it is necessary to act on determinants such housing, urban environment, commerce, education, labor, transportation, social protection, poverty reduction, built and natural environments, etc. The social determinants of health are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. There is a social gradient in the distribution of such determinants linked to inequities and differentiated health outcomes. It is up to each country to determine which are the most important social determinants in their context, and to formulate and implement policies to address them. Most of those policies will require intersectoral action, but some are under direct responsibility of the health sector. Achievement of the indicator requires countries to comply with at least one of the points below: 1. Create at least 1 intersectoral national or subnational policy that addresses at least two of the most important social determinants of health and inequities. This should include a M&E component. 2. Create at least 3 intersectoral local plans or programs that address at least two the most important social determinants of health and inequities. This should include a M&E component.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	• WHO Global Observatory on Health Research and Development • Country national, subnational and local health policies • Reports on plans, programs that address the social determinants of health and inequities • Dashboard intersectoral action in health
Limitations	This indicator is not routinely tracked by the health systems. Data will only reflect the number of countries and territories that have developed policies that address the determinants of health; it will not, however, specify if they are being implemented or the impact and results from those policies.

References	1. World Health Organization. Social determinants of health [Internet]; 2017. Available from: http://www.who.int/social_determinants/en/. 2. World Health Organization. Rio Political Declaration on Social Determinants of Health [Internet]. World Conference on Social Determinants of Health; 21 Oct 2011; Rio de Janeiro (Brazil). Rio de Janeiro: WHO; 2011. Available from: http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf. 3. World Health Organization. WHA62.14. Reducing health inequities through action on the social determinants of health [Internet]. Geneva: WHO; 2009 [cited 1 June 2021]. Available from: http://apps.who.int/gb/ebwha/pdf_files/a62/a62_r14-en.pdf. 4. Pan American Health Organization. Just societies: health equity and dignified lives [Internet]. Executive summary of the report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, DC: PAHO; 2018 [cited 2018 Nov 21]. Available from: http://iris.paho.org/xmlui/handle/123456789/49505. 5. World Health Organization. Closing the gap in a generation: Health equity through action on the social determinants of health. Available from: https://www.who.int/social_determinants/thecommission/finalreport/en/ 6. Pan American Health Organization. Manual para el Monitoreo de las Desigualdades en Salud, con especial énfasis en países de ingresos medianos y bajos. Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=12571:manual-monitoreo-desigualdadessalud-paises-ingresos-medianosbajos&Itemid=39529&lang=en 7. Pan American Health Organization. Roadmap for the Plan of Action on Health in All Policies. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/31313/9789275074541-eng.pdf 8. United Nations. Sustainable Development Goals [Internet].; New York: United Nations 2015 [cited 1 June 2021]. Available from: https://sustainabledevelopment.un.org 9. World Health Organization. Health equity through intersectoral action. An analysis of 18 country case studies. Available from: https://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf?ua=1

Code and title of the output	Output 18.2: Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation
Code and title of the indicator	Output indicator 18.2.a: Number of countries and territories implementing water and sanitation safety plans, policies, programs, and/or interventions to reduce health risks associated with water quality and unsanitary conditions, following WHO guidelines
Definition of the indicator	The indicator counts the number of countries and territories in the region with water safety plans and/or sanitation safety plans, policies, and/or programs in place, and aligned with the WHO guidelines.
Purpose of the indicator	To monitor regional progress in increasing national capacities to improve water and/or sanitation security in different spaces and ensure that their policies and plans are aligned with the SDGs for safely managed water and sanitation.
Technical note	The number of countries and territories is obtained by monitoring all those that have developed and implemented water safety plans and/or sanitation safety plans aligning with the SDGs and WHO guidelines. To meet this indicator, countries and territories must fulfill the requirement of elaborating water and/or sanitation safety plans, policies and/or programs. **Elaboration of water and/or sanitation safety plans, policies and/or programs (required):** The existence of plans, policies, and/or safety programs in water and/or sanitation at the city level that cover at least 10% of the population of the country or territory. **Additionally, they must satisfy at least one of the implementation requirements, which include the following:** • National regulations require the preparation of water and/or sanitation safety plans, policies and/or programs. • The "Hazard identification and risk quantification" matrix should be implemented with concrete actions. • The existing water and/or sanitation safety plans, policies and/or programs are updated every 5 years. • The water and/or sanitation safety plan, policies, and programs have financing.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annually, at the end of the year
PASB unit	Social and Environmental Determinants for Health Equity/Climate Change and Environmental Determinants (DHE/CE)
Data source	Reports of plans and policies of the countries at the national, subnational, and local levels
Limitations	The data will reflect the number of countries that have formulated water security plans and sanitation safety plans, but it may not necessarily reflect updates to the plans.
References	1. Sustainable Development Goal 6 and its targets and indicators

	2. JMP Methodology 2017 Update and SDG Baselines (March 2018) 3. UN SDG Metadata a. https://unstats.un.org/sdgs/metadata/files/Metadata-06-01-01.pdf b. https://unstats.un.org/sdgs/metadata/files/Metadata-06-02-01a.pdf c. https://unstats.un.org/sdgs/metadata/files/Metadata-06-02-01b.pdf 4. World Health Organization. Guidelines for drinking-water quality, 4th edition, incorporating the 1st addendum: https://apps.who.int/iris/rest/bitstreams/1080654/retrieve

Code and title of the output	Output 18.2: Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation
Code and title of the indicator	Output indicator 18.2.b. Number of countries implementing plans, policies, programs, and/or interventions to increase climate resilience and environmental sustainability of health care waste management practices, following WHO Guidelines
Definition of the indicator	This indicator counts the number of countries and territories in the region that have developed and are implementing national plans, policies, and regulations to reduce the impacts on health and the environment associated with the management and adequate treatment of solid waste in healthcare facilities.
Purpose of the indicator	To monitor the development and implementation of national plans, policies, and interventions for the reduction of human and environmental health, impacts resulting from improper waste management, in accordance with the Sixty-third World Health Assembly resolution 63.25 (Improvement of health through safe and environmentally sound waste management), international agreements and other WHO guidelines.
Technical note	The number is obtained by monitoring the countries and territories that have incorporated plans, policies, and interventions to address waste management at the national level or have updated regulations including integrated waste management in the health sector. Countries will be considered to have achieved the indicator if they meet at least one of the following criteria: The existence of national healthcare waste management plans (NHWP) based on WHO guidelines that have been implemented or are in the process of being implemented with funding Inclusion of the components related to integrated waste management in healthcare facilities, including circular economy actions in their national plans, policies and/or programs and these components are implemented at subnational levels. Countries and territories are required to prepare a national report on the development and/or implementation of their national plans. This report should be prepared following PAHO guidelines for this indicator and using the designated online format The report will include the status of percentage of compliance based on the information provided by the country.
Type of indicator	Absolute
Measurement units	Number of countries and territories.
Frequency of measurement	A biannual report is expected to be collected by August every two years to report the figure in the regional meetings on the subject.
PASB unit	Social and Environmental Determinants for Health Equity/Climate Change and Environmental Determinants (DHE/CE)
Data source	Data on the state of the country will be obtained from several sources. 1. Annual survey of capacities and actions in integrated solid waste management in the health sector of the Pan American Health Organization (PAHO).

	2. Reports of the International Solid Waste Association (ISWA). 3. Reports of the United Nations Environment Program (UNEP). 4. Progress reports of the Economic Commission for Latin America and the Caribbean (ECLAC).
Limitations	Health systems do not routinely track all components of this indicator. The data will only reflect the number of countries and territories that have developed policies addressing solid waste reduction and, in the case of plan development, the indicated percentage of compliance. The data collected by the indicator does not allow us to establish a direct link between the implementation and the results of these policies, as the development of plans, policies and/or programs is not always linked to their implementation. PAHO will seek to ensure the quality of information through guidance and capacity-building materials, providing suggestions for minimum requirements and offering technical resources to improve overall quality standards.
References	1. WHO, 2018. Health-care waste https://www.who.int/news-room/fact-sheets/detail/health-care-waste#cms 2. WHO, 2017. Safe management of health-care waste. https://apps.who.int/iris/bitstream/handle/10665/352327/WHO-FWC-WSH-17.05-spa.pdf 3. WHO/UNICEF, 2015. Water, sanitation and hygiene in health care facilities: status in low- and middle-income countries. World Health Organization, Geneva. 4. WHO. 2010. Sixty-third World Health Assembly. Improving health through safe and environmentally sound waste management. https://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/A63_REC1-sp.pdf https://apps.who.int/iris/bitstream/handle/10665/154588/9789241508476_eng.pdf. 5. World Bank, 2018. What a Waste 2.0 https://datatopics.worldbank.org/what-a-waste/ 6. AIDIS/OPS/BID, 2011. Report of the Regional Assessment of Urban Solid Waste in Latin America and the Caribbean (2010). http://idbdocs.iadb.org/wsdocs/getdocument.aspx

Code and title of the output	Output 18.2: Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation
Code and title of the indicator	Output indicator 18.2.c: Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with outdoor air pollution, following WHO guidelines
Definition of the indicator	This indicator counts the number of countries and territories in the region that are making progress towards addressing the ambient air pollution burden of disease by enhancing public policies and regulations.
Purpose of the indicator	To monitor the regional advances in implementing plans, policies, programs, and/or interventions to reduce the burden of disease and inequity in health attributable to ambient air pollution following the WHO guidelines.
Technical note	The number is obtained by following up with countries and territories that have developed and implemented plans, policies, and interventions to address air pollution and health. To meet this indicator, countries and territories must fulfill the requirement of **elaborating** a plan and also satisfy at least **one** of the **implementation** requirements, which include the following: • **Elaboration (required):** Existence of National plans that have national air quality standards or objectives based on the 2021 WHO Air Quality Guidelines. **Implementation (at least one of the following required):** Inclusion of the health component and/or health objective in their national air quality plans, policies and/or programs. • Implementation of Air Quality, Climate Change and Health integrated plans at the national or sub-national level.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Social and Environmental Determinants for Health Equity/Climate Change and Environmental Determinants (DHE/CE)
Data source	Data on the country's status will be obtained from the Breathe Life Campaign, the review of secondary information, and through direct country and territory consultation.
Limitations	Some plans, policies, and/or programs may be in place, but they cannot be identified using the available data sources.
References	1. WHO Air Quality Guidelines, update 2021

Code and title of the output	Output 18.2: Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation
Code and title of the indicator	Output indicator 18.2.d: Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with hazardous chemical exposures, following the WHO Chemicals Road Map, the Minamata Convention, and other chemical-related policies and programs
Definition of the indicator	This indicator counts the number of countries and territories in the region that have demonstrated work and have a specialized health unit or dedicated national focal point to address chemical safety. This includes enhancing health sector participation in implementing public policies, regulations, work plans, and programs.
Purpose of the indicator	To monitor regional progress in the development and implementation of policies addressing chemical safety, in response to WHA 69.4, WHA 67.11, and WHA 76.17 resolutions, as well as guidance documents.
Technical note	PAHO technical cooperation includes capacity building opportunities with PAHO virtual campus courses (VCPH), workshops, and webinars, as well as network facilitation for poison control centers. The target audience of PAHO training consists of health authorities in charge of developing and implementing chemical safety policies, work plans, and programs, which are addressed in the course contents. The number is obtained by following up with countries and territories that have received technical assistance from PAHO or have participated in capacity building activities to develop and implement policies related to chemical safety. Therefore, countries will be considered to achieve the indicator when they have demonstrated the development of policies, regulations, work plans, and programs at the national level to reduce health risks associated with hazardous chemical exposures, targeting prioritized areas. Additionally, they should meet at least one of the following criteria: • Use and enforcement of national chemical safety standards based on WHO guidance for chemicals of public health concern, considering national priorities, addressed in regulatory schemes. • Health sector implementation of national policies, workplans, and programs on chemical safety, addressing national priorities identified in public and specialized reports and documents.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual

PASB unit	Social and Environmental Determinants for Health Equity/Climate Change and Environmental Determinants (DHE/CE)
Data source	Data on country status will be obtained from reporting on mandatory actions related to the health sector's implementation of the Minamata convention on mercury, as well as from the review of secondary documents and direct consultation with countries and territories.
Limitations	Considering the wide range of topics and activities included in the WHO Chemicals Road Map, and methods suggested in its workbook, it is possible that countries have implemented WHO Chemicals Road Map and Minamata activities. However, they may not necessarily be using the available tools and resources.
References	1. World Health Organization. WHA70(23) - The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond 2. World Health Organization. WHA69.4 - The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond 3. World Health Organization. WHA67.11 - Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention 4. World Health Organization. WHA76(17) – The impact of chemicals, waste and pollution on human health.

Code and title of the output	Output 18.2: Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation
Code and title of the indicator	Output indicator 18.2.e: Number of countries and territories implementing plans, policies, programs, and/or interventions to prepare health systems and reduce health risks associated with climate change
Definition of the indicator	This indicator counts the number of countries and territories in the region with Health chapters in National Adaptation Plans (NAPs) or equivalent documents, such as Sectoral Adaptation Strategies and Action Plans (SASAPs) or Health National Adaptation Plans (H-NAPs), which include climate change and health considerations developed.
Purpose of the indicator	To monitor regional progress in the formulation of strategies and actions for health systems to anticipate, prepare, respond and recover from climate change impacts.
Technical note	The National Adaptation Plan (NAP) is a document described in the UNFCCC Cancun Adaptation Framework. NAPs should be prepared by countries ratifying the Paris Agreement. Countries are encouraged to produce sectoral NAPs, such as those on health (called H-NAPs), to guide sectoral actions aligned with the frameworks provided by the NAP. The H-NAP should include a national health vulnerability assessment (V&A) as part of the diagnostics of health sector's weaknesses and the expected impacts of climate variability and climate change on health, and the specific interventions to strengthen health systems, with specific actions, budget, and timelines for its development. To meet this indicator, countries and territories must fulfill the requirement of elaborating a plan and also satisfy at least one of the implementation requirements, which include the following: **Elaboration (required):** Existence of HNAPs, NAPs, or health sector plans which include climate change and health considerations at the national level. **Implementation (at least one of the following required):** • Existence of a dedicated national budget for implementation of activities identified in the H-NAPs or other such plans. • Proposals developed for mobilizing additional resources in reference to the HNAPs (national or subnational level). • Interministerial committee in place to guide implementation of activities identified in HNAPs or other such plans (national level). • Trained cadre of personnel for execution of activities included in HNAPs implementation plan (national or subnational level).
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biannual

PASB unit	Social and Environmental Determinants for Health Equity/Climate Change and Environmental Determinants (DHE/CE)
Data source	Data will be obtained from: • PAHO Country Survey on Health and Climate Change • UNFCCC NAP Central: www4.unfccc.int/sites/NAPC/News/Pages/national_adaptation_plans.aspx • UNFCCC National Communications and NDCs: https://www4.unfccc.int/sites/NDCStaging/Pages/All.aspx • https://unfccc.int/non-annex-I-NCs Self-reported by countries, by providing evidence of completion
Limitations	Countries must self-report and present the document or link to documents as proof of satisfaction of criteria. However, there are limitations to the assessment of the quality of the documents presented. PAHO will try to circumvent those limitations by providing guiding materials and capacity-building, with suggestions of minimum requirements and the provision of technical resources to improve overall quality standards.
References	1. World Health Organization. Guidance to protect health from climate change through health adaptation planning. 2. World Health Organization. Operational framework for building climate resilient health systems. 3. Pan American Health Organization. Climate Change for Health Professionals: A Pocket Book. Available from: https://iris.paho.org/handle/10665.2/52930 4. Pan American Health Organization. Protecting health from climate change: vulnerability and adaptation assessment. Available from: https://www.paho.org/hq/dmdocuments/2012/paho-sde-climate-assess.pdf 5. UNFCCC NAP Central. Available from: www4.unfccc.int/sites/NAPC/News/Pages/national_adaptation_plans.aspx

Code and title of the output	Output 18.2: Countries and territories enabled to reduce health risks associated with climate change, air pollution, hazardous waste and chemicals, and water and sanitation
Code and title of the indicator	Output indicator 18.2.f: Number of countries and territories implementing plans, policies, programs, and/or interventions to reduce health risks associated with household air pollution due to use of solid fuels for cooking and heating, following WHO guidelines
Definition of the indicator	This indicator counts the number of countries and territories in the region that are making progress towards addressing the burden of disease caused by household air pollution implementing the PAHO Elimination Initiative (Eliminating Polluting biomass cooking fuels) in compliance with the WHO indoor air quality guidelines.
Purpose of the indicator	To monitor regional progress on the implementation of the PAHO Elimination Initiative (Eliminating Polluting biomass cooking fuels) and SDG 7.1.2. Proportion of population with primary reliance on clean fuels and technology.
Technical note	The number is obtained by following up with countries and territories that are making progress towards developing and implementing plans, policies, programs, and/or interventions to protect public health, reducing household air pollution by addressing access to clean energy and technologies for cooking. To meet this indicator, countries and territories must fulfill the requirement of **elaborating** a plan or policy, and also satisfy at least **one** of the **implementation** requirements, which include the following: **Elaboration (required):** • Existence of national plans and policies to protect public health, reducing household air pollution by addressing access to clean energy and technologies for cooking. **Implementation (at least one of the following required):** • Implementation of programs or policies to guarantee clean energy access or to replace inefficient cook stoves with cleaner technologies that comply with WHO indoor air quality guidelines with participation of the health sector • Implementation of plans, policies, programs, and/or interventions toward accelerating clean household energy transition with participation of the health sector Countries and territories are required to prepare a national report on the development and/or implementation of their national plans. This report should be prepared following PAHO guidelines for this indicator and using the designated online format.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual

PASB unit	Social and Environmental Determinants for Health Equity/Climate Change and Environmental Determinants (DHE/CE)
Data source	Review of secondary information and direct consultation with countries receiving PAHO technical cooperation and through the PAHO Elimination Initiative Framework. The data corresponds to the number of countries incorporating and implementing policies to foster clean energy access and/or to replace inefficient cook stoves with cleaner models that comply with WHO indoor air quality guidelines measured as progress on SDG Indicator 7.1.2.
Limitations	Data will only reflect the quantity of countries incorporating policies to foster clean energy access and/or programs to replace inefficient cook stoves with cleaner models that comply with WHO indoor air quality guidelines.
References	1. Pan American Health Organization. Integrated Sustainable Framework for the Elimination of Communicable Diseases in the Americas. https://iris.paho.org/bitstream/handle/10665.2/51106/PAHOCDE19008_eng.pdf 2. World Health Organization. Guidelines for Indoor Air Quality. Household Fuel Combustion 3. World Health Organization. Health and the environment: road map for an enhanced global response to the adverse health effects of air pollution (decision WHA69(11) (2018)). https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_10Add1-en.pdf 4. SDG indicator 7.1.2 proportion of population with primary reliance on clean fuels and technology

Code and title of the output	Output 18.3: Countries and territories enabled to prevent key occupational diseases
Code and title of the indicator	Output indicator 18.3.a: Number of countries and territories that have initiatives to prevent, diagnose, and record chronic kidney disease of nontraditional causes and/or pneumoconiosis
Definition of the indicator	Countries and territories that follow the guidelines, have surveillance systems and national action plans on workers' health, allowing them to actively carry out activities for prevention, detection, diagnosis and recording cases of Chronic Kidney Disease of Non-traditional causes (CKDnT) and/or pneumoconiosis, such as asbestosis, silicosis and others.
Purpose of the indicator	This indicator will allow to identify, and follow-up programs and actions carried out by countries to prevent two occupational diseases CKDnT and/or pneumoconiosis and promote healthy and decent workplaces. Activities are often included in national or local action plans on workers' health, involving different sectors/industries such as agriculture, mining, infrastructure, forestry, within others.
Technical note	Guidelines for surveillance and screening (SS) for CKDnT and key pneumoconiosis will allow Member States to protect workers' health and prevent the occurrence of these diseases. Therefore, for countries to meet this indicator for CKDnT or Pneumoconiosis they must: a. Apply a standard protocol for case definitions and evaluation (in the case of CKDnT the public health surveillance case definition and methodology published by PAHO). b. Count with an action plan that follows up on the positive cases, including access to health services, full case investigation and preventive action; and involves policy and decision makers, services from health care facilities and community intersectoral participation. c. Count with a national registry of detected cases.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every year for CKDnT, and every 5 years for pneumoconiosis.
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	Plan of Action on Workers' Health reports and data from Institute of Health Metrics and Evaluation on: • Results from surveillance and screening systems for preventing of CKDnT • Reports on plans, programs and projects that address prevention and control of key pneumoconiosis such as asbestosis, silicosis and others.
Limitations	This indicator is not routinely tracked by the health systems. Data will only reflect the number of countries and territories that have followed guidelines, implemented surveillance systems and plans of action in workers' health to prevent CKDnT and key pneumoconiosis.
References	1. Pan American Health Organization. Documento de orientación regional sobre los determinantes sociales de la salud en la Región de las Américas [Internet]. Washington (DC): PAHO; 2012 [cited 15 December 2019]. Available at: http://iris.paho.org/xmlui/bitstream/handle/123456789/6067/Documento-de-Orientacion-Regional-Sobre-DSS.pdf?sequence=1&isAllowed=y

2. Ministry of Health and Ministry of Labour Jamaica. Jamaica National Overview of Workers' Health, June 2017. Document available upon request.
3. Pan American Health Organization. Workers' Health program. Prevención de las enfermedades profesionales. Ficha técnica de EP No. 1, March 2013. Available at: https://www.paho.org/hq/dmdocuments/2013/ft-prev-enfermedades-prof.pdf
4. Pan American Health Organization. Chronic Kidney Disease in Agricultural Communities in Central America: Progress Report [Internet]. 57th PAHO Directing Council, 71st Regional Committee of WHO for the Americas; 30 September to 4 October 2019; Washington, DC. Washington, DC: PAHO; 2019 (document CD57/INF/10) [cited 25 January 2020]. Available at: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49635-cd57-inf-10-c-e-kidney-disease&category_slug=cd57-en&Itemid=270&lang=en
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8. Instituto Nacional de Salud Pública. Ministerio de salud. Informe de Avance: Evaluación del Impacto del Plan Nacional de Erradicación de la Silicosis y Coordinación de la Iniciativa Regional para la Erradicación de as Silicosis en las Américas de OPS: Renovando el Compromiso. Miranda, P. Agosto 31,2019. Document available upon request.
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11. Third International Workshop on Chronic Kidney Diseases of Uncertain/Non-traditional Etiology in Mesoamerica and Other Regions. Available at: https://www.niehs.nih.gov/news/events/pastmtg/2019/ckd_2019/index.cfm

Outcome 19. Health promotion and intersectoral action

Code and title of the output	Output 19.1: Countries and territories enabled to adopt, review, and revise laws, regulations, and policies to create healthy settings, including schools, universities, housing, and workplaces
Code and title of the indicator	Output indicator 19.1.a: Number of countries and territories that have laws, regulations, or policies in at least two categories of healthy settings
Definition of the indicator	Number of countries and territories that have laws, regulations, or policies in at least 2 categories of healthy settings.
Purpose of the indicator	To monitor through laws, regulations, or policies the number of countries that develop healthy settings initiatives. It is important to document through the collection of laws, regulations, and policies the progress in strengthening healthy environments.
Technical note	The term policies includes various planning instruments such as strategies, plans, or programs that are structured and sustainable over time. Achievement of the indicator requires countries to: Document the existence of laws, regulations, or policies in at least 2 of the following settings: schools, universities, housing, and workplaces, following a healthy settings approach. PAHO will provide guidance for the format for the reporting.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annually
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	• Information collected at national and regional levels on healthy setting laws, regulations or policies. • Information collected and shared through healthy-setting-specific networks (schools, universities, housing and workplace) • Surveys • Research
Limitations	Some countries may not have laws, regulations, or policies on healthy environments even though they may have ongoing specific experiences.
References	1. World Health Organization. Housing and Health Guidelines. Available from: https://www.who.int/publications/i/item/9789241550376 2. The UK Healthy Universities Network Toolkit. Available from: https://healthyuniversities.ac.uk/toolkit-and-resources/ 3. World Health Organization. Making every school a health-promoting school. Global standards and indicators. Available from:

	https://www.who.int/publications/i/item/9789240025059World Health Organization. Sundsvall Statement on Supportive Environments for Health [Internet]. Third International Conference on Health Promotion; 1991 Jun 9-15; Sundsvall, Sweden. 4. Pan American Health Organization. Escuelas Promotoras de la salud. Estrategias y Líneas de Acción 2003-2012 (being updated) Available from: http://www.codajic.org/sites/www.codajic.org/files/Escuelas%20promotoras%20de%20salud%20OPS_0.pdf 5. Red Iberoamericana de Universidades Promotoras de la Salud. Available from: https://riupsestudiantes.wixsite.com/riups/page2 6. Pan American Health Organization. CD54/10, Rev. 1. Plan of Action on Worker's Health 2015-2025 [Internet]. Fifty-fourth Directing Council; 1 October 2015; Washington, D.C. Washington D.C.: PAHO; 2015 [cited 14 Jan 2019]. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/33986/CD54_10Rev.1-eng.pdf?sequence=1&isAllowed=y 7. Pan American Health Organization. Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030. Available from: https://www.paho.org/en/documents/strategy-and-plan-action-health-promotion-within-context-sustainable-development-goals

Code and title of the output	Output 19.2: Countries and territories enabled to develop and/or strengthen city and municipal government capacities to include health promotion as a priority
Code and title of the indicator	Output indicator 19.2.a: Number of countries and territories that have capacities of local-level governments to integrate health promotion in their planning
Definition of the indicator	The indicator identifies the number of countries and territories in which local-level governments integrate health promotion in their planning.
Purpose of the indicator	To measure the progress on the level of knowledge and competencies on decision-making for health promotion in cities and municipalities, national or subnational associations of municipalities and cities
Technical note	National or subnational associations and networks of municipalities are formed to provide an opportunity for municipalities to work together for the common good of their populations. They often serve as policy advocates for creating policies that will benefit their communities and are platforms to enhance local governance. The local government is ideal for implementing health in all policies strategies to promote health addressing the social determinants of health Achievement of the indicator requires countries to both: 1. Promote HP for cities and municipalities, and initiatives as healthy municipalities, cities, and communities (HMCC). Report every two years, on the HP, and HMCC strategies, programs or initiatives, developed in partnership with the associations and networks of mayors
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 2 years
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	• Mission statements and other official documents of national associations and networks of healthy municipalities • Reports produced by MoH on how they how they are promoting health promotion at local level and the HMCC movement
Limitations	The information of this indicator is not routinely collected by the health sector.
References	1. World Health Organization. The Ottawa charter for health advance. First International Conference on Health Promotion 1986. Available from: http://www1.paho.org/hiap/images/stories/PDFs/1986-OttawaCharterEN2.pdf. 2. Pan American Health Organization. Plan of Action on Health in All Policies. CD/53/10, Rev 1. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/28299/CD53-10-e.pdf?sequence=1&isAllowed=y 3. World Health Organization. The Helsinki statement on health in all policies. 8th Global Conference on Health Promotion; 2013 Helsinki (Finland). Available from: https://www.who.int/healthpromotion/conferences/8gchp/8gchp_helsinki_statement.pdf 4. World Health Organization. The Shanghai declaration on promoting health in the 2030 agenda for sustainable development [Internet]. Ninth Global Conference on Health Promotion; 21-24 Nov 2016; Shanghai (China). Geneva: WHO; 2016 [cited 1 June 2021]. Available from: https://www.who.int/publications/i/item/WHO-NMH-PND-17.5

	5. Pan American Health Organization. Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030.Available from: https://www.paho.org/en/documents/strategy-and-plan-action-health-promotion-within-context-sustainable-development-goals

Code and title of the output	Output 19.3: National, subnational, and local governance mechanisms used to address health determinants, applying the Health in All Policies approach
Code and title of the indicator	Output indicator 19.3.a: Number of countries and territories that have established an intersectoral mechanism at national or subnational and local government levels to address the determinants of health, applying the Health in All Policies approach
Definition of the indicator	The indicator identifies the number of countries and territories that have implemented an intersectoral mechanism in line with the administrative context of the national or subnational or local levels to address social determinants of health through Health in all Policies (HiAP) approach.
Purpose of the indicator	This indicator allows to identify favorable conditions and opportunities for the development of the HiAP approach and is useful to measure the progress made and follow up the intersectoral mechanism or institutional arrangement to work between different sectors. In order to address the social determinants of health and health inequities, through coordination and integration of the policies and interventions, intersectoral mechanisms are critical.
Technical note	This indicator will identify if the country or territory have intersectoral mechanisms that facilitate joint work between the health sector and other sectors on a permanent basis* to address social determinants of health using a health in all policies approach. To meet this indicator the following criteria must be met: • Presence of intersectoral mechanism that facilitates the work with other sectors to address social determinants of health and health equity and can be one of the following: a. Formal structures (internal or external to the health sector, such as intersectoral committees, social cabinets or others) b. Joint management, a mode of operation or interventions that facilitate intersectoral work, such as health impact assessments. c. A joint financing mechanism for work between sectors • More than two government sectors must participate, regardless of the role played by the health sector *The term permanent indicates that it is not a one-off or unique experience, but rather that it must have a trajectory that allows the analysis of its formation, its evolution and certain results. Institutionalization also contributes to its regularity, referred to those cases of recent creation.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Biennially
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	• Reports produced by countries • Interviews with key stakeholders, at central and local levels • Cases studies or good practice experiences documented • Dashboard on intersectoral action

Limitations	For relatively new intersectoral initiatives it is difficult to know if they will be permanent in time and if they will comply with the criteria.
References	1. Pan American Health Organization. CD/53/10, Rev 1. Plan of Action on Health in All Policies 2014-2019. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/28299/CD53-10-e.pdf?sequence=1&isAllowed=y. 2. Pan American Health Organization. Roadmap for the Plan of Action on Health in All Policies. Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/31313/9789275074541-eng.pdf 3. Validation of Indicators for Implementation of the Plan of Action on Health in All Policies: Proposal application at national level 2017. Available From: https://iris.paho.org/handle/10665.2/34065 4. Intersectoral Action and Health Equity in Latin America: An Analytical Approach 2015 Available from: https://iris.paho.org/handle/10665.2/33873 5. Pan American Health Organization. Just societies: health equity and dignified lives [Internet]. Executive summary of the report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, DC: PAHO; 2018 [cited 2018 Nov 21]. Available from: http://iris.paho.org/xmlui/handle/123456789/49505. 6. World Health Organization. Health equity through intersectoral action. An analysis of 18 country case studies. Available from: https://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf?ua=1 7. World Health Organization. The Shanghai declaration on promoting health in the 2030 agenda for sustainable development [Internet]. Ninth Global Conference on Health Promotion; 21-24 Nov 2016; Shanghai (China). Geneva: WHO; 2016 [cited 1 June 2021]. Available from: https://www.who.int/publications/i/item/WHO-NMH-PND-17.5 8. World Health Organization. Rio Political Declaration on Social Determinants of Health [Internet]. World Conference on Social Determinants of Health; 19-21 Oct 2011; Rio de Janeiro (Brazil). Rio de Janeiro: WHO; 2011. Available from: http://www.who.int/sdhconference/declaration/Rio_political_declaration.pdf. 9. World Health Organization. WHA62.14. Reducing health inequities through action on the social determinants of health [Internet]. Geneva: WHO; 2009 [cited 21 Nov 2018]. Available from: http://apps.who.int/gb/ebwha/pdf_files/a62/a62_r14-en.pdf. 10. Pan American Health Organization. Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 11. Available from: https://www.paho.org/en/documents/strategy-and-plan-action-health-promotion-within-context-sustainable-development-goals

Code and title of the output	Output 19.4: Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector
Code and title of the indicator	Output indicator 19.4.a: Number of countries and territories implementing a national health promotion policy
Definition of the indicator	Number of countries and territories implementing a national health promotion policy.
Purpose of the indicator	To monitor advances in the process of implementation of a national health promotion policy.
Technical note	Evidence from the Region has shown that the key characteristics that support health promotion include committed political leadership in key levels of government; initiatives and frameworks focused on health promotion and related subjects; strong political and legal frameworks, particularly at the national level; a high level of community organization and participation; attention to cultural and social norms; and the presence of local authorities and those responsible for policies, fully integrated into the process. To give sustainability and continuity to the health promotion processes, it is essential to have a strong national health promotion policy with adequate human and financial resources. Integrating HP into the health system, health services and programs, may require a profound transformation of the health sector, putting health promotion at the center. For this to happen, strategies and their implementation must include the organization, funding and appropriate activities and services of the health care system. Achievement of the indicator requires countries to achieve at least 4 out of the 6 of the following criteria: 1. Implement a national HP policy, with a M&E component. 2. The HP policy includes impact indicators 3. Create a multidisciplinary team (including health promotion expert and other health and social science disciplines) to lead the process of implementation of the national HP policy. 4. Have a designated budget for health promotion. 5. Have national/ subnational panel of indicators to monitor health promotion 6. Include health promotion component into the national health programs, plans, strategies or policies
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	First 2 years, and afterwards by 2025 and 2030.
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	• National HP policy • Interviews with key stakeholders, at central and local levels • Good practice experiences documented • Information systems on provision of services, including health promotion activities • Surveys
Limitations	The data from this indicator are not routinely collected by the health sector.
References	1. World Health Organization. The Ottawa charter for health promotion [Internet].

	First International Conference on Health Promotion; 1986 Nov 21; Ottawa, Ontario (Canada). Geneva: WHO; 1986 [cited 1 June 2021]. Available from: https://www.who.int/healthpromotion/conferences/previous/ottawa/en/ 2. International union for health promotion and education. Available from: https://www.iuhpe.org/index.php/en/ 3. World Health Organization. The Shanghai declaration on promoting health in the 2030 agenda for sustainable development [Internet]. Ninth Global Conference on Health Promotion; 21-24 Nov 2016; Shanghai (China). Geneva: WHO; 2016 [cited 1 June 2021]. Available from: https://www.who.int/publications/i/item/WHO-NMH-PND-17.5 4. Pan American Health Organization. Advancing Health Promotion in the Americas: Lessons from 15 Case Studies. 2011. Washington, DC. 5. Pan American Health Organization. Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 Available from: https://www.paho.org/en/documents/strategy-and-plan-action-health-promotion-within-context-sustainable-development-goals

Code and title of the output	Output 19.4: Countries and territories enabled to apply health promotion in a systematic way within and outside the health sector
Code and title of the indicator	Output indicator 19.4.b: Number of countries and territories implementing mechanisms that facilitate the participation of community organizations and leaders in public health programs
Definition of the indicator	Number of countries and territories that have implemented mechanisms that facilitate participation of community organizations and leaders in health promotion programs.
Purpose of the indicator	For Health Promotion initiatives to be appropriate and sustainable, participation of community organizations and leaders is essential.
Technical note	One important gap to be addressed in the Region is the need to strengthen formal channels and mechanisms to promote community participation and empowerment such as including community organizations and leaders in the local health committees; and participatory planning and budgeting. Governments should commit to create or facilitate opportunities that ensure a community's participation in making decisions that affect the lives of its members, leveraging community assets and capacities. Achievement of the indicator requires countries to: 1. Establish a mechanism* to include the participation of community organizations and leaders in local public health programs and document them. 2. The mechanism needs to be present at least to 20% of the administrative health districts or the equivalent. 3. Demonstrate the design or redesign of at least 1 public health program with participation of the community organizations and leaders. *The mechanism needs to use formal channels of communication and information sharing and include participatory planning and budgeting
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every 5 years
PASB unit	Social and Environmental Determinants for Health Equity/Health Promotion and Social Determinants of Health (DHE/HP)
Data source	• Minutes of committee meetings between health sector and communities • Reports from NGOs on community participation in public health programs • National, subnational or local Observatories
Limitations	Community participation and civil society engagement is not usually measured by the traditional data collection system. Specific efforts will have to be made to capture the information related to this indicator.

References	1. Pan American Health Organization. Trends and Achievements in Promoting Health and Equity in the Americas: Developments from 2003-2011. 2011. Washington, DC. 2. Pan American Health Organization. Planificación Local Participativa: Metodologías para la promoción de la Salud en América Latina y el Caribe. 1999. Washington, DC. 3. Rural Health Information Hub. Program Models for Rural Health Promotion and Disease Prevention. Available at: https://www.ruralhealthinfo.org/toolkits/health-promotion/2/program-models 4. Pan American Health Organization. Policy for recovering progress toward the sustainable development goals with equity through action on the social determinants of health and intersectoral work. 2022. Washington D.C.

Outcome 20. Integrated information systems for health

Code and title of the output	Output 20.1: Countries and territories enabled to develop and implement national plans for strengthening information systems for health (IS4H) that are based on assessments
Code and title of the indicator	Output indicator 20.1.a: Number of countries and territories that have developed and implemented a plan to strengthen information systems for health based on PAHO's IS4H maturity assessment model
Definition of the indicator	This indicator counts the number of countries and territories that have assessed their information systems for health (IS4H) and then subsequently developed a plan, including a national roadmap, to strengthen these systems based on these assessments.
Purpose of the indicator	Quality data is essential for decision making and formulating interventions to respond to emerging and existing health challenges, while seeking to optimize a population's health outcomes. National IS4H are critical components of the overall health system to ensure the timely availability of health data and information that is generated within and externally to the health sector. This indicator seeks to capture progress toward building IS4H that achieve these goals, with a focus on capturing data on those at greater risk of being left behind. Assessments of IS4H provide a baseline that guides investments and helps provide the evidence to prioritize interventions. This information should guide the setting of targets for improving various aspects of an IS4H, which should be established through the development of a national plan of action, ideally accompanied by strategies, policies, and standards that guide data management. This indicator contributes to promoting the implementation of assessments, which development partners rely on to prioritize health system investments. This indicator contributes to the availability of data used to measure health and health-related indicators under SDG 3 and SDG indicator 17.18.1 ("Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics") and indicator 16.10.2 ("Number of countries that adopt and implement constitutional, statutory and/or policy guarantees for public access to information").
Technical note	PASB considers that assessments can be developed based on desk reviews, open data sets, and information available on official websites. PASB may also consider qualitative interviews conducted with key stakeholders identified by Ministries of Health. These assessments should evaluate the following technical areas of IS4H in countries and territories: 1. Management and governance 2. Data management and information technologies 3. Information and knowledge management 4. Innovation

	As a reference, the PASB IS4H Maturity Assessment Tool can be used to collect and analyze critical information, including information on legal frameworks, memoranda for inter-institutional exchange of data, governance and leadership models and mechanisms for data collection, data use dictionaries with standardized health data, and other indicators. This also entails standards and processes that permit the measurement, monitoring, and ongoing improvement of high-quality information and informed policy and decision making. This assessment tool is designed to ensure that data are disaggregated by income, sex, age, race, ethnicity, migratory situation, disability, geographic location, and other characteristics relevant to the national context, given the need for data disaggregation at the subnational level. A country will be considered to have adopted a national plan to strengthen IS4H if it has developed specific operational documents, roadmaps, strategic agendas, or similar high-level documents which responds to challenges identified in the conducted assessments within the framework of relevant national public health strategies and plans. The indicator includes countries that have conducted an assessment and have a national plan of action to strengthen information systems for health.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	PASB will collect data on the status of conducted assessments and formulated national plans at the end of each calendar year.
PASB unit	Evidence and Intelligence for Action in Health/Information Systems and Digital Health (EIH/IS)
Data source	Country and territory assessments are available within Ministries of Health and PASB records.
Limitations	Not all data and information are readily available to the public. This creates challenges for identifying country-conducted assessments as well as identifying national plans of action, strategies, or other high-level documents for strengthening information systems for health.
References	1. Pan American Health Organization. SHAA2030 goals 6 and 7, and specifically targets 6.1, 6.2, and 7.3. Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=13246:health-agenda-americas&Itemid=42349&lang=en 2. Pan American Health Organization. Plan of Action for Strengthening Information Systems for Health 2019-2023 (CD57/9, Rev. 1), 57th Directing Council. Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49675-cd57-9-e-poa-information-systems&category_slug=cd57-en&Itemid=270&lang=en 3. Pan American Health Organization. Plan of Action for the Strengthening of Vital Statistics 2017-2022 (CSP29.R4). Available from: https://iris.paho.org/bitstream/handle/10665.2/34424/CSP29.R4-e.pdf?sequence=1&isAllowed=y

Code and title of the output	Output 20.2: Countries and territories enabled to adopt and implement national plans of action for strengthening the quality and coverage of vital statistics
Code and title of the indicator	Output indicator 20.2.a: Number of countries and territories implementing an updated plan of action for strengthening the quality and coverage of vital statistics
Definition of the indicator	This indicator counts the number of countries and territories that have developed and implemented an updated plan of action for strengthening the quality and coverage of vital statistics (births and deaths for the purposes of this indicator).
Purpose of the indicator	Measuring this indicator will help to identify countries' readiness and to assess whether operationalized plans exist to improve and strengthen the quality and coverage of vital statistics.
Technical note	A country will be considered to have adopted a national plan, after having conducted a desk review and an assessment that endorse its existence. The indicator includes countries that have conducted the assessment and have a national plan of action to strengthen information systems for health.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	PASB will collect data on the status of conducted assessments and formulated national plans at the end of each calendar year.
PASB unit	Evidence and Intelligence for Action in Health/Information Systems and Digital Health (EIH/IS)
Data source	• Country and territory databases • ECLAC/CEPAL • UNSD • World Bank • USA Census Bureau
Limitations	Not all data and information are readily available to the public. This creates challenges for identifying country-conducted assessments as well as identifying national plans of action, strategies, or other high-level documents for strengthening information systems for health.
References	1. Pan American Health Organization. Final report on the Regional Plan for Strengthening Vital and Health Statistics: Final Report. Available from: https://iris.paho.org/bitstream/handle/10665.2/33650/CD55-INF-7-e.pdf?sequence=1&isAllowed=y 2. Pan American Health Organization. Progress report on the implementation of the Plan of Action for Strengthening Vital Statistics 2017-2022. Available from: https://www.paho.org/en/documents/csp299-plan-action-strengthening-vital-statistics-2017-2022)

Code and title of the output	Output 20.3: Countries and territories enabled to adopt and implement digital health strategies
Code and title of the indicator	Output indicator 20.3.a: Number of countries and territories implementing digital health strategies or roadmaps, aligned with the regional policy and global strategy
Definition of the indicator	This indicator measures the number of countries and territories that are implementing a digital health strategy aligned with the regional policy for the digital transformation of the health sector and the WHO Global strategy on digital health 2020-2025.
Purpose of the indicator	Information and communication technologies (ICTs) and other innovations have created opportunities and new efficiencies that result in benefits ranging from the scaling up of electronic medical records to innovations that expand the reach of the health system to difficult-to-reach areas. As indicated in the WHO Global Strategy, such digital health solutions should be appropriate, accessible, affordable, scalable, sustainable, and person-centric. Ultimately, these novel approaches contribute toward improving the health of everyone in ways previously unfeasible using traditional technologies and approaches. This indicator seeks to capture country and territory progress toward creating the structures, legal frameworks, and competencies to take advantage of the ongoing digital transformation in the health sector.
Technical note	For the purpose of this indicator, PASB considers that country is adopting a digital health strategy if this strategy addresses the following aspects: • Adoption of international standards for interoperability in the health sector • Digital literacy programs for health workers • Updated legislation for the ethical use of personal data The indicator counts countries that have adopted a digital health strategy that meets this indicator's criteria.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	PASB will collect data on the status of formulated national strategies at the end of each calendar year.
PASB unit	Evidence and Intelligence for Action in Health/Information Systems and Digital Health (EIH/IS)
Data source	Ministry of Health records, public sources from Ministries of Health, and other government agencies involved in digital health and related ICTs.
Limitations	Not all data and information is readily available to the public.
References	1. Pan American Health Organization. SHAA2030 goals 6 and 7, and specifically targets 6.1, 6.2, and 7.3. Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=13246:health-agenda-americas&Itemid=42349&lang=en 2. Pan American Health Organization. Plan of Action for Strengthening Information Systems for Health (CE164), for approval by the 57th Directing Council. Available from: https://iris.paho.org/bitstream/handle/10665.2/51390/CE164-18-e.pdf?sequence=1&isAllowed=y 3. World Health Organization. Global Strategy on digital health 2020-2025, Available from: https://www.who.int/docs/default-source/documents/gs4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf?sfvrsn=f112ede5_68

Outcome 21. Data, information, knowledge, and evidence

Code and title of the output	Output 21.1: Countries and territories enabled to generate and apply scientific evidence for health
Code and title of the indicator	Output indicator 21.1.a: Number of countries and territories integrating scientific evidence on health into practices, programs, or policies, using standardized methodologies including evidence-informed clinical and public health guidelines, norms, and standards
Definition of the indicator	The indicator measures the extent to which health recommendations for practices, programs, or policies are developed and implemented at the national level using scientific evidence.
Purpose of the indicator	Evidence-based decision-making is essential to strengthen health systems and to improve health outcomes through the regular access, assessment, adaptation and use of context-specific evidence.
Technical note	Number of countries and territories having implemented both of the following, measured using a survey and a systematic search of information: • Evidence informed structures at the national level defined as policy or guidelines development programs (defined resources and standards). • Evidence informed documents for policy and practice at the national level: policies, strategies, plans, guidelines, rapid response summaries, evidence briefs for policy, or dialogue reports.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years
PASB unit	Evidence and Intelligence for Action in Health/Science and Knowledge for Impact (EIH/SK)
Data source	Ministries of Health updated with PASB support with information from Member States. PAHO monitoring: https://www.paho.org/en/topics/research
Limitations	Countries having more solid structures and producing more evidence-informed documents for policy and practice will be judged at the same level than those having weaker structures and producing less.
References	None

Code and title of the output	Output 21.2: Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health
Code and title of the indicator	Output indicator 21.2.a: Number of countries and territories with mechanisms (policies, standards, tools, etc.) in place for the generation, dissemination and preservation of, and access to, scientific and technical data, information, and evidence for health
Definition of the indicator	This indicator will monitor the achievements of countries and territories toward implementing the following principles for the generation and access to scientific and technical information and participating in existing intersectoral initiatives and networks for knowledge sharing, best practices, and lessons learned.
Purpose of the indicator	This indicator will monitor the implementation and achievements of countries and territories, following the principles for the generation and access to scientific and technical information and participating in existing intersectoral initiatives and networks for knowledge sharing, best practices, and lessons learned.
Technical note	To achieve this indicator, a country/territory must have in place at least two of the following: • Existing programs, policies, methodologies, and/or tools on knowledge management or knowledge sharing, including organizational learning, best practices, lessons learned, and communities of practice. • Existing programs, policies, or projects toward open access, open science, and open data especially for scientific literature financed with public funds. • PAHO/WHO Collaborating Centers and/or their respective networks that support the technical cooperation delivered by the Organization. • Intersectoral networks among governments, international organizations, academic institutions, civil society, etc. • Institutions eligible in countries/territories registered and active in the Research4Life Program. • National, thematic, and institutional Virtual Health Library, Windows of Knowledge, and/or e-BlueInfo, among other initiatives implemented in coordination/partnership with BIREME. • Scientific and technical literature indexed in LILACS, MedCarib, Pubmed/Medline, and similar databases. • Scientific journals in public health/medicine that provide multilingual information (e.g., full-text papers and/or abstracts available in more than one language) and apply open access, open science, or open data policies. It will also consider the use of open-source platforms for editorial management. • Institutional/digital repositories from academia and/or public health institutions based on open access, open science, and open data policies. It will also consider the use of open-source platforms.
Type of indicator	Absolute
Measurement units	Number of countries and territories

Frequency of measurement	Data will be collected once a year. Consolidated information will be updated and disseminated through the country profiles on knowledge management and information access managed by the Bureau.
PASB unit	Evidence and Intelligence for Action in Health/Science and Knowledge for Impact (EIH/SK)
Data source	Assessments will be conducted with national authorities (national health authorities, institutes of health, academic institutions, scientific editors and aggregators) and updated by the Bureau. The assessment per country/territory is available from the Profiles on knowledge management and information access and available from: https://portalgc.bvsalud.org/. Information to be gathered should include, but is not limited to, the following: • Countries/territories with PAHO/WHO Collaborating Centers, especially ones related to knowledge management and scientific communication. • Legislation, policies, programs, and projects on information access and knowledge management and scientific communication. • Pan American Journal of Public Health (by country of affiliation). • Directory of Open Access Journals (DOAJ), Scimago Portal and other scientific production indicators available and per PASB's evaluation. • LILACS, MedCarib, Pubmed/Medline databases, Cochrane, and others as data is available. • Research4Life Program (number of Member States eligible and per group), as registered institutions (per country/territory). • Virtual Health Library, Windows of Knowledge, or eBlueInfo per Member State.
Limitations	The indicator measures progress on the establishment of policies, plans, standards, guidelines, methodologies, and/or tools on information and knowledge management. However, it does not necessarily capture implementation at the country level. Low implementation may reflect local capacity constraints, lack of resources, or a decision not to prioritize this area.
References	1. Di Fabio JL, Delgado García B. Cien años de la Revista Panamericana de Salud Pública: visualización de sus contenidos. Rev Panam Salud Publica. 2023;47:e20. Available from: https://doi.org/10.26633/RPSP.2023.20. 2. Pan American Health Organization. Hoja de ruta para la transformación digital del sector de la salud en la Región de las Américas. Washington, D.C.: 2021. Available from: https://www.paho.org/en/documents/cd596-roadmap-digital-transformation-health-sector-region-Americas. 3. Pan American Health Organization. Política sobre la aplicación de la ciencia de datos en la salud pública mediante la inteligencia artificial y otras tecnologías emergentes. Washington, D.C.: 2021. Available from: https://www.paho.org/en/documents/cd597-policy-application-data-science-public-health-using-artificial-intelligence-and. 4. UNESCO. Un llamamiento conjunto en pro de la ciencia abierta. Available from: https://es.unesco.org/fieldoffice/montevideo/DerechoALaCiencia/CienciaAbierta.

	5. Pan American Health Organization. PAHO/WHO Collaborating Centres Regional Webinar. Engaging Our Partners to Achieve the Sustainable Development Goals Together, 19–20 April 2021. Washington, D.C.: PAHO; 2021. Available from: https://iris.paho.org/handle/10665.2/54870. 6. Pan American Health Organization. Complete Status Report – WHO Collaborating Centers in the Americas, November 2020. PAHO: Washington, D.C.; 2020. 7. São Paulo Declaration for the Democratization of Scientific Knowledge to Achieve the Goals of Sustainable Development [Intranet]. 10th Regional Congress on Health Information (CRICS10); 2018 4-6 Dec, São Paulo, S.P.: BIREME; 2018. Available from: https://www.crics10.org/en/sao-paulo-declaration-for-the-democratization-of-scientific-knowledge-to-achieve-the-goals-of-sustainable-development/. 8. Pan American Health Organization. A prospective view of health. In: Health in the Americas+, 2017 Edition. Summary: Regional Outlook and Country Profiles. Washington, DC: PAHO; 2017. Available from: https://iris.paho.org/handle/10665.2/34321. 9. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030: a call to action for health and well-being in the region. Washington, DC: PAHO; 2017 (Document CSP29/12 Rev. 1). Available from: http://iris.paho.org/xmlui/handle/123456789/49170. 10. Pan American Health Organization. PAHO/WHO Collaborating Centers. PAHO: Washington, D.C.; 2017. (CSP29/INF/2). 11. Pan American Health Organization. Strategy and plan of action on knowledge management and communications: final report [Internet]. 56th Directing Council of PAHO, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23-27; Washington, C. Washington, D.C: PAHO; 2018 (Document CD56/INF/18). Available from: http://iris.paho.org/xmlui/handle/123456789/49703. 12. Pan American Health Organization. Strategy and plan of action on knowledge management and communications [Internet]. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas; 2012 Sep 17-21; Washington, DC. Washington, DC: PAHO; 2012 (Document CSP 28/12 Rev. 1). Available from: http://iris.paho.org/xmlui/handle/123456789/4455. 13. World Health Organization [Internet]. Available from: WHO Collaborating Centres Global Database.

Code and title of the output	Output 21.2: Countries and territories enabled to generate and disseminate multilingual information and to develop standards, policies, and tools for knowledge sharing for health
Code and title of the indicator	Output indicator 21.2.b: Number of PASB policies, standards, tools, open knowledge platforms, etc., for the generation, publication, and dissemination of multilingual technical documents; preservation and sharing of knowledge; and access to scientific and technical data, information, and evidence for health
Definition of the indicator	It will consist in the policies, standards, tools implemented and in use by the three levels of the Bureau: headquarters, country, and subregional offices, in addition to Pan American Centers.
Purpose of the indicator	This indicator will monitor the implementation and achievements of the Pan American Sanitary Bureau (PASB) following principles for the generation and access to scientific and technical information, existing intersectoral networks for knowledge sharing, best practices, and lessons learned.
Technical note	To achieve this indicator, a given policy, standard, or tool should contribute to strengthening the Bureau's capacity to generate and access scientific and technical information, existing intersectoral networks for knowledge sharing, good practices, and lessons learned. Recognizing existing priorities and gaps, the additional policies, standards, or tools should address at least three of the following prioritized areas: • Implemented frameworks on knowledge management including, but not limited to knowledge retention and sharing, networking, organization learning and digital literacy, data and information management, good practices, lessons learned, and communities of practice. • Implemented policies and standards on open access, open science, especially for the scientific and technical literature published by the Bureau and by its staff. • Implemented framework toward the engagement of strategic partners, including the PAHO/WHO Collaborating Centers, to support the technical cooperation delivered by the Organization and build institutional capacity. • Implemented framework and initiatives on multilingualism aligned with the WHO and the United Nations. • Internal tools in place to facilitate, standardize, preserve, and retrieve data and information produced within the Bureau. • Scientific and technical publications and papers published (including translations) by the Organization and the Pan American Journal of Public Health (PAJPH). • Webinars, courses, and other training modalities related to access and use of scientific and technical information for the staff.
Type of indicator	Absolute
Measurement units	Number of policies, standards, tools, etc., implemented by PASB
Frequency of measurement	Data will be collected once a year.
PASB unit	Evidence and Intelligence for Action in Health/Science and Knowledge for Impact (EIH/SK)

Data source	Assessments will be conducted in coordination with entities responsible for knowledge management, publications, and languages. It will also include inputs received from other entities in headquarters, country and subregional offices and Pan American Centers. Information to be gathered should include, but is not limited to the following: • Documents submitted through the Publications Tracking System (PubTrack) • Documents published in the Institutional Repository for Information Sharing (IRIS) • Translations requested through the Editing and Translation Tracking System (ETTS) • Internal and external tools and platforms in place and related to data and information within the Bureau (organization, standardization, preservation and retrieve). • Reports prepared by PASB's entities, as data should be provided on: a. Percentage of documents/papers published per language. b. Percentage of documents/papers published under an open access license. c. Percentage of papers published by PASB staff in the PAJPH and external journals. d. Percentage of documents being translated from WHO and other institutions. e. Number of manuscripts received vs. papers published in the PAJPH as well as special issues/supplements. • PAHO/WHO Collaborating Centers (CC) reports, which include the following information: a. Number of CC per Member State, as well as distribution per entity and by outcome. b. Number of deliverables registered in the Deliverables Library. c. Number of work plans that include the PAHO's cross-cutting themes. • Webinars organized for PASB staff on information and knowledge.
Limitations	The indicator measures progress on the establishment of information and knowledge management implemented by PASB. Low implementation may reflect the Bureau's business operation capacity, budget constraints, lack of resources, or a decision not to prioritize this area in the three levels of the Organization.
References	1. Di Fabio JL, Delgado García B. Cien años de la Revista Panamericana de Salud Pública: visualización de sus contenidos. Rev Panam Salud Publica. 2023;47:e20. Available from: https://doi.org/10.26633/RPSP.2023.20. 2. Pan American Health Organization. Hoja de ruta para la transformación digital del sector de la salud en la Región de las Américas. Washington, D.C.: 2021. Available from: https://www.paho.org/en/documents/cd596-roadmap-digital-transformation-health-sector-region-Americas. 3. Pan American Health Organization. Política sobre la aplicación de la ciencia de datos en la salud pública mediante la inteligencia artificial y otras tecnologías emergentes. Washington, D.C.: 2021. Available from: https://www.paho.org/en/documents/cd597-policy-application-data-science-public-health-using-artificial-intelligence-and. 4. UNESCO. Un llamamiento conjunto en pro de la ciencia abierta. Available from: https://es.unesco.org/fieldoffice/montevideo/DerechoALaCiencia/CienciaAbierta. 5. Pan American Health Organization. PAHO/WHO Collaborating Centres Regional Webinar. Engaging Our Partners to Achieve the Sustainable Development Goals Together, 19–20 April 2021. Washington, D.C.: PAHO; 2021. Available from: https://iris.paho.org/handle/10665.2/54870.

	6. Pan American Health Organization. Complete Status Report – WHO Collaborating Centers in the Americas, November 2020. PAHO: Washington, D.C.; 2020. 7. World Health Organization. Multilingualism: respect for equality among the official languages. 71st World Health Assembly, 2018 26 May, Geneva. Geneva: WHO; 2018 (Document WHA71.15). Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R15-en.pdf. 8. United Nations. Knowledge management in the United Nations system [Internet]. General Assembly, Seventy-second Session of the General Assembly of the United Nations; 2017 Sep 12-25; New York, NY. New York, NY: UN; 2017 (Document A/72/325). Available from: https://digitallibrary.un.org/record/1301102/files/A_72_325-EN.pdf. 9. Pan American Health Organization. A prospective view of health. In: Health in the Americas+, 2017 Edition. Summary: Regional Outlook and Country Profiles. Washington, DC: PAHO; 2017. Available from: https://iris.paho.org/handle/10665.2/34321. 10. Pan American Health Organization. PAHO/WHO Collaborating Centers. PAHO: Washington, D.C.; 2017. (CSP29/INF/2). 11. World Health Organization [Internet]. WHO Collaborating Centres Global Database.

Code and title of the output	Output 21.3: Countries and territories enabled to generate, analyze, and present health-related information, including on SDG 3
Code and title of the indicator	Output indicator 21.3.a: Number of countries and territories that generate and disseminate health analyses and/or health intelligence reports on relevant public health topics, including SDG 3 progress monitoring and health equity analyses
Definition of the indicator	This indicator provides information on the number of countries and territories that generate and disseminate national baseline analytical progress reports which incorporate measurement of social inequalities in health for key public health indicators and SDG 3 health indicators.
Purpose of the indicator	For countries to measure inequalities in health and progress toward the SDG 3 targets, countries must first generate information to monitor them and measure the magnitude of the social inequalities. With this information, countries will be better positioned to identify drivers of health inequities and work toward reducing them. The resulting reports lead to the availability of information that national and local stakeholders can use to develop policies, interventions, and strategies that aim to ensure that no one is left behind. The routine production of such reports promotes accountability for the reduction of inequities within countries.
Technical note	This indicator requires that countries produce and monitor data for public health indicators related to improving the population's health and reducing health inequalities at the national and regional levels, particularly the SDG 3 health indicators. The health equity metrics enable the evaluation of health inequalities using data disaggregated by relevant stratifiers, which include place of residence (rural/urban), race, ethnicity, occupation, gender, sex, age, education, socioeconomic status, or subnational geographical area. The data should be obtained from official administrative data or national surveys and will serve as the basis for the national baseline or progress reports on key health indicators and SDG 3 health indicators. The reports must consider: • Specific, measurable, achievable, relevant, and time-bound (SMART) health indicators, including SDG 3 indicators • At least two equity metrics stratifiers, also known as dimensions of inequality (gender, ethnicity, income, education, WASH, etc.) which are proxies of the social determinants of health . • At least two measures of inequality: absolute and relative inequality
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annually
PASB unit	Evidence and Intelligence for Action in Health/Health Analysis and Equity Metrics (EIH/HA)
Data source	Official administrative data subnationally disaggregated (e.g., National Core Health Data) and/or microdata from relevant nationally representative surveys.
Limitations	Quality issues on the health indicators data at subnational levels (for instance, underreporting or misclassifications).

	Health indicators data are not corrected at each of the subnational levels; these corrections (estimates) allow the principle of comparability of health indicator values between subnational levels. Instability (abrupt changes) of the indicator values in individual years. Residual ecological bias with administrative data can be present.
References	1. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030. Available from: http://iris.paho.org/xmlui/handle/123456789/49170. 2. United Nations. Sustainable Development Goals. Available from: https://www.un.org/sustainabledevelopment/ 3. World Health Organization. WHO Handbook on Health Inequality Monitoring; Geneva: 2013. 4. World Health Organization. WHO Health Equity Assessment Toolkit (HEAT) Plus. Available from: https://www.who.int/data/gho/health-equity/assessment_toolkit.

Code and title of the output	Output 21.4. Information products and services available to strengthen health-related decision-making capacity
Code and title of the indicator	Output indicator 21.4.a. Number of PASB information products and services developed for strengthening health-related decision-making capacity of laypeople, communities, and health workers, among other relevant actors
Definition of the indicator	This indicator informs the number of information products and services available to strengthen health-related decision making and action in health.
Purpose of the indicator	In a world overwhelmed by information, disentangling information that enables decision-making and action in health from irrelevant information and misinformation is crucial to advance toward the achievement of the Sustainable Development Goals. This indicator will facilitate the identification and accountability of information products and services operated by PASB departments, centers, and offices that enable decision-making and action in health.
Technical note	Information products and services enabling health-related decision making and action in health are eligible to be considered in this indicator. The indicator entails a simple frequency of active information products and services operated by PASB.
Type of indicator	absolute number
Measurement units	Number of information products and services enabling decision-making and action in health.
Frequency of measurement	Annually
PASB unit	Evidence and Intelligence for Action in Health/BIREME (EIH/BIR)
Data source	Assessments will be conducted in coordination with entities responsible for operating information products and services enabling health-related decision-making and action in health, including inputs received from entities in headquarters, country and subregional offices, and Pan American Centers.
Limitations	The indicator measures progress on the operation of information products and services enabling health-related decision-making and action in health. A possible limitation is the effective identification of eligible information products and services operated by PASB entities.
References	1. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030. Available from: http://iris.paho.org/xmlui/handle/123456789/49170. 2. United Nations. Sustainable Development Goals. Available from: https://www.un.org/sustainabledevelopment/ 3. World Health Organization. Global Strategy on digital health 2020-2025, Available from: https://www.who.int/docs/default-source/documents/gs4dhdaa2a9f352b0445bafbc79ca799dce4d.pdf?sfvrsn=f112ede5_68

Outcome 22. Research, ethics, and innovation for health

Code and title of the output	Output 22.1: Countries and territories enabled to conduct research for health based on national health priorities
Code and title of the indicator	Output indicator 22.1.a: Number of countries and territories with a defined policy framework for research for health, including appropiate funding mechanisms reported to the WHO Global Observatory on Health Research and Development
Definition of the indicator	This indicator counts the countries that have a current or active policy framework governing or providing stewardship to research for health, or research and innovation for health, thus establishing the formal mechanisms, responsibilities, resources, accountability, monitoring and evaluation, and the guiding values and principles of the policy framework. The key parameters and baseline information are described in "Checklist of Good Practices and Recommendations for Developing National Policies and Agendas on Research for Health".
Purpose of the indicator	The indicator tracks progress in terms of Member States that define a policy framework for the governance of research and innovation for health consistent with the Regional Policy on Research for Health (CD49/10) or WHO's Strategy on Research for Health. Policy frameworks on research for health usually expire when government administrations change. Since research and government priorities evolve over time, and knowledge advances, countries need to regularly update their national agendas to stay current.
Technical note	The current indicator counts countries that have reported active national policies or agendas (priorities) governing research for health within a specific timeframe. Previous indicators reported these policies and agendas separately, but efforts to simplify the indicator demanded integrating them. The latest assessment, which can be found at https://www.paho.org/en/health-systems-and-services/strengthening-national-health-research-systems, examines national policies and agendas related to research for health. It identifies countries that have reported or been recognized as having a national policy or agenda in this field. The assessment and the published checklist include specific criteria used to evaluate these policies and to determine that the objectives and values outlined in the national policy documents align with PAHO/WHO technical recommendations and good practices. These criteria are listed in "Checklists of Good Practices and Recommendations for Developing National Policies and Agendas on Research for Health". This publication sets a standard and provides criteria for updating and developing policies and agendas related to research for health.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Every two years.
PASB unit	Evidence and Intelligence for Action in Health/Science and Knowledge for Impact (EIH/SK)
Data source	The data source used for the reports is available from https://www.paho.org/en/health-systems-and-services/strengthening-national-health-research-systems or

	https://www.paho.org/es/sistemas-servicios-salud/fortalecimiento-sistemas-nacionales-investigacion-salud in Spanish. Countries are encouraged to refer to Checklists of Good Practices and Recommendations for Developing National Policies and Agendas on Research for Health and notify PAHO of any new relevant policy developments or involve PAHO in their policy development process. As part of technical cooperation efforts, PASB's Department of Evidence and Intelligence for Action in Health identifies policy documents and receives notifications from technical officers or networks regarding upcoming or newly issued policies. PASB conducts periodic searches and updates the information available on the above websites while automation of these processes can be implemented. Following the publication of PAHO's Policy on Research for Health, CARPHA/CHRC (Caribbean Public Health Agency/Caribbean Health Research Council) and SICA/COMISCA (Central American Integration System/Health Sector Council of Ministers of Central America) supported countries in advancing and reporting subregional policies that have expired.
Limitations	A key limitation arises from the inherent differences in the nature and purpose of the policies and agendas. Combining them is not an ideal approach as these documents serve different purposes. PAHO's Checklists of Good Practices and Recommendations for Developing National Policies and Agendas on Research for Health are aimed at aligning these documents with the principles, values, and objectives of global and regional (PAHO and WHO) frameworks and the UN Agenda 2030's Sustainable Development Goals. This guidance document promotes good practices in the development of such policy frameworks and aim to foster equity, excellence, solidarity, respect, and integrity, while also addressing cross-cutting priorities such as gender equality, ethnicity, social protection, health promotion, human rights, and primary health care. They also prioritize the principles of impact, quality, inclusiveness, communication, and accessibility.
References	1. Pan American Health Organization, 49th Directing Council, 61st Session of the Regional Committee of WHO for the Americas. Policy on research for health: document CD49/10. Washington, DC: PAHO, 2009. Available from http://www2.paho.org/hq/dmdocuments/2009/CD49-10-e.pdf 2. Special Collection on research for health in the Americas. Published in The BMJ (2018) and the Pan American Journal of Public Health (2019). 3. Pan American Health Organization. Checklists of Good Practices and Recommendations for Developing National Policies and Agendas on Research for Health. Washington DC, 2022. ISBN 978-92-75-12583-0. Accessed 6 July 2023 at https://iris.paho.org/handle/10665.2/56266 4. Pan American Health Organization. Assessment of national policies and agendas on research for health in the Americas. 2019 (internal technical document). 5. Pan American Health Organization. 46th Session of the Advisory Committee on Health Research. (Washington, D.C., 28-30 November 2016). Washington, D.C.: PAHO; 2017. Available from: www.paho.org/achr/46 or http://iris.paho.org/xmlui/handle/123456789/34305 6. Pan American Health Organization. Advisory Committee on Health Research. A review of its contributions to health and research for Health in the Americas 2009-2015. Second

	Revised Edition. April 2017. Washington DC. http://iris.paho.org/xmlui/handle/123456789/34007 7. 63rd World Health Assembly. WHO Strategy on Research for Health; WHO Roles and responsibilities on health research: document WHA63.22 and Resolution. Geneva, 2010. Cited 1 June 2021. Available at: http://apps.who.int/gb/e/e_wha63.html 8. Pan American Health Organization. Report on Strengthening Research Capacities for Health in the Caribbean, 2007-2017. Washington, D.C.: PAHO; 2017. Available from: http://iris.paho.org/xmlui/handle/123456789/34342 9. Hanney S, Kanya L, Pokhrel S, Jones T, Boaz A. What is the evidence on policies, interventions and tools for establishing and/or strengthening national health research systems and their effectiveness? :80. https://apps.who.int/iris/bitstream/handle/10665/331703/9789289054942-eng.pdf 10. Hanney, S.R., Kanya, L., Pokhrel, S. et al. How to strengthen a health research system: WHO's review, whose literature and who is providing leadership?. Health Res Policy Sys 18, 72 (2020). https://doi.org/10.1186/s12961-020-00581-1 11. Cuervo LG, Bermudez Tamayo C. [Development of research for health in Latin America and the Caribbean. Collaboration, publication and application of knowledge]. Gaceta Sanitaria. 2018; 32 (3): 206 –208. https://doi.org/10.1016/j.gaceta.2018.03.001 12. State of national policies, agendas, and indicators on research for health https://www.paho.org/en/health-systems-and-services/strengthening-national-health-research-systems 13. Documents relevant to the Advisory Committee on Health Research: https://tinyurl.com/PAHO-ACHR-HSSHS

Code and title of the output	Output 22.2: Countries and territories enabled to address priority ethical issues related to research for health
Code and title of the indicator	Output indicator 22.2.a: Number of countries and territories with the national health authority enabled to address ethical issues and establish effective mechanisms for ethics oversight of research
Definition of the indicator	In order to have effective mechanisms for ethics oversight of research, it is necessary to have a national body tasked with such oversight, namely, with the supervision of research ethics committees that review all research with human subjects. The duties of this body include the establishment of mechanisms for registration, training, and compliance of research ethics committees, and the provision of guidance to address ethical issues in research. This indicator counts the number of countries and territories that have a national body formally tasked with these duties.
Purpose of the indicator	At the 2018 PAHO Directing Council, Member States agreed that a systemic approach for research ethics is essential to ensure that research is conducted ethically. Effective mechanisms for ethics oversight of research are an essential component of a research ethics system. Research ethics committees conduct ethics review of research with human subjects, but adequate oversight and guidance for these committees must be ensured. In the absence of a national body with these tasks, ethics oversight of research cannot be accomplished.
Technical note	To achieve the indicator, a country must have a recognized and active national body whose duties include the registration, training, and compliance of research ethics committees along with the provision of guidance to address ethical issues encountered by committees. The existence of such national body must be formalized through relevant legally binding documents (e.g., ministerial resolutions, national policies, regulations, or laws). The existence of bioethics deliberative or advisory bodies, which are not specifically tasked with the oversight of research ethics committees, will not be considered sufficient. National bodies that are merely tasked with keeping record of existing research ethics committees and that neither supervise nor support the committees will be not considered sufficient for the purpose of the indicator. The number of countries and territories that meet the indicator criteria will be totaled.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Evidence and Intelligence for Action in Health/Science and Knowledge for Impact (EIH/SK)
Data source	• National health authorities, updated with PASB support. • International Compilation of Human Research Standards, published yearly by the Office for Human Research Protections, U.S. Department of Health and Human Services, and updated with PASB support, using information from Member States.
Limitations	The existence of a national body tasked with oversight of ethics review committees is a necessary but not sufficient condition to ensure that research is always conducted ethically. In

	order to achieve that, additional components of a research ethics system are necessary: namely, ethical standards for research with human subjects, policies that support research ethics training for investigators and committees, prospective registration of clinical trials, and policies on responsible conduct of research.
References	1. Pan American Health Organization. Bioethics: towards the integration of ethics in health. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas; 2012 Sep 17–20; Washington, DC. Washington, DC: PAHO; 2012 (Document CSP28/14, Rev. 1). Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/4457/CSP28-14-e.pdf?sequence=1&isAllowed=y (Cited 1 June 2021). 2. Pan American Health Organization. Bioethics: towards the integration of ethics in health. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas; 2012 Sep 17–20; Washington, DC. Washington, DC: PAHO; 2012 (Resolution CSP28.R18). Available from: https://www.paho.org/hq/dmdocuments/2012/CSP28.R18-e.pdf (Cited 1 June 2021). 3. Pan American Health Organization. Bioethics: towards the integration of ethics in health: final report. 56th Directing Council, 70th Session of the Regional Committee of WHO for the Americas; 2018 Sep 23–27; Washington, DC. Washington, DC: PAHO; 2018 (Document CD56/INF/21). Available from: http://iris.paho.org/xmlui/bitstream/handle/123456789/49706/CD56-INF-21-e.pdf?sequence=1&isAllowed=y&ua= . (Cited 1 June 2021). 4. Neil M, Saenz C. Advancing research ethics systems in Latin America and the Caribbean: a path for other LMICs? The Lancet Global Health. Vol 8, issue 1, E23-E24, January 01, 2020. DOI: https://doi.org/10.1016/S2214-109X(19)30441-3. 5. Council for International Organizations of Medical Sciences (CIOMS). International ethical guidelines for health-related research involving humans.4th ed. Geneva: 2016. Available from: https://cioms.ch/ 6. Office of Human Research Protections, U.S Department of Health and Human Services. International Compilation of Human Research Standards. 2020 Edition. Washington, DC: 2020. Available from: https://www.hhs.gov/ohrp/sites/default/files/2020-international-compilation-of-human-research-standards.pdf (Accessed December 1 2020).

Code and title of the output	Output 22.3: Countries and territories enabled to increase the production and dissemination of relevant health science and innovations
Code and title of the indicator	Output indicator 22.3.a: Number of countries and territories that have increased the number of scientific publications on health that respond to priority research agendas and the SDGs
Definition of the indicator	Health research is indispensable to improve health systems, maximize public health benefits, advance health equity, address social determinants of health effectively, and achieve the Sustainable Development Goals (SDGs). Establishing research priorities is essential to guide the use of limited resources. Health priorities are defined in national and regional documents using standardized methods and processes; the Agenda 2030 with its 17 SDGs provides the framework that all United Nations (UN) Member States have pledged to fulfill. Measuring the scientific health research produced in countries and territories is essential to identify gaps critical to lead to better population health and reduced health inequities.
Purpose of the indicator	This indicator captures the increase in the production of health research publications in the Region that is directly related to countries and territories' priority research agendas and the Sustainable Development Goals.
Technical note	The indicator aims to support the development of and demand for problem-focused and action-oriented research. PAHO develops strategies to promote the production of relevant high-quality research that can inform health policy and decision-making in the region. Standardized search filters related to health research priority areas and the SDGs will be used to identify scientific publications in relevant databases. A country or territory will be considered to have achieved the target for this indicator if the following criteria is met: • A search for research articles related to the SDGs or priority health topics produced by the country or territory in bibliographic databases such as PAHO's Virtual Health Library (BVS by its Spanish acronym) shows an increase in 1% per year for the 2020 to 2021 biennium period compared to the prior two-year period (2018 and 2019) For the purpose of this indicator, priority health topics are those which were identified in the country's published national research health agenda(s) that covered the reporting period.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Evidence and Intelligence for Action in Health/Science and Knowledge for Impact (EIH/SK)
Data source	1. Bibliographic databases such as BVS (which includes Medline, Lilacs, Epistemonikos, Cochrane among other sources). Publication filters are available in the following links: SDG3 https://bvsalud.org/queries/category/objetivos-de-desenvolvimento-do-milenio/ods-3/?l=es_ES SHAA2030 https://bvsalud.org/queries/category/objetivos-de-desenvolvimento-do-milenio/assa2030/?l=es_ES

	2. Ministries of Health and COHRED, regularly updated with PASB support with information from Member States. 3. The World Bank. Scientific and Technical journal articles. National Science Foundation, Science and Engineering Indicators. https://data.worldbank.org/indicator/IP.JRN.ARTC.SC?year_low_desc=true
Limitations	Some countries and territories have not established national research agendas.
References	1. Pan American Health Organization. Policy on Research for Health. Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=1414:2009-policy-on-research-health&Itemid=1655&showall=1&lang=en 2. Pan American Health Organization. Strategy for Universal Access to Health and Universal Health Coverage. Available from: https://www.paho.org/hq/dmdocuments/2014/CD53-R14-e.pdf 3. United Nations. 2030 Agenda for Sustainable Development. Available from: https://www.un.org/sustainabledevelopment/

Outcome 23. Health emergencies preparedness and risk reduction

Code and title of the output	Output 23.1: All-hazards emergency preparedness capacities in countries and territories assessed and reported
Code and title of the indicator	Output indicator 23.1.a: Number of States Parties completing annual reporting on the International Health Regulations (2005)
Definition of the indicator	This indicator counts the number of States Parties that have submitted the State Party Annual Report (SPAR) to the World Health Assembly (WHA), as mandated by Article 54 of the IHR and Resolution WHA61.2.
Purpose of the indicator	While the information provided through the SPAR represents a quantitatively expressed self-appraisal of core capacities detailed in Annex 1 of the IHR, in keeping with the spirit of transparency and mutual accountability underpinning the IHR, the indicator per se represents a measure of the degree of compliance with IHR provisions.
Technical note	The indicator is calculated by counting the number of States Parties that have submitted the State Party Annual Report (SPAR) to the World Health Assembly. Besides the fact that the submission of the SPAR to the WHA is mandated by Article 54 of the IHR and Resolution WHA61.2, a revised tool for the submission of the SPAR was published by the WHO Secretariat in May 2018. The revised tool is the result of a two-step formal global consultative process, repeatedly requested by States Parties in the Americas since 2010, that took place during the first quarter of 2018. It has to be noted that, through Decision WHA71(15), 2018, WHO member States decided, inter alia, "(b) that States Parties and the Director-General shall continue to report annually to the Health Assembly on the implementation of the International Health Regulations (2005), using the self-assessment annual reporting tool".
Type of indicator	Absolute
Measurement units	Number of States Parties
Frequency of measurement	Annual
PASB unit	Health Emergencies/Country Health Emergency Preparedness and IHR (PHE/CPI)
Data source	- WHO Global Health Observatory (GHO) data: https://www.who.int/gho/ihr/en/ (accessed on 19 February 2019) - WHO e-SPAR – States parties Annual Report data: https://extranet.who.int/e-spar/ - Reports on the Implementation of the International Health Regulations to PAHO Governing Bodies: https://www.paho.org/hq/index.php?option=com_content&view=article&id=42:governing-bodies&Itemid=419&lang=en (accessed on 19 February 2019)
Limitations	None
References	1. World Health Organization. International Health Regulations (2005), Third edition: http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf?ua=1 (accessed on 19 February 2019);

	2. World Health Organization. Resolution WHA61.2: http://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_Rec1-part2-en.pdf (accessed on 19 February 2019); 3. World Health Organization. Decision WHA71(15): http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71(15)-en.pdf (accessed on 19 February 2019); 4. World Health Organization. State Party self-assessment annual reporting tool - International Health Regulations (2005): http://www.who.int/iris/bitstream/10665/272432/1/WHO-WHE-CPI-2018.16-eng.pdf?ua=1 (accessed on 19 February 2019); 5. World Health Organization. Guidance document for the State Party self-assessment annual reporting tool International Health Regulations (2005): http://www.who.int/iris/bitstream/10665/272438/1/WHO-WHE-CPI-2018.17-eng.pdf?ua=1 (accessed on 19 February 2019)

Code and title of the output	Output 23.1: All-hazards emergency preparedness capacities in countries and territories assessed and reported
Name of the indicator	Output indicator 23.1.b: Number of countries and territories that have evaluated disaster and emergency preparedness capacities in the health sector
Definition of the indicator	This is the number of countries and territories that have completed a national risk assessment for health within the past two years.
Purpose of the indicator	Shows progress in the adoption of benchmarks for disaster risk reduction and response.
Technical note	This indicator is calculated by counting the number of countries and territories that have completed a national risk assessment for health within the past two years. The methodology to conduct the disaster risk assessment in the health sector should consider three parameters: Hazards, Vulnerabilities, and Capabilities. To be classified as "in progress", countries and territories: • Have completed a national risk assessment for health more than 2 years ago, or • Have a national risk assessment for health currently ongoing, and/or • Have at least 2 of the three national assessments for health (hazards, vulnerabilities, capabilities) completed
Type of indicator	Absolute
Measurement unit	Number of countries and territories
Frequency of measurement	Annual
PASB unit responsible for monitoring the indicator	Department of Health Emergencies (PHE) / Country Health Emergency Preparedness & IHR (PHE/CPI)
Data source	Country self-assessments
Limitations	Systematic monitoring and reporting is currently linked to the Plan of Action for Disaster Risk Reduction 2016-2021, which ends in 2021.
References	1. Pan American Health Organization. Plan of Action for Disaster Risk Reduction 2016-2021. 55th PAHO Directing Council, 68th Regional Committee of WHO for the Americas; 26-30 September 2016; Washington, DC: PAHO; 2016 (Document CD55/17, Rev. 1). Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-17-e.pdf

Code and title of the output	Output 23.2: Countries and territories enabled to strengthen capacities for emergency preparedness
Code and title of the indicator	Output indicator 23.2.a: Number of States Parties with national action plans developed for strengthening International Health Regulations (2005) core capacities
Definition of the indicator	This indicator counts the number of States Parties for which the score registered for Indicator "C3.1. Financing for IHR implementation", included in the State Party Annual Report (SPAR) submitted to the World Health Assembly (WHA), is equal to or above 80%.
Purpose of the indicator	The indicator represents a measure of institutionalization and sustainability of essential public health functions, relevant for the application, implementation, and compliance with the IHR.
Technical note	The indicator is calculated by counting the number of States Parties for which the score registered for Indicator "C3.1. Financing for IHR implementation", included in the State Party Annual Report (SPAR) submitted to the World Health Assembly (WHA), is equal to or above 80%. It has to be noted that, as per Articles 5 and 13, and Annex 1, the IHR only mandated States Parties to develop dedicated "IHR plans" up to 2014. Starting in 2012, the limitations related to the elaboration of such plans in the context of health system strengthening efforts have been repeatedly highlighted in the IHR progress Reports to PAHO Governing Bodies. In fact, on occasion of the IHR Formal Regional Consultations held in 2016 and 2017, States Parties in the Americas concurred that, as part of strategies for overall health systems strengthening, the heterogeneity across States Parties warrants a flexible approach to planning national activities relevant to States Parties' compliance with IHR provisions—beyond the model of a dedicated "IHR Plan". In particular, core capacities, detailed in Annex 1 of the IHR, should be truly integrated into the health system as essential public health functions.
Type of indicator	Absolute
Measurement units	Number of States Parties
Frequency of measurement	Annual
PASB unit	Health Emergencies/Country Health Emergency Preparedness and IHR (PHE/CPI)
Data source	• WHO Global Health Observatory (GHO) data: https://www.who.int/gho/ihr/en/ (accessed on 19 February 2019); • WHO e-SPAR – States parties Annual Report data: https://extranet.who.int/e-spar/; • Reports on the Implementation of the International Health Regulations to PAHO Governing Bodies: https://www.paho.org/hq/index.php?option=com_content&view=article&id=42:governing-bodies&Itemid=419&lang=en
Limitations	The nature of the indicator itself, as well as the approach to measure it (focusing on financing and based on self-reporting), might not allow for the appreciation of compensatory mechanisms intrinsic to country-specific health systems.

References	1. World Health Organization. International Health Regulations (2005), Third edition: http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf?ua=1 (accessed on 19 February 2019). 2. World Health Organization. State Party self-assessment annual reporting tool - International Health Regulations (2005) version 2021: https://cdn.who.int/media/docs/default-source/health-security-preparedness/cap/spar/9789240040120-eng-new.pdf?sfvrsn=5dc09bd9_3 (accessed on 19 February 2019). 3. World Health Organization. Guidance document for the State Party self-assessment annual reporting tool International Health Regulations (2005): http://www.who.int/iris/bitstream/10665/272438/1/WHO-WHE-CPI-2018.17-eng.pdf?ua=1 (accessed on 19 February 2019).

Code and title of the output	Output 23.2: Countries and territories enabled to strengthen capacities for emergency preparedness
Name of the indicator	Output indicator 23.2.b: Number of countries and territories with full-time staff assigned to health emergencies
Definition of the indicator	This is the number of countries and territories that have full-time staff assigned to disaster risk reduction at the end of the period.
Purpose of the indicator	Shows progress on the institutionalization of disaster risk reduction in the health sector.
Technical note	• To achieve full compliance with this indicator: Country has dedicated [full-time] staff tor Health Disaster Risk Management – professional, technical, and administrative. The number of staff members in each office will depend on the country context and the disaster risk level in the health sector. • To be classified as "in progress": Country has designated [part-time] staff for Health Disaster Risk Management.
Type of indicator	Absolute
Measurement unit	Number of countries and territories
Frequency of measurement	Annual
PASB unit responsible for monitoring the indicator	Department of Health Emergencies (PHE) / Country Health Emergency Preparedness & IHR (PHE/CPI)
Data source	Emergency and Disaster Risk Management for Health (ERMH) Survey with countries. Plan of Action for Disaster Risk Reduction 2016-2021 monitoring reports
Limitations	In mainly the smaller countries and territories, there are not usually dedicated full time staff but instead designated or part time staff to undertake these functions.
References	1. Pan American Health Organization. Plan of Action for Disaster Risk Reduction 2016-2021. 55th PAHO Directing Council, 68th Regional Committee of WHO for the Americas; 26-30 September 2016; Washington, DC: PAHO; 2016 (Document CD55/17, Rev. 1). Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-17-e.pdf

Code and title of the output	Output 23.3: Countries and territories operationally ready to assess and manage identified risks and vulnerabilities
Code and title of the indicator	Output indicator 23.3.a: Number of States Parties that have conducted simulation exercises or after-action review
Definition of the indicator	Number of States Parties for which the score registered for at least one of the following Indicators "C7.1. Planning for health emergencies," "C7.2. Management of health emergency response," "C7.3. Emergency logistic and supply chain management," and "C8.3. "Continuity of essential health services (EHS)" included in the State Party Annual Report (SPAR) submitted to the World Health Assembly (WHA), is 100%.
Purpose of the indicator	The indicator represents a measure of the institutionalization of the use of after-action review and simulations exercises as tools to support the continuous, intersectoral, public health preparedness process.
Technical note	The indicator is calculated by counting the number of States Parties for which the score registered for at least one of the following Indicators included in the State Party Annual Report (SPAR) submitted to the World Health Assembly (WHA) is 100%. • C7.1. Planning for health emergencies • C7.2. Management of health emergency response • C7.3. Emergency logistic and supply chain management • C8.3. Continuity of essential health services (EHS) The WHO documents "International Health Regulations (2005) - Monitoring and Evaluation Framework" and "After Action Reviews and Simulation Exercises under the International Health Regulations 2005 - Monitoring & Evaluation Framework (IHR MEF)" were published in December 2018 without outlining the processes for the WHO Secretariat to capture information, beyond what indicated is by States Parties in the SPAR, regarding two of the voluntary components of the IHR MEF of pertinence of this indicator.
Type of indicator	Absolute
Measurement units	Number of States Parties
Frequency of measurement	Annual
PASB unit	Health Emergencies/Country Health Emergency Preparedness and IHR (PHE/CPI)
Data source	• WHO Global Health Observatory (GHO) data: https://www.who.int/gho/ihr/en/ (accessed on 19 February 2019); • Reports on the Implementation of the International Health Regulations to PAHO Governing Bodies: https://www.paho.org/hq/index.php?option=com_content&view=article&id=42:governing-bodies&Itemid=419&lang=en
Limitations	While the SPAR is used as source of information to measure this indicator, the lack of processes and tools for the WHO Secretariat and PASB to capture more accurate information on the nature

	and scope of after-action review and simulations exercises conducted at national level, as well as about their outcome in terms of implementation of corrective actions, does not allow for the appraisal of the effectiveness of after-action review and simulations exercises in terms of status of preparedness.
References	1. World Health Organization. International Health Regulations (2005), Third edition: http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf?ua=1 (accessed on 19 February 2019). 2. World Health Organization. International Health Regulations (2005) - Monitoring and Evaluation Framework: http://www.who.int/iris/bitstream/10665/276651/1/WHO-WHE-CPI-2018.51-eng.pdf?ua=1 (accessed on 19 February 2019) 3. World Health Organization. After Action Reviews and Simulation Exercises under the International Health Regulations 2005 - Monitoring & Evaluation Framework (IHR MEF): https://apps.who.int/iris/bitstream/handle/10665/276175/WHO-WHE-CPI-2018.48-eng.pdf?sequence=1 (accessed on 19 February 2019).

Code and title of the output	Output 23.4: Countries and territories enabled to improve the safety and security of integrated health services networks
Code and title of the indicator	Output indicator 23.4.a: Number of countries and territories that include safe hospital criteria in the planning, design, construction, and operation of health services
Definition of the indicator	This is calculated by counting the number of countries and territories that have established a national initiative on Resilient Hospitals.
Purpose of the indicator	Shows the progress of the countries toward mainstreaming disaster risk reduction in the health sector.
Technical note	Countries are considered as having a resilient hospital initiative if the following criteria are met: 1. The Safe Hospitals criteria are applied in the planning, design, construction and retrofitting of health facilities. 2. Inter-institutional and multisectoral participation exists in the operation of the Resilient Hospitals Initiative 3. Health facilities have been evaluated (risk, safety, and inclusiveness assessed and response plans updated and tested) and interventions prioritized to improve their resilience in the context of health emergencies and disasters. 4. Availability of policies, guidelines, standards, and procedures for implementing the initiative at national and subnational levels. To achieve full compliance with this indicator, all 4 criteria above must be met.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Emergencies/Disaster Risk Reduction & Special Projects (PHE/DRR)
Data source	Hospital Safety Index Online Database and Country Reports
Limitations	Not all countries presently have access to the Hospital Safety Index Online Database to ensure systematic monitoring and standardized reporting.
References	1. Pan American Health Organization. Smart Hospitals Toolkit http://www.paho.org/disasters/index.php?option=com_content&view=article&id=1742&Itemid=911 2. Pan American Health Organization. Hospital Safety Index – Guide for evaluators and evaluation forms http://safehospitals.info/index.php?option=com_content&task=view&id=30&Itemid=1&lang=english 3. Pan American Health Organization. Plan of Action for Disaster Risk Reduction 2016-2021. 55th PAHO Directing Council, 68th Regional Committee of WHO for the Americas; 26-30 September 2016; Washington, DC: PAHO; 2016 (Document CD55/17, Rev. 1). Available from: https://www.paho.org/hq/dmdocuments/2016/CD55-17-e.pdf

Code and title of the output	Output 23.5: Countries and territories enabled to implement the most feasible climate-smart and safety standards in selected health facilities to improve their resilience and reduce their impact on the environment
Code and title of the indicator	Output indicator 23.5.a: Number of countries and territories that include criteria for disaster mitigation and climate change adaptation in the planning, design, construction, and operation of health services
Definition of the indicator	This indicator calculates the number of countries and territories that either have a smart hospitals program **OR** 1) have a safe hospital program and 2) incorporate measures to address climate change in the planning, design, construction, and operation of health facilities.
Purpose of the indicator	Shows the progress of the countries towards mainstreaming disaster risk reduction and climate change adaptation/mitigation in the health sector
Technical note	This indicator is calculated by counting the number of countries and territories that meet one of the following two criteria (A or B): **Criteria A:** Has a smart hospitals program, which includes: • Country evaluators trained in using the smart hospitals toolkit; • Formal assessments of the health facilities' vulnerabilities to disasters; • Implementation of health facility intervention plans that address disaster resilience and climate change; • Smart hospitals technical guidelines utilized for construction of new health facilities, and for maintenance, greening, and safety improvement of existing health facilities. ***OR*** **Criteria B:** Has a safe hospitals program **AND** incorporates measures to address climate change in the planning, design, construction, and operation of health services. *Countries are considered as having a safe hospital program if the following criteria are met:* • Inter-institutional and multisectoral participation exists in the creation and operation of the Safe Hospitals Program • The Safe Hospitals criteria are applied in the construction of new health facilities • Health facilities have been evaluated and interventions prioritized to improve their safety in the face of disasters • Availability of policies, guidelines, standards, and procedures for implementing the program at national and subnational levels • Availability of instruments to monitor and evaluate the progress of the safe hospitals program
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Emergencies/Disaster Risk Reduction & Special Projects (PHE/DRR)
Data source	Smart Hospitals Project Reports, Reports from Health Disaster Coordinator Meeting and technical cooperation missions

Limitations	Smart hospital database is being finalized to systematically monitor and standardize reporting on progress.
References	1. Pan American Health Organization. Smart Hospitals page. Available from: https://www.paho.org/disasters/index.php?option=com_content&view=article&id=3660:hospitales-inteligentes&Itemid=911&lang=en

Outcome 24. Epidemic and pandemic prevention and control

Code and title of the output	Output 24.1: Research agendas, predictive models, and innovative tools, products, and interventions available for high-threat health hazards
Code and title of the indicator	Output indicator 24.1.a: Number of strategies in place at PASB to plan, forecast, or deploy effective package of response measures to high-threat and emerging pathogens, including procurement and management of regional supply reserves
Definition of the indicator	This indicator counts the number of prevention, preparedness, and response strategies for high-threat and emerging pathogens that cover elements such as early detection, surveillance, laboratory, and case management and that can be adapted to a national level.
Purpose of the indicator	With the development, adoption, and implementation of regional high-level strategies, and through effective partnerships, PAHO provides a concrete path toward a world in which infectious diseases are more manageable public health events.
Technical note	The indicator is a simple count of high-threat and emerging pathogens, for which a strategy has been developed.
Type of indicator	Absolute
Measurement units	Number of strategies
Frequency of measurement	Annual
PASB unit	Health Emergencies/Infectious Hazard Management (PHE/IHM)
Data source	Documents and reports related to systematic literature reviews, external consultancies, ad-hoc expert consultations, and guidelines.
Limitations	Given their epidemic nature and thus sporadicity, limited data and evidence on occurrence and best prevention/response practices is available for most of the high-threat and emerging pathogens that need consideration. Awareness on these hazards may also be limited or underestimated in countries and thus the urgency to collaborate and to implement the developed strategies may be low.
References	1. Sustainable Development Goal 3.d "Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks." Also, linked to the implementation of the International Health Regulations (2005).

Code and title of the output	Output 24.2: Proven prevention strategies for priority pandemic/epidemic-prone diseases implemented at scale
Name of the indicator	Output indicator 24.2.a: Number of countries and territories with strategies and/or plans in place to detect and respond to high-threat and emerging pathogens, including emerging zoonotic pathogens
Definition of the indicator	The indicator is defined based on the capacity of the countries to detect and diagnose (new) emerging and re-emerging viruses in a timely manner, with platforms and protocols recommended at regional level and fulfilling the appropriate quality parameters.
Purpose of the indicator	To show progress of the country´s capacities for early detection and confirmation of emerging epidemic-prone infectious pathogens of national and international concern
Technical note	This indicator is calculated by counting the number of countries and territories that meet the following three conditions: • Have at least 6 protocols in place to detect endemic and emerging viruses (such as Dengue, Chikungunya, Zika, Yellow fever, Mayaro and Equine Encephalitis, Influenza and other respiratory viruses) • Have achieved at least 90% concordance in External Quality Assessment for emerging and endemic viruses, coordinated by PAHO/WHO or its Collaborating Centers • Have public health labs which have processed at least 70% of all human specimens received with clinical suspicion of arboviral diseases The installed capacity of a country is measured on both PAHO support provided to a country as well as the results of External Performance Evaluations, assessment of laboratory capacities, taking into consideration the country epidemiological reports.
Type of indicator	Absolute
Measurement unit	Number of countries and territories
Frequency of measurement	Annual
PASB unit responsible for monitoring the indicator	Department of Health Emergencies (PHE) / Infectious Hazard Management (PHE/IHM)
Data source	• Reports of missions, training, and technical assistance in the country (PAHO) • Results of External Performance Evaluations (EQA) (Country, Collaborating Centers, Reference laboratories, PAHO/WHO) • Surveys and review of laboratory capacities (PAHO, Collaborating Centers) • Country epidemiological reports (Country)
Limitations	• Customs procedures in countries that prevent the timely delivery of quality material and panels. • Conditions that affect the function of surveillance systems • Limited options and restrictions to travel in missions and to ship materials
References	1. Guides and guidelines -Pan American Health Organization. Laboratory diagnosis of Yellow Fever virus infection. - Pan American Health Organization. Guidelines for serological diagnosis of Zika virus infection. Available from: https://www.paho.org/hq/index.php?option=com_docman&task=doc_view&Itemid=270&gid=36616&lang=fr

	2. Regulations and resolutions -World Health Organization. International Health Regulations (2005), Third edition. Available from: http://www.who.int/ihr/publications/9789241580496/en/ - Pan American Health Organization. Strategy for arboviral disease prevention and control. 55th PAHO Directing Council, 68th Regional Committee of WHO for the Americas; 26-30 September 2016; Washington, DC; PAHO; 2016 (Document CD55/16). Available from: https://www.paho.org/en/documents/cd5516-strategy-arboviral-disease-prevention-and-control-2016

Code and title of the output	Output 24.3: Countries and territories enabled to mitigate the risk and consequences of the emergence/reemergence of high-threat infectious pathogens, including emerging zoonotic pathogens, and to improve pandemic preparedness
Code and title of the indicator	Output indicator 24.3.a: Number of countries and territories with access to established expert networks and national laboratory policies to support prediction, detection, prevention, control, and response to high-threat and emerging pathogens, including emerging zoonotic pathogens
Definition of the indicator	Early detection and confirmation of emerging epidemic-prone pathogens is a vital part of public health alert systems. This indicator will consider the number of countries that: 1) have standardized new protocols for the detection of highly infectious pathogens under the appropriate biosafety containment environment or have formal agreements to ensure access to a required containment facility (e.g., BSL-3); 2) have established mechanisms and certified staff for safely handling and shipping Category A samples to reference labs according to international regulations; and 3) are members of formally established regional/global laboratory network(s).
Purpose of the indicator	Strong global and regional expert networks and mechanisms that can be leveraged rapidly are crucial to effectively detect, prevent and respond to events & emergencies. This indicator quantifies partner institutional engagement in WHO facilitated mechanism.
Technical note	This indicator is calculated by counting the number of countries and territories that meet the following three conditions: 1) have implemented new standardized protocols for the detection of highly infectious pathogens in a safe containment environment such as BSL-3 facilities or have formal agreements to ensure access to an appropriate containment facility; 2) have established mechanisms and certified staff for safely handling and shipping Category A samples to reference labs according to international regulations; 3) are members of formally established regional/global laboratory network(s).
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Emergencies/Infectious Hazard Management (PHE/IHM)
Data source	• Quality Manual from the national public health institutions • Results from annual surveys to establish biosafety and basic capacities • Reports from missions to monitor the progress • Cat A – International Air Transport Association (IATA) certified staff database
Limitations	• Strong commitment from national political and senior level decision makers required to achieve agreements with networks and institutions, which implies a long process of advocacy and engagement • Financial resources • Lack of or inadequate institutional quality policies in many countries to facilitate these processes. Significant improvements in these policies will be necessary.
References	1. Standardized protocols for the detection of highly infectious pathogens and BSL-3 facility • Pan American Health Organization. Chikungunya: Manuals and training materials

	• Pan American Health Organization. Diagnóstico por laboratorio para la enfermedad por el virus del Zika • Pan American Health Organization. Guía para la vigilancia de la enfermedad por el virus del Zika y sus complicaciones, Available from: http://iris.paho.org/xmlui/handle/123456789/28234 • Pan American Health Organization. Yellow Fever • Pan American Health Organization. Curso de gestión de calidad y buenas prácticas de laboratorio. 3. ed., Available from: http://iris.paho.org/xmlui/handle/123456789/31168?locale-attribute=es • Pan American Health Organization. Ebola: Diagnóstico por laboratorio (on BSL-3 facilities) 2. Infectious Substance Shipping Training and Certification • Pan American Health Organization. Laboratory Services Program, Available from: https://www.paho.org/en/topics/laboratory-services-program • World Health Organization. Guidance on regulations for the transport of infectious substances 2017-2018 3. Networking • Pan American Health Organization. The Arbovirus Diagnosis Laboratory Network of the Americas (RELDA), Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=4497%3Athe-arbovirus-diagnosis-laboratory-network-of-the-americas-relda&catid=8990%3Arelda-network-&Itemid=39306&lang=en • Red de los Institutos Nacionales de Salud de la Unión de las Naciones Suramericanas, Available from: http://www.anlis.gov.ar/?page_id=1503 • Caribbean Public Health Agency (CARPHA). CariPHLN, Available from: https://carpha.org/What-We-Do/LABS/Overview

Code and title of the output	Output 24.3: Countries and territories enabled to mitigate the risk and consequences of the emergence/reemergence of high-threat infectious pathogens, including emerging zoonotic pathogens, and to improve pandemic preparedness
Code and title of the indicator	Output indicator 24.3.b: Number of countries and territories performing regular monitoring/auditing of infection prevention and control practices in referral care facilities
Definition of the indicator	This is the number of countries and territories that have implemented and evaluated infection prevention and control (IPC) practices in their referral care facilities.
Purpose of the indicator	Shows progress in the implementation of the World Health Organization Core Components of Infection Prevention and Control Programs (WHO-IPC CC) at the national level. The WHO-IPC CC Guidelines at the National and Acute Healthcare Facility Level is a framework of recommendations and best practice statements in IPC to assist countries in developing and implementing programs to mitigate infectious threats and guarantee quality in service delivery. The IPC core components include: 1) organization and structure, 2) guideline development and implementation, 3) education and training, 4) Healthcare-Associated Infections (HAI) surveillance, 5) multimodal strategies for implementing IPC activities, 6) monitoring and evaluation and feedback, 7) workload, staffing, and bed occupancy at the facility level and, 8) built environment, materials, and equipment for infection prevention and control at the facility level.
Technical note	This indicator is calculated by counting the number of countries and territories that have evaluated IPC practices in at least one designated referral care facilities each year.
Type of indicator	Absolute
Measurement units	Number of countries or territories
Frequency of measurement	Annually
PASB unit	Health Emergencies/Infectious Hazard Management (PHE/IHM)
Data source	Country Self Assessments: this information will be obtained from national counterparts based on their own self assessments.
Limitations	Most countries and territories in the region do not perform routine audits, evaluations, or monitoring practices of their national IPC Program. The WHO IPC CC is not fully implemented in the Member States in the Region. There is no information about the status of implementation of infection prevention and control programs in the Regions, except from the 2019 World Health Organization global survey on Infection Prevention and Control, the official results of which are still pending.
References	1. World Health Organization. Guidelines on core components of infection prevention and control programs at the national and acute healthcare facilities. Geneva: World Health Organization; 2016. License: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/bitstream/handle/10665/251730/1/9789241549929-eng.pdf?ua=1

	2. World Health Organization. Instructions for the national infection prevention and control assessment tool 2 (IPCAT2) – Updated June 2017. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO. https://www.who.int/infection-prevention/tools/core-components/ICPAT2.pdf?ua=1 3. Pan American Health Organization. "Guía de evaluación rápida de programas hospitalarios en prevención y control de las infecciones asociadas a la atención de salud". Washington, D. C.: PAHO, 2011. https://www.paho.org/hq/dmdocuments/2011/SPA-Guia-Evaluacion-IAAS.pdf

Code and title of the output	Output 24.3: Countries and territories enabled to mitigate the risk and consequences of the emergence/reemergence of high-threat infectious pathogens, including emerging zoonotic pathogens, and to improve pandemic preparedness
Code and title of the indicator	Output indicator 24.3.c: Number of countries and territories with operational integrated surveillance systems and pandemic preparedness plans for respiratory viruses, including influenza and COVID-19
Definition of the indicator	This indicator counts the number of countries and territories with a functional severe acute respiratory infections (SARI) surveillance system that has virologic, clinical, and epidemiologic components.
Purpose of the indicator	To measure the progress of the region implementing the IHR core capacities with a specific focus on surveillance systems for influenza and other respiratory viruses (ORV), including SARS-CoV-2. The surveillance activities and the resulting data produced will allow PAHO/WHO to provide a picture of regional trends of the transmission of influenza and other respiratory viruses, which will inform prevention and control policy decisions as well as improve preparedness and response capacities.
Technical note	This is calculated by counting the number of countries and territories that have functional SARI surveillance in place, defined as: - the reporting to PAHO of virologic data for at least 40% of the Epidemiologic Weeks (EW) of the calendar year, or - the reporting to PAHO of, at a minimum, SARI (or hospitalized influenza) case counts for at least 40% of the EWs of the calendar year. Data must be reported to PAHO by 3 pm EST on the Friday after the EW ends.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual
PASB unit	Health Emergencies /Infectious Hazard Management (PHE/IHM)
Data source	Data submitted by each country to PAHO/WHO. Validation through country assessment missions.
Limitations	Some Member States, though they conduct surveillance activities, are not yet consistently reporting virologic and clinical-epidemiological data. The success of this indicator will require support to build national capacities and to ensure open and transparent data sharing.
References	1. World Health Organization. Pandemic Influenza Preparedness (PIP) Framework. 2. World Health Organization. Global Influenza Programme (GIP).

Outcome 25. Health emergencies detection and response

Code and title of the output	Output 25.1: Potential health emergencies rapidly detected, and risks assessed and communicated
Code and title of the indicator	Output indicator 25.1.a: Median number of days between onset of substantiated public health event and date information first received or detected by PAHO
Definition of the indicator	The indicator is the median time (in days) from the start date of a substantiated event in the Region of the Americas to when PAHO first receives or detects information on the event, during a one-year period.
Purpose of the indicator	To assess improvements in timeliness of public health event detection. The indicator also measures both Member States' and the Secretariat's capacity to detect public health events in a timely fashion.
Technical note	The indicator is calculated as the median time (in days) from the start date of a substantiated event to the time of event discovery (i.e., reported to PAHO by Member State, academic or personal communication, or detected by PAHO as part of Event based surveillance)
Type of indicator	Absolute
Measurement units	Number of days
Frequency of measurement	Data to calculate this indicator is collected throughout the year.
PASB unit	Health Emergencies/Health Emergency Information and Risk Assessment (PHE/HIM)
Data source	WHO's Event Management System
Limitations	As surveillance capabilities vary among countries and subregions, the reporting on this indicator as a regional figure could hide some disparities.
References	1. Sheryl A. Kluberg, Sumiko R. Mekaru, David J. McIver, Lawrence C. Madoff, Adam W. Crawley, Mark S. Smolinski, John S. Brownstein. Global capacity for emerging infectious disease detection, 1996-2014. Emerg Infect Dis. 2016 Oct; 22(10): e151956. *2.* Chan EH, Brewer TF, Madoff LC, Pollack MP, Sonricker AL, Keller M, Freifeld CC, Blench M, Mawudeku A, Brownstein JS. Global capacity for emerging infectious disease detection. Proc Natl Acad Sci U S A. 2010 Dec 14; 107(50):21701-6. Epub 2010 Nov 29.

Code and title of the output	Output 25.1: Potential health emergencies rapidly detected, and risks assessed and communicated
Code and title of the indicator	Output indicator 25.1.b: Proportion of National IHR Focal Point (NFP) responses to request for verification of events received within 24 hours
Definition of the indicator	The indicator is the 24-hour response rate of the National IHR Focal Points (NFP) to requests for verification sent by the WHO IHR Contact Point.
Purpose of the indicator	To measure the overall response rate for signals verification requests received within 24 hours. The indicator also assesses both State Parties' and the Secretariat's capacity to detect and rapidly verify information and obtain further details.
Technical note	The indicator is calculated as a proportion of responses received within 24 hours after a request for verification was sent by the WHO IHR Contact Point. **Numerator**: number of National IHR NFP responses to requests for verification of signals each year received within 24 hours of request. **Denominator**: number of requests for verification sent to National IHR NFP each year
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Data to calculate this indicator is collected throughout the year.
PASB unit	Health Emergencies/Health Emergency Information and Risk Assessment (PHE/HIM)
Data source	WHO's Event Management System
Limitations	Interpretations of Article 10 of the IHR vary among States Parties, particularly the paragraph 2a) related to the obligation to respond within 24 hours. The differing interpretation could impact the overall rate of response.
References	1. Pan American Health Organization. Acute public health evets assessed by WHO Regional Offices for Africa, the Americas, and Europe under the International Health Regulations 2018 report. Available at: https://www.paho.org/en/documents/acute-public-health-events-assessed-who-regional-offices-africa-americas-and-europe-1 2. Pan American Health Organization. International Health Regulations National Focal Points regional meetings, 28-30 November 2017. Miami, United States of America.

Code and title of the output	Output 25.1: Potential health emergencies rapidly detected, and risks assessed and communicated
Code and title of the indicator	Output indicator 25.1.c: Percentage of public health hazards/events/acute crises for which relevant operational and epidemiological information is made publicly available to decision makers by PASB, in any format, starting within 48 hours of grading or of posting on the Event Information Site (EIS)
Definition of the indicator	This indicator calculates the percentage of grade 2 and 3 emergencies for which situation summaries are made available on the PAHO public website within 48 hours of grading.
Purpose of the indicator	Measures the efficiency of sharing relevant information about health hazard acute events with an international public audience in a timely manner.
Technical note	This is calculated by counting the number of Grade 2 and 3 emergencies in which situation summaries are made available on the PAHO public website within 48 hours of grading, divided by total number of grade 2 and 3 emergencies, expressed as a percentage of total grade 2 and 3 emergencies. Numerator: Number of Grade 2 and 3 emergencies in which situation summaries are made available on the PAHO public website within 48 hours of grading Denominator: Number of Grade 2 and 3 emergencies
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Annual
PASB unit	Health Emergencies/Health Emergency Information and Risk Assessment (PHE/HIM)
Data source	National sources, such as national health authorities; IHR National Focal Points; PAHO Emergency Operation Center and Country Offices (Post disaster reports from PAHO/WHO); WHO Event Information Site
Limitations	Varying capacities of countries to report official data/information in a timely manner.
References	1. Pan American Health Organization. Health Emergencies. Available from: https://www.paho.org/en/health-emergencies 2. World Health Organization, Available from: https://www.who.int/emergencies/situations

Code and title of the output	Output 25.2: Acute health emergencies rapidly responded to, leveraging relevant national and international capacities
Code and title of the indicator	Output indicator 25.2.a: Percentage of Grade 2 and Grade 3 emergencies from any hazard with public health consequences, including any emerging epidemic threat, in which PASB meets performance standards
Definition of the indicator	This indicator calculates the percentage of grade 2 and grade 3 emergencies (equivalent to level 2 and 3 of the PAHO/WHO Institutional Response to Emergencies and Disasters [IRED]) in which a minimum of 70% of performance standards are met on time as per the Emergency Response Framework (ERF).
Purpose of the indicator	Measures PAHO/WHO's performance in contributing to an effective and timely health sector response to reduce mortality, life-threatening morbidity, and disability in the affected areas, with special attention to vulnerable and marginalized groups.
Technical note	At least 70% of the 23 WHO Performance Standards in Emergency Response (outlined in the ERF document) must be met on time. NB: PAHO's IRED policy provides guidance for operationalizing the ERF in the Americas. Numerator: the number of the grade 2 and grade 3 emergencies in which a minimum of 70% of performance standards are met on time as per the ERF Denominator: the number of grade 2 and grade 3 emergencies each year
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Real time
PASB unit	Health Emergencies/Emergency Operations (PHE/EMO)
Data source	PAHO Emergency Operation Center (Post disaster reports from PAHO/WHO)
Limitations	The full applicability of the ERF performance standards measurement framework to the IRED is still to be determined. The indicated timeframes for the performance standards relate to sudden-onset events. Timeframes for emergencies graded due to a slow onset event have to be determined at time of grading.
References	1. Pan American Health Organization. Institutional Response to Emergencies and Disasters (PAHO/WHO E-Manual). 2. World Health Organization. Emergency Response Framework

Code and title of the output	Output 25.3: Essential health services and systems maintained and strengthened in fragile, conflict, and vulnerable settings
Code and title of the indicator	Output indicator 25.3.a: Percentage of protracted-emergency countries in which PASB meets performance standards
Definition of the indicator	This indicator calculates the percentage of countries with protracted emergencies in which PAHO meets at least five out of seven (5/7) of the Performance Standards in Annex 4 of the Emergency Response Framework (ERF).
Purpose of the indicator	To measure PAHO/WHO's contribution to increase access to basic needs and predictable service delivery to reduce morbidity and mortality in countries with protracted emergencies.
Technical note	At least five out of seven (5/7) of the Performance Standards in protracted-emergency countries as stated in Annex 4 of the Emergency Response Framework (ERF) must be met (listed here below). 1. Provide policy advice and technical expertise to health authorities and partners to establish and implement a program of work to respond to the emergency that links to appropriate development mechanisms; 2. Produce the health component of a common humanitarian action plan and funding appeal, annually; 3. Compile and produce situation reports, quarterly; 4. Promote and monitor the application of national and international, protocols, health standards, methodologies, tools, and best practices; 5. Monitor and share relevant information for decision-making on health at least annually; 6. Integrate a program of work for emergency response into its Country Cooperation Strategy (CCS), every 5 years; and 7. Advocate for health as a priority sector for the response, continually. Numerator: the number of protracted emergency countries in which PAHO meets at least five out of seven (5/7) of the Performance Standards Denominator: Total number of protracted emergency countries in the Americas.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Annual
PASB unit	Health Emergencies/Emergency Operations (PHE/EMO)
Data source	Emergency Response Framework tracking tool
Limitations	There is currently no global or regional action plan that states an agreed target.
References	1. Pan American Health Organization. Institutional Response to Emergencies and Disasters (PAHO/WHO E-Manual). 2. World Health Organization. Emergency Response Framework

Code and title of the output	Output 25.4: Standing capacity to respond to emergencies and disasters related to any hazard, including outbreaks and conflicts, and to lead networks and systems for effective humanitarian action
Code and title of the indicator	Output indicator 25.4.a: Number of PAHO/WHO Representative Offices that meet minimum readiness criteria
Definition of the indicator	This indicator counts the number of PAHO/WHO country offices that achieve the five elements on the readiness checklist considered to be the minimum readiness requirement for PAHO/WHO offices.
Purpose of the indicator	Shows progress in the adoption of benchmarks for readiness for disaster response.
Technical note	PAHO/WHO country offices are considered to fully comply with WHO readiness checklist if they have in place: 1. A readiness focal point in the office 2. Availability of a strategic risk analysis enabling identification of major health threats 3. Availability of contingency plans to address and prepare for each of the major health threats identified by the risk analysis 4. Availability of a business continuity plan to address those threats to ensure the functionality of WHO offices 5. Availability of, or access to, an early warning system enabling risks and events alert, monitoring, and timely response
Type of indicator	Absolute
Measurement units	Number of PAHO/WHO country offices
Frequency of measurement	Annual
PASB unit	Health Emergencies/Emergency Operations (PHE/EMO)
Data source	PAHO Disaster Focal Points and the Readiness checklist tracking tool assessment report
Limitations	No database currently available to ensure systematic monitoring and standardized reporting
References	1. Pan American Health Organization. Institutional Response to Emergencies and Disasters (PAHO/WHO E-Manual) 2. World Health Organization. Emergency Response Framework 3. World Health Organization. Country Office Readiness Checklist (available upon request)

Outcome 26. Cross-cutting themes: Equity, Ethnicity, Gender, and Human Rights

Code and title of the output	Output 26.1: Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work
Code and title of the indicator	Output indicator 26.1.a: Number of outcomes in which PASB has incorporated actions and/or adopted approaches that advance equity, gender and ethnic equality, and human rights
Definition of the indicator	This indicator is the number of outcomes in which PASB has incorporated actions and/or adopted approaches that advance equity, gender and ethnic equality and human rights.
Purpose of the indicator	The indicator measures the progressive advances towards health equity, gender and ethic equality, and human rights (cross cutting themes) throughout the work of PASB.
Technical note	Number of outcomes in which PASB has incorporated actions and/or adopted approaches that advance equity, gender and ethnic equality, and human rights (by dimension). The measurement criteria will include activities in the following five dimensions as relevant to the application of health equity, gender and ethnic equality and human rights approaches: • Data collection, analysis and use in technical cooperation • Actions to reduce inequities and inequalities in health and protect the right to health and other related human rights • Internal and external capacity strengthening • Monitoring and evaluation • Participation and inclusive governance To be considered as having successfully incorporated actions and/or adopted approaches, PASB must have implemented/adopted at least 3 of the 5 dimensions in at least 22 of the 28 outcomes. The target is at least 80% of outcomes.
Type of indicator	Absolute
Measurement units	Number of outcomes
Frequency of measurement	This indicator will be collected and reported twice each biennium (at the end of the first year and at the end of the biennium). In addition, it will be collected and reported at the end of the strategic plan 2020-2025, in accordance with corporate monitoring cycles.
PASB unit	Department of Social and Environmental Determinants for Health Equity/ Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	Data collected and reported in the Performance Monitoring and Assessment (PMA) review, Entity Report, by all PASB entities, at the end of each year (with additional survey data collection as required), and in line with the PAHO Strategic Plan 2020-2025.
Limitations	The information is based on self-assessments and periodic sample reviews of quantitative and qualitative data may be necessary to verify information.
References	1. International human rights instruments relevant to equity, gender, cultural diversity and health. 2. Global and regional consensuses relevant to equity, gender, cultural diversity and human rights.

	3. Pan American Health Organization. Strategy for universal access to health and universal health Coverage. 4. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Just Societies: Health Equity and Dignified Lives. 5. Pan American Health Organization. "Universal Health in the 21st Century: 40 Years of AlmaAta." 6. PAHO/WHO mandates on ethnicity, gender and human rights.

Code and title of the output	Output 26.1: Health equity, gender and ethnic equality, and human rights advanced and monitored throughout PASB's work
Code and title of the indicator	Output indicator 26.1.b: Mechanisms in place to facilitate and/or monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB
Definition of the indicator	Number of mechanisms developed and/or implemented that facilitate and/or monitor advances made toward health equity, gender and ethnic equality, and human rights in PASB.
Purpose of the indicator	The indicator measures the number of mechanisms to facilitate and/or monitor the advances made toward health equity, gender and ethnic equality and human rights in PASB to ensure continuity and sustainability of the progress made.
Technical note	Number of established mechanisms of the PASB that seek to facilitate and/or monitor advances made toward the strategic integration of cross cutting themes (CCTs) of health equity, gender and ethnic equality, and human rights in the PASB. A mechanism can be any one of the following: - Strategic coordination mechanism and/or institutional entity that ensures the integration and coordination of actions on the cross-cutting themes across PASB; - Mechanism for engagement with civil society to promote accountability for advances towards health equity, gender equality and human rights in PAHO's work - Institutionalized capacity strengthening (on concepts, tools, methodologies and/or materials/tools) on at least two of the CCTs for PASB staff; - Institutional processes and/or guidelines that incorporate CCT focus (e,g, resource mobilization, planning, reporting, country cooperation strategy development, governing body documents, staff evaluations, and/or other organizational strategies); - Strategic documents and/or reports at organization level that report upon advances towards at least two cross-cutting themes; - Mechanism for tracking budgetary allocations to work on the CCTs across PASB work. - Leadership statements in organizational wide and/or external forum promoting attention to the CCTs.
Type of indicator	Absolute
Measurement units	Number of mechanisms
Frequency of measurement	Data collected through routine monitoring and reporting by responsible technical unit at the end of each biennium (with additional survey data collection as required) as part of the established monitoring system established by the technical unit responsible and in line with the strategic plan 2025.
PASB unit	Department of Social and Environmental Determinants for Health Equity/ Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	Data collected through routine monitoring and reporting by responsible technical unit at the end of each biennium (with additional survey data collection as required) as part of the established monitoring system established by the technical unit responsible and in line with the strategic plan 2025.

Limitations	Organizational barriers and/or organizational culture that limits interprogrammatic work and/or reluctance of entities to incorporate one or more cross-cutting theme.
References	1. International human rights instruments relevant to equity, gender, cultural diversity and health. 2. Global and regional consensuses relevant to equity, gender, cultural diversity and human rights. 3. Pan American Health Organization. Strategy for universal access to health and universal health Coverage. 4. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Just Societies: Health Equity and Dignified Lives. 5. Pan American Health Organization. "Universal Health in the 21st Century: 40 Years of AlmaAta." 6. PAHO/WHO mandates on ethnicity, gender and human rights.

Code and title of the output	Output 26.2: Countries and territories enabled to implement policies, plans, and strategies to advance health equity
Code and title of the indicator	Output indicator 26.2.a: Number of countries and territories implementing policies, plans, and/or strategies to advance health equity
Definition of the indicator	Number of countries and territories implementing health policies, plans, and strategies that support advances toward health equity.
Purpose of the indicator	The indicator measures the progressive advances of Member States in the formulation and implementation of policies, plans and legislation to advance health equity.
Technical note	Number of countries and territories which meet the measurement criteria: When countries meet 3 of the following 9 measurement criteria they will be assessed as having adopted a minimum institutional planning response to equity in health. When countries meet 5 of the 9 measurement criteria, they will be assessed as having a sound institutional response to equity in health. When countries meet 7 or more of the 9 measurement criteria, they will be assessed as having an excellent institutional response to equity in health: • Clear indication that health equity forms part of the policy, plan, legislative framework, or strategic mission and/or vision. • Address of at least one aspect of the social and environmental determinants of health. • Interinstitutional and intersectoral collaboration for health equity-related policy development • Participation of civil society in planning, design and/or monitoring of activities and outcomes • Activities to increase access and/or quality of primary health services; to increase health worker geographic distribution or diversity; to increase health literacy, particularly of groups in situations of vulnerability and/or to address language barriers. • Identification and targeting of initiatives to increase access for and/or reduce discrimination by gender and against groups in situations of vulnerability, particularly Afro-descendants, Indigenous peoples, Roma and people living with disabilities. • Health inequality measurement, analysis, and monitoring, periodic reporting and/or capacity building activities. • Inclusion of mechanisms to redress violations of the right to health. • Use of research to better understand and address health inequalities.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	At baseline, at the end of each biennium and at the end of the strategic plan 2020-2025, in accordance with corporate monitoring cycles.
PASB unit	Social and Environmental Determinants for Health Equity/Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	To be reported jointly by national authorities to PAHO country offices and PAHO technical unit as part of planned research activities and/or specific surveys as well as through the established monitoring system of the Strategic Plan 2025.
Limitations	Political sensitivity of the issue may impair regularity and/or completeness of the reporting. A qualitative health equity in policy evaluation rubric was created in 2019 but will require further

	verification with countries for credibility during the biennium, and it is likely that some biases in the assessment of the soundness/comprehensiveness of policies, plans and/or strategies will remain. Whilst PAHO is of the view that changes cannot happen without the institutional capacity that PAHO helps to build, the adoption of polices/laws is subject to factors beyond control of the Secretariat.
References	1. Equity in Health Policy Assessment: Region of the Americas. Washington, D.C.: Pan American Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO. https://iris.paho.org/handle/10665.2/52931 2. Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Just Societies: Health Equity and Dignified Lives. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, D.C.: PAHO; 2019. https://iris.paho.org/handle/10665.2/51571 3. Pan American Health Organization. "Universal Health in the 21st Century: 40 Years of Alma-Ata." Report of the High-Level Commission. Revised edition. Washington, D.C.: PAHO; 2019. https://iris.paho.org/handle/10665.2/50960 4. World Health Organization. Handbook on Health Inequality Monitoring

Code and title of the output	Output 26.3: Countries and territories enabled to implement policies, plans, and programs to advance gender equality in health
Code and title of the indicator	Output indicator 26.3.a: Number of countries and territories implementing policies, plans, and programs to advance gender equality in health
Definition of the indicator	Number of countries and territories implementing health policies or plans that support the achievement of gender equality in health.
Purpose of the indicator	The indicator measures the progressive advances of Member States in the formulation and implementation of policies and plans to reduce gender inequities in health.
Technical note	Number of countries and territories which meet the measurement criteria: When countries meet 3 of the following 8 measurement criteria, they will be assessed as having a minimum/basic institutional response to advance gender equality in health. When countries meet 4 or 5 of the measurement criteria they will be assessed as having a good institutional response and, when countries meet 6 to 8 of the measurement criteria, they will be assessed as having an excellent institutional response to advance gender equality in health. • Existence of gender architecture in the health sector to support gender mainstreaming (e.g., dedicated Gender unit, section, and/or similar, focal point(s), or other such mechanism) • Gender equality in health policy developed and adopted • Plan of action and/or established priorities to implement the gender equality in health policy • Gender and health capacity building activities conducted • Production of sex and age disaggregated data • Undertake gender-based analysis and utilize results in the production of reports, advocacy, and/or formulation of policies, plans and/or programs • Gender transformative health projects/initiatives developed and implemented (for example, establishment of intersectoral commission including civil society, gender parity initiatives) • Defined monitoring & evaluation mechanisms and/or reports on situation and/or advances towards gender equality developed and published (e.g., brochures/reports/fact sheets
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	At the end of the biennium, in accordance with corporate monitoring cycles.
PASB unit	Social and Environmental Determinants for Health Equity/Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	Data from countries to be collected through the established monitoring system of the strategic plan 2025 and, specific surveys to countries.
Limitations	The information is based on self-assessments and as such is inherently subjective to a certain degree and may review of quantitative and qualitative data.

References	1. PAHO Gender Equality Policy. Available at: https://www.paho.org/hq/index.php?option=com_content&view=article&id=1379:2009-paho-gender-equality-policy&Itemid=3582&lang=en 2. UN SWAP 2.0. Available from: https://www.unwomen.org/en/how-we-work/un-system-coordination/promoting-un-accountability#UN-SWAP-2 3. SDGs goals 3 and 5.

Code and title of the output	Output 26.4: Countries and territories enabled to implement policies, plans, and programs to advance ethnic equality in health
Code and title of the indicator	Output indicator 26.4.a: Number of countries and territories implementing policies, plans, and programs to advance ethnic equality in health
Definition of the indicator	Number of countries and territories implementing health policies or plans that support the achievement of ethnic equality in health.
Purpose of the indicator	The indicator measures the progressive advances of Member States in the formulation and implementation of policies, plans and legislation, to reduce ethnic inequities in health
Technical note	Number of countries and territories which meet the measurement criteria: When countries meet 2 or less of the following 5 measurement criteria, they will be assessed as having a minimum/basic institutional response to ethnic equality in health. When countries meet 3 or 4 of the measurement criteria they will be assessed as having a good institutional response. When countries meet 5 of the measurement criteria, they will be assessed as having an excellent institutional response to ethnic equality in health. • Existence of architecture in the health sector to support the integration of a focus on ethnicity and health (e.g., Dedicated ethnicity office unit, section, and/or similar, dedicated focal point(s), or other such mechanism) • Intercultural policy or normative statement adopted • Existence of legislative framework enabling of ethnic equality in health • Ethnicity and health capacity building activities targeting health providers conducted • Targetted initiatives for Indigenous peoples, afro descendants and /or other ethnic/racial populations as relevant to context, including specific health systems adaptations to embrace intercultural health (integrated service and respect for traditional medicine), interventions to address ethnic discrimination in health and / or other targeted initiatives • Reports on situation and/or advances towards ethnic equality in health developed and published (e.g., brochures/reports/fact sheets) • Production and use of data disaggregated by ethnicity and analysis in information systems and regular reporting • Mechanisms are in place for engagement with organizations and/or leaders representing Indigenous peoples, afro descendants and /or other ethnic/racial populations as relevant to context.
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	At the end of each biennium and at the end of the strategic plan 2020-2025, in accordance with corporate monitoring cycles.
PASB unit	Social and Environmental Determinants for Health Equity/Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	Data from countries to be collected from different sources: - Specially designed self-administered surveys

	- Interviews with key stakeholders - Country reports on the situation of health and ethnic/racial groups in the region; other UN agencies reports, etc.
Limitations	Political sensitivity of the issue may impair regularity and/or completeness of the reporting. The information is based on self-assessments and as such is inherently subjective to a certain degree and may a review of quantitative and qualitative data. It is likely that some biases in the assessment of the soundness/comprehensiveness of policies, plans and/or strategies will remain. Whilst PAHO is of the view that changes cannot happen without the institutional capacity that PAHO helps to build, the adoption of polices/laws is subject to factors beyond control of the Secretariat. Lack of sufficient available information on many ethnic/racial groups and health-related issues in the region is also a limitation.
References	1. Pan American Health Organization. Policy on Ethnicity and Health (2017). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&category_slug=29-en-9249&alias=42013-csp29-7-e-013&Itemid=270&lang=en 2. Pan American Health Organization. PAHO Strategy and Plan of Action (2019-2025). Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&alias=49791-cd57-13-e-strategy-poa-ethnicity&category_slug=cd57-en&Itemid=270&lang=en

Code and title of the output	Output 26.5: Countries and territories enabled to establish and implement health-related policies, plans, and/or laws to advance the right to health and other health-related rights
Code and title of the indicator	Output indicator 26.5.a: Number of countries and territories using human rights norms and standards in the formulation and implementation of health-related policies, plans, programs, and legislation
Definition of the indicator	Number of countries and territories that incorporate and implement universal and regional human rights norms and standards, as well as PAHO/WHO resolutions and technical documents, into their national health programs, plans, policies and legislation through the Ministry of Health, legislative organs and other relevant institutions.
Purpose of the indicator	This indicator measures PAHO Member States' progress in the use and implementation of universal and Inter-American legal and human rights norms and standards as well as PAHO/WHO resolution and technical documents related to the right to health and other health-related rights.
Technical note	Number of countries and territories which meet the measurement criteria: When country meet at least 3 of the following 6 measurement criteria, they will be assessed as having adopted a minimum normative/institutional response to promote, protect and fulfill the right to health and other health-related rights When countries meet 5 or more of the measurement criteria, they will be assessed as having a sound normative/institutional response to promote, protect and fulfill the right to health and other health-related rights. • Human rights area/focal point/program established/strengthened in the Ministry of Health • Inclusion of human rights norms/principles/standards in health-related policies and/or plans and/or programs • Inclusion of human rights norms/ principles/standards in health-related legislation • Adoption by the health authorities of measures to protect the right to health and other health-related rights in compliance with judicial decision and/or collaboration with judicial authorities • Adoption of measures to protect, promote and fulfill the right to health and other health-related rights following recommendation issued by international/regional human rights monitoring mechanisms (Treaty bodies, Rapporteurs, UPR, Inter-American Human Rights System) • Ratification of universal and/or regional human rights treaties that included measures to protect and promote the right to health and other health-related rights
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	At the end of the biennium

PASB unit	Social and Environmental Determinants for Health Equity/Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	Data will be collected from different sources, mainly: • PAHO country offices • Administered surveys and inputs from the country office biennial work plan reports • Data sources from Ministries of Health • Data sources from Parliaments • Data sources from Judicial Power (Supreme/Constitutional Courts) • National and other sources of compilation of health and health related legislation • Country reports submitted to the United Nations treaty bodies • Country report and thematic reports of the Inter-American Commission on Human Rights • Information from the Universal Periodic Review of the Human Rights Council • Reports of the UN thematic rapporteurships • Thematic reports on the right to health and other health-related rights from countries' Ombudspersons, Human rights Commission, among others • National Human Rights Observatories
Limitations	This indicator requires measurement using qualitative data analysis Data collection by country and regional offices may not include updates of all health and health-related policies, plans and /or legislation using human rights norms and standards related to human rights instruments as some topics are mainly the competence of other United Nation agencies (e.g., UNICEF in relation to the Convention on the Right of the Child and rights related to children's health, nutrition information, etc.) To obtain some of the information will require to improve coordination with other government authorities and branches of the government (legislative and judicial).
References	1. Human Rights and Health (CD50.R8)

Code and title of the output	Output 26.6: Countries and territories enabled to establish formal accountability mechanisms to advance health equity, gender and ethnic equality in health, and human rights
Code and title of the indicator	Output indicator 26.6.a: Number of countries and territories implementing formal accountability mechanisms for health equity, gender and ethnic equality in health, and human rights
Definition of the indicator	Number of countries that are implementing formal accountability mechanisms for health equity, gender, ethnic equality, and human rights.
Purpose of the indicator	This indicator measures PAHO Member States' progress in the implementation and/or strengthening of existing accountability mechanisms to advance the right to health and other health- related rights and in particular in relation to gender, ethnic equality and health equity.
Technical note	Accountability is a key component of the right to health and it is crucial to facilitate that Member States meet their legal commitments to human rights norms and standards by providing and facilitate access to administrative and other quasi-judicial, (e.g., ombudspersons) and judicial mechanisms to review acts and omissions that may potentially affect the right to health and other health-related rights, including acts or omission by non-state actors (e.g., industry). Additionally, accountability for human rights also hinges on the notion of participation of people and groups in health-related decision making and monitoring. From a human rights perspective, individuals and communities must be able to take an active role in decisions that affect their health as opposed to being passive recipients of services. Participation is both a means and a goal. Participation may vary in degree from involvement in meetings, conducting consultations, and / or to active incorporation in the decision-making process. A country will be considered to have achieved this indicator, if 3 the following measures are met: • There is in place formal mechanisms to provide feedback for health staff, individuals, communities, and other key stakeholders in relation to the right to health and non-discrimination • There is place formal mechanisms to file claims for health staff, individuals, communities and other key stakeholders in relation to the right to health and non-discrimination • There is in place formal internal mechanisms and/or in collaboration with external state actors (ombudsperson, human rights defenders) to ensure that the health system is answerable for their actions or inactions regarding the right to health and in particular breaches to the prohibition of discrimination • There is in place formal mechanisms to protect interference to the right to health from non-state actors by monitoring and sanctioning the lack of compliance with health regulations (e.g., breaches by the industry of marketing regulations related to tobacco, alcohol, unhealthy foods and breastmilk substitutes)

	• There is in place mechanisms to promote/facilitate the participation of individual and groups (e.g., ethnic groups, Indigenous populations, people with disabilities, LGBT, and others) in the formulation, implementation, and/or review and monitoring of policies, legal and regulatory frameworks that respect the right to health and other related human rights in order to reflect their needs and interests
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	End of biennium
PASB unit	Social and Environmental Determinants for Health Equity/Equity, Gender, Human Rights, and Cultural Diversity (DHE/EG)
Data source	Data will be obtained from PAHO Country Offices and consultations with Ministries of Health
Limitations	This indicator requires measurement using qualitative data analysis. Data collection by country and regional offices may not include updates related to accountability mechanisms and to obtain information may require coordinating with other government authorities, branches of the government (judicial) and institutions (ombudspersons, human rights commissions).
References	None

Outcome 27. Leadership and governance

Code and title of the output	Output 27.1: Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020–2025 and drive health impact at the country level, in accordance with the SHAA2030
Code and title of the indicator	Output indicator 27.1.a: Number of countries and territories with a current Country Cooperation Strategy
Definition of the indicator	The indicator refers to those Country Cooperation Strategy (CCSs) that are up-to-date and valid at the mid-term and end-of biennium assessment. This includes multi-country cooperation strategies and frameworks of cooperation.
Purpose of the indicator	It is important to measure this indicator to determine whether PAHO/WHO has an updated medium-term strategy for technical cooperation that has been discussed and agreed with the host country and reflects its national health priorities.
Technical note	PAHO's tool for monitoring the status of the CCSs will be utilized for this purpose. The numerator will be the number of up-to-date and valid CCSs and the denominator will be the target (number of CCSs to be completed during the biennium).
Type of indicator	Absolute
Measurement units	Number of countries and territories
Frequency of measurement	Annual. The data is to be collected at the end of the year.
PASB unit	Country and Sub-regional Coordination (CSC)
Data source	PAHO/WHO Country Offices and CSC
Limitations	While the CCS guidelines require that Country Offices update their CCSs at the end of their cycle, the lack of political will or capacity may affect the CCS's timely renewal. The CCS cycle may also be affected by the political situation (e.g., pending elections or change of government), political and humanitarian crisis or emergencies.
References	1. WHO Country Cooperation Strategy: Guide 2016 - https://apps.who.int/iris/handle/10665/251734 2. WHO Country Cooperation Strategy Guide 2020 - https://www.who.int/publications/i/item/9789240017160 Note: the WHO Country Cooperation Strategy Guide 2020 is being revised and adapted to PAHO´s specificities.

Code and title of the output	Output 27.1: Leadership, governance, and external relations enhanced to implement the PAHO Strategic Plan 2020–2025 and drive health impact at the country level, in accordance with the SHAA2030
Code and title of the indicator	Output indicator 27.1.b: Proportion of countries and territories in which PASB contributed directly to new or revised policies, strategies, and/or regulations addressing public health issues
Definition of the indicator	This indicator measures the extent to which the technical cooperation provided by the Pan American Sanitary Bureau (PASB) has contributed directly to the development or revision of approved national policies, strategies, laws, and/or regulations addressing public health issues during the biennium.
Purpose of the indicator	This indicator provides a crucial measure of the effectiveness not only of PASB's technical cooperation, but also of the effectiveness of the leadership of PASB in advocating for and contributing to change in national policies, strategies, laws and/or regulations on public health issues.
Technical note	The indicator calculates the proportion of countries and territories that during the biennium: 1. Approved at least one new or revised/amended national policy, strategy, law and/or regulation addressing a public health issue that is linked to an outcome of the PAHO Strategic Plan 2020-2025. 2. Received technical cooperation from PASB that contributed directly to the development or revision of said national policies, strategies, laws and/or regulations. **Numerator**: number of countries and territories that approved new or revised/amended national policies, strategies, laws, and/or regulations addressing public health issues during the biennium with technical cooperation from PASB **Denominator:** total number of countries and territories linked as a target to PAHO Output Indicators related to the approval of new or revised/amended national policies, strategies, laws, and/or regulations addressing public health issues (OPT INDs # 8.1.a, 8.1.b, 8.3.a, 8.3.b, 8.6.a, 9.4.a, 12.7.a, 15.1.a, 16.2.a, 18.1.a, 19.1.a, 21.2.a, 22.1.a, 23.2.a, 24.2.a, 26.5.a). For a country/territory to be considered as counting toward the numerator, they must have approved or revised/amended with support from PASB at least one national policy, strategy, law, and/or regulation addressing public health issues, linked to one of these indicators for which they were a target during the biennium. This indicator is calculated after the completion of the midterm and end-of-biennium assessment.
Type of indicator	Relative
Measurement units	Proportion
Frequency of measurement	This indicator is calculated twice during the biennium, once for the PASB internal midterm review and once during the end of biennium joint assessment of indicators.
PASB unit	Planning, Budget, and Evaluation/Planning and Performance Monitoring and Assessment (PBE/PM)

Data source	• Direct reporting by countries/territories and PAHO/WHO Country Offices during completion of individual country/territory assessments in the PAHO Strategic Plan Monitoring System. • Countries/territories official documents/websites regarding new or existing health related policies, strategies, laws, or regulations. • PAHO/WHO Country Offices are responsible for tracking the information for their respective countries and territories. The assessment of other indicators in the PAHO Program Budget may be used as an input in this regard.
Limitations	• The development and revision of national policies, strategies, and regulations remains under the sovereign responsibility of national governments. PASB may influence or contribute to these processes but does not control the decision-making process or its outcome. • This indicator aims to measure the extent to which PASB influences decision-making through its leadership, advocacy, and technical cooperation. The result of these efforts is by no means limited to changes in normative frameworks in countries/territories.
References	Not applicable

Code and title of the output	Output 27.2: The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation
Code and title of the indicator	Output indicator 27.2.a: Proportion of corporate risks for which mitigation plans are approved
Definition of the indicator	This indicator was defined with WHO in the framework of 4.2.2. This indicator will measure the accountability and the ability of the organization to manage uncertainties and develop strategies to maintain relevant the role of the institution. The indicator reflects the role of the second line of defense (as is defined by PAHO in the internal control procedures). It is expected that the range of corporate risks will cover mainly the following risk categories: reputational, strategic, financial and budgetary, operational and contextual.
Purpose of the indicator	As part of PAHO's result based management approach and the internal control framework all cost centers managers should be able and accountable to identify, assess and mitigate risks that may impact the programmatic and operational objectives, This indicator measure the ability at corporate level to manage risk focusing in the mitigation actions/plans to ensure an effective and efficient implementation of PAHO's technical cooperation.
Technical note	PAHO has a corporate risk register and a risk management process and governance. The risk register is an open tool and it is mandatory for all cost center managers to review and update the information at least twice a year. It is mandatory also to include mitigation action for any risks inputted in the risk register, irrespectively of the risk level. A monthly review is done using the dashboard tool and crossing information by risk level, risk probability and risk impact for instance, Based in the frequency and/or risk categories, the information is presented to the risk management and compliance standing committee, and they recommended the development of a corporate risk profile. This risk profile as well as its mitigations is commented, approved and prioritized by the standing committee and executive management. An annual review of the risk management program is presented to the PMA and Audit Committee. Therefore, a proportion of corporate risks is calculated from the total of risks selected from the risk register which were approved and prioritized by Executive Management.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Annually
PASB unit	Director of Administration (AM)
Data source	Corporate Risk Management Reports
Limitations	There may be limited acceptance by some managers of Enterprise Risk Management process and the use of the Corporate Risk Register that should be maintained and updated. The managers should be supported by a designated focal point for risk management who may have limitations to understand the risk concepts and limitation to maintain and review regularly the information in the risk register,

References	1. Pan American Health Organization. PAHO's Enterprise Risk Management Policy (internal). 2. SOP related to risk register (internal) 3. SOP related to internal controls (internal)

Code and title of the output	Output 27.2: The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation
Code and title of the indicator	Output indicator 27.2.b: Proportion of assignments in the internal audit work plan completed
Definition of the indicator	This indicator measures the effectiveness of the annual work plan of the Office of Internal Audit (OIA), expressed as a percentage of the overall achieved targets.
Purpose of the indicator	The purpose of this indicator is to measure the implementation of the approved work plan of internal audit assignments.
Technical note	The indicator is calculated by dividing the number of internal audits assignments by the total number of completed internal audit assignments during the period of assessment.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Annual Data for this indicator should be collected and reported annually, by the end of the year.
PASB unit	Office of Internal Audit (OIA)
Data source	Data are obtained from the assessment of OIA's annual work plan at the end of a year, as recorded by OIA.
Limitations	In exceptional cases, internal audits may be postponed to the next period of assessment, as instructed by the Auditor General and approved by the Director of the PASB. Deferrals of internal audits might decrease the percentage of achievement for the indicator.
References	1. Approved internal audit work plan 2. Chapter I World Health Organization, Sub-Chapter I.6 Oversight and Audit, I.6.2b Office of Internal Audit, Audit Charter. 3. Chapter I World Health Organization, Sub-Chapter I.6 Oversight and Audit, SOP Administer ad Manage Internal Audits.

Code and title of the output	Output 27.2: The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management driven manner, with organizational learning and a culture of evaluation
Code and title of the indicator	Output indicator 27.2.c: Amount of time taken to address fraud and corruption as well as staff misconduct issues
Definition of the indicator	This indicator measures the amount of time that it takes to address fraud and corruption as well as staff misconduct issues in the Organization.
Purpose of the indicator	The indicator reflects the case closure rate for cases handled by the Investigation Office and is a good proximate of its effectiveness and efficiency.
Technical note	Time taken to investigate all cases (numerator) No. of cases (denominator)
Type of indicator	Absolute
Measurement units	Number of months
Frequency of measurement	Data is tracked continuously and measured annually. The indicator is officially reported to the Executive Committee in June.
PASB unit	Investigations (INV)
Data source	Investigations Office case management system
Limitations	Indicator does not reflect the complexity of cases handled by the Investigations Office. As more fraud and corruption-related cases are reported to the Investigations Office, it is expected that there will be an increasing number of cases that require a longer time to investigate.
References	1. PAHO Fraud Policy, Harassment Policy and Staff Rules. 2. Annual Report of Investigations Office.

Code and title of the output	Output 27.2: The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation
Code and title of the indicator	Output indicator 27.2.d: Proportion of personnel who believe that PAHO has organizational integrity and maintains a strong ethical culture
Definition of the indicator	Measuring PASB's ethical climate through perception and knowledge surveys.
Purpose of the indicator	To assess the level of staff satisfaction with the ethical climate and internal recourse procedures of the Organization to address any identified shortcomings or areas in need of attention.
Technical note	The level of satisfaction is calculated using a composite rating from the anonymous ethical climate survey conducted by ETH across the Organization. This survey aims at obtaining a cross-Organization snapshot of the ethical climate in the Organization including: 1. Awareness the PAHO Code of Ethical Principles and Conduct; 2. Familiarity with the role of and support offered by the Ethics Office and the Integrity and Conflict Management System; 3. Confidence that the Organization provides its staff with the tools and opportunities to promote and ensure ethical behavior at all levels. Given that the Organization has approximately 2,200 employees and contingent workers, to obtain a 95% confidence level (±5%), the survey requires a minimum of 328 responses. The survey scale will likely range from (low to high) 1 (not satisfied) to 5 (very satisfied) with a score of 3 indicating "satisfied".
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Every two to three years
PASB unit	Ethics (ETH)
Data source	Data are obtained from a survey conducted by or on behalf of the Ethics Office.
Limitations	The quality of data depends on the self-selection of respondents to the survey coupled with the actual number of respondents to the survey. The survey may have disproportionate responses from certain departments or country offices as well as individuals who are particularly unsatisfied with the ethical climate they experience. The number of respondents may also be affected by survey fatigue felt by PAHO employees and contingent workers. Recognizing the limitations of this survey, ETH proposes that the survey, when issued, be sent from the Office of the Director to highlight the importance of the exercise as well as provoke a higher response rate. Institutional change is slow and often hard to measure on an annual or even biannual basis.
References	1. Survey of the Ethical Climate and Work Environment in PAHO.

Code and title of the output	Output 27.2: The Pan American Sanitary Bureau operates in an accountable, transparent, compliant, and risk management-driven manner, with organizational learning and a culture of evaluation
Code and title of the indicator	Output indicator 27.2.e: Expenditure on evaluation as a share of PAHO's total expenditure
Definition of the indicator	This indicator calculates the percentage of PAHO's total expenditure spent on evaluation.
Purpose of the indicator	Expenditures on evaluation as a percentage of PAHO's total expenditure provides a key source of information that can be compared with the benchmark used in the UN system to ascertain whether evaluation functions are being appropriately funded. The minimum benchmark recommended by the UN system and by the JIU is 0.5 percent.
Technical note	Numerator: Total PBE expenditure on evaluation, not including decentralized evaluations Denominator: PAHO's total PB expenditure The calculation is expressed as a percentage.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	The data relating to this indicator is collected every year.
PASB unit	Department of Planning, Budget, and Evaluation (PBE)
Data source	Data are provided by PBE based on expenditures recorded in the PASB Management Information System (PMIS) and complemented annually by entity reports in the Performance Monitoring and Assessment (PMA) reviews. For 2022, only PBE evaluation expenditures are used. Future assessments may include data on decentralized evaluations.
Limitations	The measurement of this indicator has been affected by the low expenditures on evaluations during the pandemic, delays in staffing and resourcing the evaluation unit in PBE, and because the lack of available data on expenditures on decentralized evaluations.
References	1. PAHO/WHO Evaluation Policy, Pol-1.6.2a, 2021.03.17, Parr. 190.3. 2. Sukai Prom-Jackson et al., Joint Inspection Unit, Analysis of Evaluation Function in the UN System, Geneva, 2014, JIU/REP/2014/6 3. World Health Organization Evaluation Practice Handbook. 2013, p.13. 4. ILO, Evaluation Unit, Guidance Note 6, I-eval Resource Kit, Revised June 25, 2013, p.2 5. FAO, Procedures for financing the evaluation of initiatives funded by voluntary contributions. Evaluation Policy Guidance, November 2013, p. 10. 6. IFAD Evaluation Director's seminar at PAHO, 23 January 2022, personal communication.

Code and title of the output	Output 27.3: Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships
Code and title of the indicator	Output indicator 27.3.a: Proportion of outcomes rated as "high" priority (tier 1) that are more than 90% funded at the end of the biennium
Definition of the indicator	Stratification of 20-25 Outcomes as prioritized by Member States and approved in the Strategic Plan 2020-2025 (SP20-25) is provided in ANNEX 2. This indicator measures the proportion of the "high" priority outcomes that are well funded during a given biennium.
Purpose of the indicator	Provides insight of the alignment between financing and programmatic prioritization as approved by Member States in the SP20-25.
Technical note	Numerator: number of Tier 1 OCMs that are over 90% financed (table from EOB 18-19 is annexed) Denominator: total number of Tier 1 OCMS in any given biennium
Type of indicator	Relative
Measurement units	Proportion
Frequency of measurement	End of the biennium, although this is information that PBU monitors on a monthly basis.
PASB unit	External Relations, Partnerships and Resource Mobilization (ERP) in collaboration with Planning, Budget and Evaluation (PBE)
Data source	For prioritized Outcomes: PAHO Strategic Plan 2020-2025 For approved budget: Relevant Program Budget for the period in question For funds available: PMIS report Output Budget to Actuals; and relevant end-of-biennium report.
Limitations	Please note that there has been high misalignment between programmatic priorities and actual funding. The Organization uses its flexible funds to reduce funding gaps for high tier outcomes; but due to dependency on flexible funds, particularly for staff costs in all PB Outcomes, it is not possible to fill the totality of the funding gap with flexible funds.
References	1. PAHO Strategic Plan 2020-2025, PAHO Program Budget 2020-2021, End of Biennium Report 2018-2019.

Code and title of the output	Output 27.3: Strategic priorities resourced in a predictable, adequate, and flexible manner through strengthened partnerships
Code and title of the indicator	Output indicator 27.3.b: Number of technical outcomes with at least 50% of their non-flexibly funded budget ceilings covered by voluntary contributions
Definition of the indicator	The indicator is defined as number of technical outcomes that have achieved funding at least 50% of the portion of their budget ceiling that is not funded with flexible funds, with voluntary contribution resources.
Purpose of the indicator	The indicator monitors progress in the mobilization of VC funds and advances toward reaching the VC targets at OCM level. A parameter to be noted is that this analysis focuses on Base Program budget, so NVCs are not taken into consideration as those funds are budgeted in the 100s series' budget structure.
Technical note	This is calculated as an absolute number of technical outcomes having reached the target of 50% of their non-flexibly funded budget ceilings covered by voluntary contributions. The indicator will be considered achieved if at least 14 technical outcomes have met 50% of their non-flexibly funded budget ceilings/VC target by end of the year 2021. Subsequently, an increase of + 6 per biennium is the anticipated goal in order to reach 26 technical outcomes by the end of the Strategic Plan 20-25. The indicator is calculated at outcome level, in this case only technical outcomes (1-26): 1. Determine the non-flexibly funded portion of the budget. ▪ Non-flexibly funded portion of the budget = Approved Program Budget – Budgeted Flexible Funds 2. Determine the amount of VC funds assigned (budgeted) at outcome level at the time of the analysis 3. Calculate the ratio between VC funds budgeted and the non-flexibly funded portion of the budget 4. Count those technical outcomes where the ratio is greater than 50%
Type of indicator	Absolute
Measurement units	Number of Technical Outcomes
Frequency of measurement	While indicator should be monitored every six months, aligned with PMA, to monitor progress in the mobilization of VC funds and advances toward the OCM VC funding planned targets, PBU's requirement is annual for PMA2 & EoB.
PASB unit	External Relations, Partnerships and Resource Mobilization (ERP) in collaboration with Planning, Budget and Evaluation (PBE)
Data source	• Program & Budget '20-21 → to determine Approved Program Budget '20-21 • The Budgeted Flexible Funds can be obtained from the *PBU - Outcome Budget to Actual* report from PMIS, but it would be best to clear the info with PBE • PMIS PBU - Outcome Budget to Actuals report → to determine VC funds budgeted at OCM level

Limitations	Limitations may include that the VC target is based on RM planning done in the context of the specific entities toward the OCM and that the regional OCM represent a combination of technical programs. Also, the planning exercise was done prior to the current pandemic. Also, the analysis done for PMA2 was taking into account the proposed flexible funds ceiling established at the beginning of the biennium. It is important to be mindful that cost center managers can reprogram FF at their discretion throughout the biennium. Therefore, the accuracy of the VC funding target (50% of their non-flexibly funded budget ceilings) could only be truly validated by the end of the 20-21 biennium.
References	1. PAHO Resource Mobilization Strategy 2020-2025 ENG Resource Mobilization Strategy 2020-2025.pdf (paho.org) 2. 2020-2025 Strategic Plan of the Pan American Health Organization 9789275173619_eng.pdf (paho.org) 3. 2020-2021 Program Budget of the Pan American Health Organization 9789275173589_eng.pdf (paho.org)

Code and title of the output	Output 27.4: Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate planning, performance monitoring and assessment (PMA), and responding to country priorities
Code and title of the indicator	Output indicator 27.4.a: Proportion of countries and territories where output and outcome indicators are evaluated jointly with the national health authorities
Definition of the indicator	This indicator calculates the proportion of countries and territories in the Americas for which PASB and the national health authorities have completed the joint assessment of the outcome and output indicators at the end of each biennium.
Purpose of the indicator	The indicator is an important measure of the commitment of PASB and Member States to the joint planning, monitoring, and assessment of results, an essential element of the approach of the Organization toward Results-based Management. It also serves to measure the accountability for results by the national health authority, the leadership of the PAHO/WHO Country Offices, and the engagement of staff from across PASB in the joint assessment process.
Technical note	**Numerator**: Number of countries and territories where both PASB and the national health authorities have completed the joint assessment of the outcome and output indicators at the end of each biennium. **Denominator**: 51 countries and territories in the Americas **Calculation**: Numerator/denominator X 100, expressed as a percentage Completion of the joint assessment requires that 90% outcome and output indicator linkages are assessed by both PASB and the national health authorities.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Every two years, during the joint assessment that begins after the end of the previous biennium.
PASB unit	Department of Planning, Budget, and Evaluation (PBE)
Data source	PBE analysis of the results from the assessment via the PAHO Strategic Planning Monitoring System; coordination with PAHO/WHO Country Offices during the joint assessment process.
Limitations	As experienced during the COVID-19 pandemic and other emergencies, the capacity of countries and PASB to complete all necessary steps in the joint assessment may be limited due to circumstances out of their control. Analysis of any gaps in participation in the joint assessment should focus on factors such as these, and efforts should be made to reach full participation.
References	2. PAHO end-of-biennium assessment reports for 2020-2021, 2018-2019, 2016-2017, and 2014-2015.

Code and title of the output	Output 27.4: Consolidation of the PAHO Results-based Management framework, with emphasis on the accountability system for corporate planning, performance monitoring and assessment (PMA), and responding to country priorities
Code and title of the indicator	Output indicator 27.4.b: Percentage of PMA recommendations actioned during the biennium
Definition of the indicator	This indicator measures the percentage of follow up actions emanating from the performance monitoring and assessment (PMA) reviews conducted internally by the Pan American Sanitary Bureau (PASB) which are implemented during the biennium.
Purpose of the indicator	This indicator serves as a proxy to assess the extent to which the organization uses the performance data/information it collects to inform decision-making. The PMA fulfills an important function in the PAHO Results-based Management Framework, generating performance data/information to inform corrective actions and course corrections during implementation, as well as to guide future planning. The RBM Framework, which emphasizes the importance of learning, is reflected through the application of performance data for decision making.
Technical note	The percentage is calculated as follows: **Numerator**: Number of PMA follow up actions that were actioned (rated either completed or in progress) during the biennium. For a given follow up action, at least 75% of targeted entities must rate it as completed or in progress for the overall rating to be considered "actioned". **Denominator**: Total number of PMA follow up actions during the biennium Following the PMA review, each follow up action is assigned to a set of PASB entities to implement actions in the following semester. This indicator can be reported after entities report on the previous PMA follow up actions in the next PMA.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	PMA reviews are conducted every six months by PASB, so the percentage can be calculated individually for each semester, but also cumulatively, as indicated below. The schedule is as follows: • PMA1: reports on PMA4 recommendations from the previous biennium • PMA2: reports on PMA4 and PMA1 recommendations • PMA3: reports on PMA4 and PMA1-2 recommendations • PMA4: reports on PMA3 and PMA1-3 recommendations
PASB unit	Department of Planning, Budget, and Evaluation (PBE)
Data source	PBE has maintained an Excel-based tracking tool for this purpose. The aim is to transition toward the Strategic Plan Monitoring System for future tracking.
Limitations	The ratings are based on entity self-assessments; therefore, some ratings may be subjective. To overcome this, PBE and other partners can conduct spot checks to see if ratings are substantiated.
References	1. PAHO Program Budget 2024-2025 (Accountability for Results and Financial Resources section). 3. Results-based Management framework, 2010.

Code and title of the output	Output 27.5: PAHO's corporate culture and personnel engagement strengthened through improved management practices and internal communications
Code and title of the indicator	Output indicator 27.5.a: PAHO's overall score on the personnel engagement survey
Definition of the indicator	The indicator measures PAHO's overall level of engagement, defined as the GrandMean in the Gallup Personnel Engagement Survey. The GrandMean score is the average of the individual items' scores, using the same five-point scale.
Purpose of the indicator	This indicator aims at improving the workplace environment for all personnel across the Organization. It seeks to support entity managers in enhancing their leading functions, strengthening managerial transparency and accountability, maintaining a respectful, inclusive, and harassment-free workplace, and stressing the importance of ethical behavior at all organizational levels. It also focuses on helping PAHO staff to create a sense of clarity and direction for their work and challenging them to learn new and better ways to do their jobs.
Technical note	Staff engagement refers to the psychological connection personnel feel to their jobs. It goes beyond job satisfaction to reflect how invested and connected they feel with their teams and the Organization's success. A high level of engagement is critical for successfully implementing PAHO's Strategic Plan 2020-2025 and accomplishing the impact goals defined in the Sustainable Health Agenda for the Americas 2030, as it directly correlates to positive organizational outcomes, including effectiveness, efficiency, and retention. Gallup, Inc., an American analytics and advisory company based in Washington, D.C., will formulate, conduct and analyze the Personnel Engagement Survey. The company focuses on providing analytics and management consulting and provides research-based advising for workplace leadership, marketing, and customer practices to organizations worldwide and has studied engagement survey results from more than 35 million employees worldwide. The Gallup Database Percentile Rank shows how the GrandMean and individual item results compare with Gallup's database of organizations that have administered the survey. This database includes answers from 25 million employees from 195 countries. These benchmark values are useful in assessing PAHO's level of engagement relative to other organizations.
Type of indicator	Relative
Measurement units	The GrandMean score on a five-point scale
Frequency of measurement	It is recommended to carry out the PAHO Personnel Engagement Survey on annual basis to take corrective actions and achieve the level of engagement targeted for 2025.
PASB unit	Department of Human Resources Management (HRM) with the support of Internal Communication of the Department of Communications (CMU)
Data source	Personnel Engagement Survey administered by Gallup Inc.
Limitations	The remote work model poses a significant challenge for the Organization to uphold and enhance engagement indicators within a fiercely competitive and globally flexible hiring

	landscape. It's crucial to recognize that measuring engagement is not a one-time survey; instead, it necessitates consistent organizational discipline and a dedicated ongoing effort to monitor progress and make continual adjustments to Engagement action plans. This commitment to improving the engagement indicator is where the real value lies, ensuring sustained positive outcomes over time.
References	1. 2019 PAHO Personnel Engagement Survey 2. 2022 PAHO Personnel Engagement Survey 3. 2023 PAHO Personnel Engagement Survey 4. Gallup Engagement Glossary of Common Terms

Outcome 28. Management and administration

Code and title of the output	Output 28.1: Sound financial practices and oversight managed through an efficient and effective internal control framework
Code and title of the indicator	Output indicator 28.1.a: Unmodified audit opinion issued each financial year
Definition of the indicator	An unmodified audit opinion is the reflection of sound financial practices managed through an adequate control framework, accurate accounting, expenditure tracking and the timely recording of income. The external auditors determine the audit opinion.
Purpose of the indicator	An unmodified audit opinion provides assurance of the sound financial practices in place.
Technical note	The External Auditors are responsible for providing an audit opinion on the annual Financial Statements prepared by the PASB.
Type of indicator	Absolute
Measurement units	Annual Financial Statements audit opinion.
Frequency of measurement	Financial Statements are audited at the end of each calendar year.
PASB unit	Financial Resources Management (FRM)
Data source	Financial Statements are the responsibility of FRM. External Audits are currently performed by NAO.
Limitations	N/A
References	Audited Financial Statements.

Code and title of the output	Output 28.2: Effective and efficient management and development of human resources to attract, recruit, and retain talent for successful program delivery
Code and title of the indicator	Output indicator 28.2.a: Percentage of vacant positions that are filled during the biennium, per the established timeline
Definition of the indicator	This indicator reports on the percentage of vacant fixed-term positions that are filled during a given biennium per the established timeline. It only includes funded vacant positions that are under selection.
Purpose of the indicator	To measure the time taken to fill vacant positions with a view to ensuring that vacant positions are filled in a timely manner to enable entities to achieve their expected outcomes as set out in their BWP.
Technical note	Numerator: Number of vacant fixed-term positions that are filled during the biennium per the established timeline Denominator: Total number of selections completed for fixed-term positions The indicator is expressed as a percentage. Baseline 2023: 56% filled within 5.9 months. Target 2025: 65% filled within 5 months.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	Annual reporting
PASB unit	Human Resources Management (HRM)
Data source	PMIS and PowerBI dashboard
Limitations	The established timeline is being changed from 5.9 to 5 months; during this transition, the reported figure will be compared to the target timeline of 5 months.
References	1. Pan American Health Organization. People Strategy

Code and title of the output	Output 28.3: Effective, innovative, and secure digital platforms and services aligned with the needs of users, corporate functions, technical programs, and health emergencies operations
Code and title of the indicator	Output indicator 28.3.a: Percentage of PASB entities storing 100% of their documents and data on secure cloud-based corporate platforms
Definition of the indicator	The indicator is defined as the percentage of Pan American Sanitary Bureau (PASB) entities that store 100% of their documents and data on secure cloud-based corporate applications or platforms.
Purpose of the indicator	The use of cloud-based corporate platforms allows for greater availability, mobility and security of information.
Technical note	The denominator is the number of PASB entities using corporate applications/platforms for internal operational data, and the numerator is the number of those entities using applications/platforms that are cloud-based.
Type of indicator	Relative
Measurement units	Percentage
Frequency of measurement	The measurement will be done annually (midterm and end-of-biennium assessments).
PASB unit	Information Technology Services (ITS)
Data source	The inventory of corporate applications/platforms will be the leading data source.
Limitations	No limitations are anticipated.
References	N/A

Code and title of the output	Output 28.4: Safe and secure environment with efficient infrastructure maintenance, cost-effective support services, and responsive supply chain, including duty of care
Code and title of the indicator	Output indicator 28.4.a: Percentage of requested vaccines and supplies delivered to Member States within the planned time frame.
Definition of the indicator	This indicator will measure the percentage of POs of vaccines and supplies delivered within the lead time established in the PO.
Purpose of the indicator	To lead efforts to accomplish the expectation of member states on the timely delivery of requested vaccines and supplies.
Technical note	Denominator is established by the total number of shipments processed and the numerator is the number of shipments delivered within the expected delivery time.
Type of indicator	Relative
Measurement units	Percentage of shipments delivered on time.
Frequency of measurement	This is live data, available as needed on a dashboard.
PASB unit	Procurement and Supply Management (PRO)
Data source	All data is collected from PMIS
Limitations	Delay in the receiving countries' import clearance process may affect the timeliness of delivery, beyond PAHO or the suppliers' control.
References	PMIS Purchase Orders supporting documentation of Advanced Ship Notices (ASNs) and member states receipts.