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REPORT OF THE END-OF-BIENNIUM ASSESSMENT OF THE PAHO PROGRAM BUDGET 2020-2021 / FIRST INTERIM REPORT ON THE IMPLEMENTATION OF THE PAHO STRATEGIC PLAN 2020-2025

Overview

1. The years 2020 and 2021 stand as one of the most consequential periods in the 120-year history of the Pan American Health Organization (PAHO). The biennium was marked by the unprecedented toll of the COVID-19 pandemic on the Americas. It was marked as well by the Organization's deep financial crisis, when PAHO faced an unparalleled challenge due to the delayed payment of contributions from some Member States. This forced the Pan American Sanitary Bureau (PASB or the Bureau) to establish cost-containment measures and prioritize its work to preserve core operational capacities.
2. This end-of-biennium report reflects input from across the Organization on these difficult first years of the Strategic Plan of the Pan American Health Organization 2020-2025 (SP20-25) and reports on the implementation of the Program Budget of the Pan American Health Organization 2020-2021. It provides critical programmatic accountability and transparency, documenting progress, challenges, key lessons learned, and recommendations. This report will be instrumental as PAHO moves forward, working to *protect, recover, and build stronger* while achieving the SP20-25 goals, the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030), and the Sustainable Development Goals (SDGs) for 2030.

Key Findings

3. **Transformative action was achieved while combating the pandemic.** In 2020-2021, the Region achieved significant public health gains and produced transformative action on key priorities for Member States, even amid the massive response to the COVID-19 pandemic. While the pandemic caused immense hardship, it also reinforced the importance of public health and served as a catalyst for progress in
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developing the Region's ability to manage emergencies. The pandemic drove important public health advances, such as expansion of regional capacity for genomic surveillance and for manufacturing of essential health products. It also underscored the need for stronger and more resilient health systems and better intersectoral coordination.

4. **The pandemic exposed health inequities and the importance of solidarity.** People living in conditions of vulnerability have been at greater risk from COVID-19 and more profoundly affected by its socioeconomic impact. The pandemic demonstrated the fragility of hard-earned gains such as immunization coverage, which declined during the biennium, affecting predominantly remote communities and groups living in vulnerable situations. As unemployment and poverty soared, especially in already impoverished population groups, the pandemic laid bare the inseparable linkages between health, social development, and the economy. Finally, it showed that no country acting alone, even those with the highest level of development, can successfully address a health emergency of such magnitude, reaffirming the importance of solidarity in the Region.

5. **Progress toward the Strategic Plan 2020-2025 targets is at risk.** It is too early to determine the trajectory for all indicators. However, setbacks have threatened the accomplishment of targets in the SP20-25, as well as the SHAA2030 and SDGs. Achieving the targets requires sustained implementation of proven interventions in countries as well as an Organization-wide approach that takes into consideration the determinants of health, persistent health inequalities, and other barriers to access to health services. According to initial assessments, only nine of 35 impact indicator targets (26%) are on course to be achieved by the end of 2025. They include the following targets: reduction of within-country inequalities; neonatal mortality; under-5 mortality; mortality amenable to health care; case-fatality rate due to dengue; and elimination of malaria, dog-mediated rabies, human taeniasis/cysticercosis, and lymphatic filariasis. The remaining targets are at risk of not being reached by 2025, or information is not available to assess their status at this time.

6. While most of the impact results are at risk, 17 of 28 outcome results (60%) showed significant progress for the 2020-2021 biennium and are likely to be achieved by 2025. These outcomes include five rated as high priority by Member States: access to comprehensive and quality health services; risk factors for communicable diseases; malnutrition; epidemic and pandemic prevention and control; and health emergencies detection and response.

7. **Program Budget implementation reached historical levels.** Total financing for the 2020-2021 biennium was 48% (US \$315 million)¹ above the approved Program Budget (\$650 million). This high level of financing reflects the large quantity of resources received for special programs (largely for the COVID-19 response), more than 10 times the amount originally projected. However, funding of base programs was affected by delays in financing. At biennium closure, implementation was 103% of the total approved budget (\$442 million for base programs and \$230 million for special programs). This level of implementation is historic, representing 23% (\$126 million) more than in 2018-2019.

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

8. **Important health achievements were made while responding to the pandemic.** Key health gains were achieved during the biennium due to the persistent efforts of Member States, supported by PASB. The following results are highlighted in the report:

- a) **Health emergencies.** In collaboration with Member States and partners, PASB worked to mitigate the pandemic and other emergencies while reinforcing the Region's ability to manage future health crises. PASB supported 23 countries to increase their medical surge capacities for COVID-19 through the deployment of emergency medical teams (EMTs) and alternative medical care sites (AMCS). In total, 100 national EMTs were deployed, and 129 AMCS provided 6,899 inpatient beds and 1,078 critical care beds. Furthermore, PAHO played a key role in the rollout of COVID-19 vaccines through procurement and distribution of vaccines and by providing technical support for vaccination campaigns in countries. PAHO also initiated the COVID-19 Genomic Surveillance Regional Network to expand the Region's capacity to track the SARS-CoV-2 virus, including variants of concern. Amid the pandemic and concurrent disasters (including the 2021 earthquake in Haiti, several hurricanes, and a volcanic eruption in St. Vincent and the Grenadines), PASB also supported all countries and territories as they continued to provide essential, life-saving health services.
- b) **Health systems and services.** PASB enabled access to essential health supplies for the pandemic through advocacy and negotiation within key global mechanisms such as the COVID-19 global supply consortium and the Access to COVID-19 Tools (ACT) Accelerator. PAHO's Regional Revolving Fund for Strategic Public Health Supplies procured over \$550 million in medicines and public health supplies. The procurements were made on behalf of 31 participating entities, benefiting over 70 million people. PASB also supported countries in reorganizing and expanding health services to respond to the pandemic, which included significantly increasing hospital capacities for intensive care, strengthening the first level of care for managing COVID-19 while continuing essential health services, investing in telemedicine and home care, and implementing public health interventions.
- c) **Health throughout the life course, determinants of health, and health promotion.** PASB promoted healthier lives through universal access to comprehensive, quality health services for all people in the Americas. PASB supported countries in implementing evidence-based interventions, such as the Familias Fuertes program in Mexico and Uruguay, and developed research, analysis, and data on service coverage, social and environmental determinants of health, and related inequalities. PASB also promoted COVID-19 vaccination of pregnant women and the professionals who care for them. Regionwide, countries worked to adapt public health measures for COVID-19 to the needs of groups in conditions of vulnerability.
- d) **Noncommunicable diseases (NCDs) and their risk factors, malnutrition, mental health, violence, and injuries.** The biennium saw important advances in health care for people with NCDs, as well as achievements in tobacco control and

- elimination of industrially produced trans-fatty acids. Trinidad and Tobago empowered communities to prevent and self-manage NCDs through training with the support of the Universal Health Coverage Partnership. In a major milestone, all of South America became compliant with the World Health Organization Framework Convention on Tobacco Control. Malnutrition continued to decrease. At the same time, policies to improve care of people with mental health conditions were strengthened and suicide prevention strategies were implemented. PASB also worked with countries to address mental health and psychosocial support needs caused by the pandemic and other emergencies. Intersectoral work on violence and road safety advanced, with Mexico passing groundbreaking legislation on mobility and road safety.
- e) **Prevention, control, and elimination of communicable diseases.** Despite the pandemic, disease elimination efforts advanced on several fronts. Dominica was certified for elimination of mother-to-child transmission of HIV and syphilis, and El Salvador was certified for elimination of malaria. Brazil, Canada, Chile, Guatemala, Suriname, and Trinidad and Tobago achieved 90% HIV suppression among people on antiretroviral therapy. PASB adopted innovative strategies for technical cooperation to cope with emerging threats, such as increased antimicrobial resistance, as well as to address persistent issues affecting populations in conditions of vulnerability. The Bureau also provided technical assistance to countries to prepare them for the introduction of COVID-19 vaccines and to maintain routine immunization services.
 - f) **Information systems for health, evidence, and research.** The Information Systems for Health initiative was implemented across the Americas with the support of PASB and partners, including the Inter-American Development Bank. Substantive progress was made on the use of data platforms, such as Health in the Americas, Core Indicators, and the SDGs monitoring portal. PASB also supported the development of evidence and research to respond to the COVID-19 pandemic and other challenges.
 - g) **Equity, gender, ethnicity, and human rights.** PASB worked to make these cross-cutting themes integral to the pandemic response to ensure that no one is left behind. PASB generated and shared evidence on health inequalities for Afro-descendant people and on COVID-19 trends related to gender, ethnicity, and equity. In many countries health authorities made concerted efforts to provide COVID-19 vaccination to indigenous people and other populations in conditions of vulnerability.
 - h) **Leadership, governance, and enabling functions.** PAHO remained an authoritative voice in the Americas, calling for unity to mitigate and manage COVID-19. The Organization gained positive visibility and name recognition by providing guidance on the pandemic at the highest levels of national governments and the United Nations and inter-American systems. Its agenda called for ensuring an agile response to Member States while simultaneously advocating for key foundational investments in public health in the Region. The management of the financial crisis

also showed the strong leadership and governance role of PASB. The crisis was overcome through adaptive measures, management of risks, the commitment of staff, increased resource mobilization, and advocacy with Member States.

Conclusions and Recommendations

9. Throughout the 2020-2021 biennium, PASB played an instrumental role as catalyst, convener, and trusted broker during an unprecedented health emergency. While responding to the pandemic, PASB also acted to protect essential health services, in collaboration with Member States and partners and in line with its mission. Moving forward, significant political commitment and allocation of resources will be required to strengthen areas that have lagged due to the pandemic disruption. Several key recommendations stand out as vital strategies to accelerate the Region's recovery:²
- a) Intensify advocacy for health at the highest levels of government, strengthening work with other sectors and ensuring linkages between health, the economy, social protection, and pandemic preparedness and response.
 - b) Capitalize on the increased visibility and authority that PAHO has earned through its response to COVID-19, extending it to broader audiences and to other areas of public health.
 - c) Strengthen advocacy for increased, improved, and sustainable investment in public health by increasing engagement in high-level dialogue with health and finance ministries, international financial institutions, and donors, particularly at the country level.
 - d) Readdress universal health to strengthen and transform health systems and services based on primary health care as the conduit for delivering essential public health programs and priorities, focusing on the social determinants of health and on the needs of populations in conditions of vulnerability.
 - e) Implement actions that reflect lessons learned and build on the good practices and innovations highlighted in 2020-2021.³

Action by the Pan American Sanitary Conference

10. The Conference is invited to take note of this report and provide any comments it deems pertinent.

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² Additional recommendations are available in the detailed Results Report addendum (Document CSP30/7, Add. I) and accompanying outcome cluster reports published through the PAHO Program Budget portal: <https://open.paho.org/>.

³ For more information on lessons learned refer to Part VI of Document CSP30/7, Add. I.