POLICY FOR RECOVERING PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOALS WITH EQUITY THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH AND INTERSECTORAL WORK

Introduction

1.   There is an urgent need for a renewed commitment to accomplishing the goals of the 2030 Agenda for Sustainable Development with a focus on equity in order to recover losses in progress towards Sustainable Development Goal 3 (SDG 3) and get back on the path towards the goal of leaving no one behind. The Region of the Americas is not on track to achieve the Sustainable Development Goals (SDGs), including SDG 3 ("Ensure healthy lives and promote well-being for all at all ages"). The lack of progress on SDG 3 during the first five years of the 2030 Agenda has been aggravated by the COVID-19 pandemic.

2.   There are several reasons for this lack of progress. The notion that the goals and targets of the 2030 Agenda are integrated and indivisible and must be pursued in their totality, which is particularly important for achieving SDG 3, has not been translated into action. All of the other 16 SDGs are directly or indirectly linked to health and include some specific health-related targets and indicators. The SDGs related to poverty, hunger, and education, for example, highlight some of the most important social determinants of health (SDHs).[1] The fact that targets were set for the global level only, and that each country has subsequently established its own goals, targets, and indicators, has also hindered progress.

3.   Although equity[2] is a principle embedded in the 2030 Agenda, and there is an explicit commitment to "leave no one behind," the SDGs have no clear, monitorable targets or indicators that are equity-oriented. Previous experience has shown that efforts to target the most disadvantaged are not enough to reduce inequities; a more comprehensive approach that addresses the social gradient is needed.

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[1] In this document, the term "social determinants of health" encompasses its political, economic, and environmental dimensions.

[2] Health equity is a fundamental component of social justice that indicates the absence of avoidable, unfair, or remediable differences among groups of people due to their social, economic, demographic, or geographic circumstances.

4.   The purpose of this policy and the accompanying proposed resolution is:

a)   To reconfirm the commitment of all countries in the Region to the achievement of SDG 3 by strengthening the effective integration of actions to promote equity, and to bridge the gap between commitment and action and ensure a fair recovery from the pandemic;

b)   To propose a course of action based on lessons learned from the Millenium Development Goals (MDGs) and from the efforts to achieve the SDGs so far, as well as from the pandemic response, in order to recover lost progress and accelerate the achievement of the SDGs with an equity approach by addressing the social determinants of health.

Background

5.   Over the years, various initiatives, commitments, and declarations *(1-13)* have put forward models and proposals on how to achieve health equity, including in the context of the 2030 Agenda. Some examples are the recent report by the United Nations Secretary-General "Our Common Agenda" *(14)*, and the WHO resolution WHA74.16 (2021) on the social determinants of health *(15)*. The Sustainable Health Agenda for the Americas 2018-2030 *(16)*, which represents the health sector's response to commitments made by countries in the 2030 Agenda; Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health *(17)*; and the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals, 2019-2030 *(18)*, are some key documents for this Region.

Situation Analysis

6.   It is clear that more needs to happen to meet SDG 3, with a stronger equity focus. Timely, accurate, and comparable data for each of the 28 indicators of the SDG 3 targets is not equally available across countries and over time, especially data disaggregated by sex, gender, age, ethnicity, territory,[3] income, education, occupation, social class, and other social stratifiers, which are required to monitor health gradients and inequalities. The complexity of some of the SDG 3 indicators constitutes an additional challenge in terms of measuring and comparability.

7.   Data available prior to the pandemic showed uneven regional trends in SDG 3 indicators, with some targets on track to be achieved by 2030 and others lagging behind, while in some cases the trend was heading in the wrong direction. Preliminary analysis showed that, in general, inequalities in SDG 3 indicators, both between and within countries, had not changed significantly. Relative inequalities remained high, and ill-health continued to be concentrated disproportionately among the most socially disadvantaged *(19)*. Yet, some countries showed some positive results in reducing inequality gaps and gradients, especially in maternal and child health care coverage and outcomes *(20)*.

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[3] "Territory" is defined as not only an environment characterized by its physical geography, but a scenario that is built from historical, social, cultural, economic, political, and environmental relationships.

8.	There is clear evidence of interactions and synergies between the other SDGs and SDG 3, indicating that the results achieved with respect to the individual goals are related to progress on the 2030 Agenda as a whole *(21)*. Among the SDGs that influence the SDG 3 targets are those relating to poverty, education, hunger, nutrition, and employment, among others *(22-25)*.[4] Therefore, advances and setbacks on other SDGs can facilitate or hinder the achievement of SDG 3. Likewise, the progress made on SDG 3 has implications for the achievement of the other SDGs.

9.	Although there is growing evidence of the impact of the pandemic and its effect on progress towards the SDGs, the full picture has yet to emerge. It is known, however, that the pandemic has increased poverty, reduced access to food, and widened gaps in access to education, which has negatively impacted the achievement of many SDGs *(26-29)*. The pandemic has also generated greater vulnerability for women, exacerbated gender inequities, and increased the risk of domestic and interpersonal violence *(30)*. Housing conditions and overcrowding have also worsened. People living in especially precarious conditions, such as informal-sector workers and people with migrant status, have experienced the greatest losses in social protection and income *(31-34)*.

10.	Crucially, the pandemic has increased inequality, as measured by the Gini coefficient, and worsened unemployment, hitting poorer socioeconomic groups the hardest. These inherently unjust inequalities arise from underlying adverse structural conditions, which contributed to differential risks of infection and disease associated with social conditions. This was aggravated by structural racism, associated with a history of colonialism, and discrimination that perpetuate inequities *(5)*. For example, in various countries of the Region, indigenous communities had higher SARS-CoV-2 infection rates and higher COVID-19 hospitalization rates than non-indigenous communities and COVID-19 mortality rates were up to four times higher in the lowest income quintile than in the highest *(35)*. Additionally, in most of the Region's countries, the delivery of essential health services was interrupted, including sexual and reproductive health services, which particularly affected women in situations of greater vulnerability, who experienced barriers to access to health and telehealth services *(36, 37)*. All of this, in turn, has negatively impacted progress towards SDG 3.

11.	Throughout human history, we have seen that crises generate learning opportunities and can unleash major transformations. Some of the key lessons learned from the pandemic confirmed the central role of the community in the formulation and implementation of policies and the need to adapt them to the local level and to territories *(38)*. They also confirmed the importance of joint work by the public health sector with other sectors to

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[4] Various reports (e.g., those cited in references 22 to 25) illustrate the influence of other SDGs on SDG 3, including SDG 1 (Poverty reduction), SDG 2 (End hunger, achieve food security and improved nutrition, and promote sustainable agriculture), SDG 4 (Inclusive and equitable quality education), SDG 5 (Achieve gender equity and empower all women and girls), SDG 6 (Clean water and sanitation), SDG 8 (Decent work and economic growth), SDG 10 (Reduce inequalities), SDG 11 (Sustainable cities and communities), and SDG 16 (Peace, justice, and strong institutions).

deliver effective responses and of coordinated action between all levels of government,[5] with local governments playing a key role *(39)*. During the pandemic, various organizational structures and coordination mechanisms for intersectoral action[6] were created, activated, and strengthened. The crisis has also highlighted the need for reliable, quality information for timely decision-making.

12.   It is known that complex health problems require action beyond ministries of health, and there is increasing evidence that health programs and policies that incorporate action on the SDHs have a greater impact on health and well-being *(40)*. However, the hegemonic biomedical model limits social innovation in the health response and hinders intersectoral action *(41)*. Compared with other sectors, the health sector has limited political leverage to engage in, negotiate, and lead intersectoral work on the health agenda. As this has been an obstacle to intersectoral coordination on SDG 3, strengthening capacity for health diplomacy within ministries of health *(42)* and applying the essential public health functions (EPHF) approach *(43)* are critical. To achieve the goals of the 2030 Agenda with an equity focus and to address SDHs, coordinated action between sectors is imperative, including health, economy, labor, housing, social services, social protection, transport, planning, food and agriculture *(44)*. It is also crucial to acknowledge that health is a dimension of social and economic development.

13.   The SDGs and human rights are intrinsically linked and mutually reinforcing frameworks, with most of the SDG targets reflecting provisions of international and regional human rights instruments. Patterns of vulnerability, inequality, and neglect also reflect a failure to fulfill non-discrimination obligations under international human rights law and commitments under the 2030 Agenda, affecting people living with disabilities, migrants and the LGBTQ+ community,[7] among others.

Proposal

14.   It is urgent to act to recover progress in achieving the goals of the 2030 Agenda and get back on the path towards the goal of leaving no one behind. The pandemic has provided opportunities to rethink and restructure a fairer, more equitable future, and should be a turning point that drives the change towards a more sustainable development model and coordinated action between sectors, institutions, levels of government, and the community, with the health sector as a fundamental partner. The health sector needs to critically evaluate how its policies contribute to the reduction of health inequities while recognizing that action on other SDGs outside the scope of the health sector is crucial for meeting SDG 3.

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[5] The organization of levels of government varies substantially among countries in the Region; for example, the subnational level includes states or provinces in some countries, while the parish is the main subnational level in some of the English-speaking Caribbean countries.

[6] While it is acknowleged that different terms are used in the countries of the Region, in this document we use "intersectoral action" to mean the coordinated intervention of institutions that are representative of more than one social sector in actions totally or partially oriented towards promoting health and health equity, well-being, and quality of life.

[7] LGBTQ stands for lesbian, gay, bisexual, transgender, and queer; the plus sign refers to other gender identities and sexual orientations.

15.   The following strategic lines of action are being proposed.

Strategic line of action 1. Promote intersectoral action to address the indivisible goals of the 2030 Agenda integrating equity as a cross-cutting value

16.   To achieve health equity, it is essential to address the SDHs through intersectoral and interinstitutional action and a Health in All Policies (HiAP) approach. This requires a State commitment that goes beyond specific government administrations and political cycles, creating, strengthening, and institutionalizing existing intersectoral mechanisms, organizational structures, and alliances. Integrated policy approaches and the development of interconnected programs are also needed. Enhanced intersectoral action to address SDHs also requires new types of leadership within and beyond the health sector that favor collaboration and that recognize that the leading role can lie with the health sector or with other sectors, depending on the nature of the problem to be addressed. It is also important to reinforce the health sector's participation in national and local SDG taskforces and implementation bodies and to establish intersectoral SDG 3 taskforces and frameworks at the subregional level.[8]

17.   To make progress on the 2030 Agenda, countries need to advance in institutionalizing intersectoral action at all government levels. This requires joint work in planning and evaluation based on a shared analysis of the health situation. The use of transparent and integrated budgeting for well-being, together with joint monitoring and building a common agenda, can be an important tool for facilitating intersectoral action. It is important to ensure and strengthen intersectoral organizational structures that emerged during the pandemic so that they become sustainable. In this context, governments must also collaborate with other actors, such as academia, civil society, and the private sector, exercising due diligence to avoid conflicts of interest. Furthermore, it is crucial to evaluate how other sectors' actions impact SDG 3 and how, in what contexts, and under what conditions opportunities for intersectoral action to address SDHs, particularly the structural ones, arise. It is also essential to strengthen sustainability mechanisms, such as joint evaluation. Another critical element is leadership at the highest political levels that prioritizes health, both nationally and locally, as has been observed during pandemic.

18.   The Pan American Sanitary Bureau (PASB or the Bureau) will support the health sector in strengthening competencies and skills that are needed for effective intersectoral action, such as health diplomacy, advocacy for health in other sectors, health promotion, and health impact assessment, and will assist in building capacities for integrated policy development and health planning and for the application of the EPHF approach. The systematization and dissemination of lessons learned in terms of intersectoral action as a response to the pandemic will also be promoted. The Bureau will exercise its leadership in fostering these approaches and facilitating synergies in its joint work with international bodies, in accordance with national contexts. It will also cooperate with the health sector to facilitate the convening of other sectors.

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[8] Subregional bodies include the Caribbean Community (CARICOM), the Central American Integration System (SICA), Andean Health Organization (ORAS–CONHU), the Amazon Cooperation Treaty Organization (ACTO), and the Southern Common Market (MERCOSUR).

Strategic line of action 2. Reorient health policies, plans, and programs to overcome barriers to access to health and to achieve health equity and well-being

19.   In response to existing and new epidemiological, social, and economic challenges, and to achieve SDG 3 with equity, there is an urgent need for the health sector to make more visible and address the underlying social conditions that determine health and well-being. This requires the transformation of health systems and the expansion of social protection, as well as the reorientation of health policies, plans, and programs to include SDHs, in line with the EPHF approach. For this to happen, effective social participation and the involvement of other government sectors is needed. It is also necessary to enhance data collection in order to monitor progress. Meeting the health targets of SDG 3, such as reducing maternal mortality and premature mortality from noncommunicable and communicable diseases, eliminating chronic malnutrition, and tackling mental health problems, will mean moving away from the hegemonic biomedical health model that still dominates health systems and addressing demand- and supply-side barriers to health services, such as economic, cultural and language-related barriers, as well as obstacles related to stigma, racism, and discrimination, including against migrants, the LGBTQ+ community, and other groups. In addition, it is necessary to address barriers to health and well-being through healthy public policies, and this requires not only the reorientation of policies, but also the equitable distribution of power and resources.

20.   In line with the regional strategies on universal access to health and universal health coverage *(7)* and health promotion *(18)* and the fundamental right to the highest attainable standard of health, a strong commitment, not only from health authorities but from the whole of government, is needed to strengthen public health, health promotion, and primary health care. This requires a corresponding increase in investment in health, the redistribution of funds towards those areas and related programs, and efficient and equitable expenditure.

21.   Health systems also need to bring about greater integration of health programs aimed at achieving the SDG 3 targets. The response to the pandemic has shown that it is possible to develop integrated health systems that reduce fragmentation and break down the usual silos of vertical programs to work in a more effective manner.

22.   PASB will support Member State efforts to operationalize the integration of actions on SDHs in health systems and services, to include an equity approach in health policymaking in order to overcome barriers, and to make health services more context-specific so they can meet the needs of all populations. This requires strengthening institutional capacities and intersectoral work, applying the HiAP approach, training health personnel in SDHs and equity, creating multidisciplinary teams, and supporting the use of effective tools such as Innov8[9] that have been used in several countries to integrate SDHs into programs *(45)*.

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[9] Innov8 is an approach for reviewing and reorienting national health programs to better address health inequities and leave no one behind. More information may be found at: https://www.who.int/publications/i/item/9789241511391.

Strategic line of action 3. Strengthen and facilitate community participation and civil society engagement, through an intercultural approach in order to attain equity and achieve SDG 3

23.   The participation and empowerment of the community[10] and civil society throughout the entire cycle of policymaking, including policy formulation, planning, and evaluation, is crucial for achieving the goals of the 2030 Agenda and making progress towards a more equitable Region. Social participation[11] is also necessary for effective intersectoral action. This is particularly relevant for the health and public policies required to meet the SDG 3 targets. A long-lasting, respectful relationship with the community and civil society that fosters fruitful participation demands clear commitments from government, supported by legally binding instruments that promote transparency and empowerment. It is also important to strengthen the role of the community by empowering individuals and communities, increasing their autonomy, capacities and overall control.

24.   Effective and significant participation demands that all people have an equal voice, regardless of the territory where they live, their ethnicity, gender, age, beliefs, social class, migration status, or disability status, paying special attention to groups in situations of vulnerability. The right to social participation has to be ensured through effective mechanisms and tools that provide opportunities for collective and individual involvement in decision-making processes. These mechanisms include public consultations, participation in the development of health plans, accountability, and intercultural dialogues, as well as formal spaces for social participation at the local and national levels. In addition, timely access to complete and accurate information is needed, through traditional media as well as through the responsible use of social media. At the same time, the existence of different participatory structures and models, and the importance of cultural appropriateness, must be acknowledged, as must inequalities in access to technology and the Internet. The Bureau will provide technical support to Member States in strengthening effective and meaningful social participation and the engagement of civil society through appropriate mechanisms.

Strategic line of action 4. Strengthen local governance to achieve SDG 3 with equity

25.   Local governments[12] are spaces for coordination and convergence between different sectors, public institutions, civil society organizations, academia, and the private sector. Therefore, it is important to strengthen the role of local governments for policymaking aimed at promoting health and well-being, reducing health inequities, and

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[10] Increasingly, communities may be defined not only geographically, but also as groups sharing similar values and interests, often through virtual means.

[11] "Social participation" encompasses collective actions through which civil society and the organized community intervene and directly influence the organization, control, management, and supervision of institutions and the health system as a whole.

[12] "Local government" refers to the processes and the institutional framework within a locality or community through which power and authority are exercised. Examples of local government structures include *municipios* (in some Latin American countries), counties, townships, municipalities, districts, municipal councils, and city/town/village councils (in Canada, some Caribbean countries, and the United States).

achieving SDG 3. Territories provide unique opportunities for innovation and intersectoral action for achieving the goals of the 2030 Agenda, which requires good local governance. Given that most of the population of the Americas lives in urban settings, urban health policies are critical, and the formulation of such policies is in line with previous commitments, such as those established in the Strategy and Plan of Action on Urban Health 2011-2021 *(46)*. In addition, it is necessary to attend to the specific needs of rural communities, many of them living in remote hard-to-access areas, with unequal investment and presence of the public sector. The realities of indigenous populations have to be considered, as well, recognizing their self-determination and the diversity of cultural perspectives on territorial governance. Lastly, strengthening local governance can also help respond to the health needs of populations affected by violence in many urban and rural territories.

26. Effective local government action needs to be accompanied by close coordination between the different levels of government: national, subnational, and local. The conditions and policies generated by national and subnational governments shape SDHs, thus influencing local governments' scope for action. Examples of potential areas of local action include building local competencies in areas such as urban planning, health promotion, and primary health care, as well as providing basic services. Local governments can contribute to the achievement of SDG 3 with equity, inter alia, by creating equitable, health-promoting public policies and convergent agendas in areas such as mobility, air quality, physical activity, and health. Local governments can also foster social participation and civil society engagement by using participatory assessments, supported by local epidemiological profiles and communication strategies that facilitate interventions in the places where people live, work, study, and play. In so doing, governments should consider that people's different realities and experiences contribute to differences in access to resources for health and differences in health outcomes.

27. Local governments can benefit from using tools *(47)* and strategies for "localizing" the SDGs and strengthening their capacities to work towards the achievement of SDG 3 by participating in existing healthy municipalities/cities networks in the Region and in city-to-city exchanges and by adopting practices for urban governance for health and well-being and other urban and rural health initiatives supported by the Bureau.

Strategic line of action 5. Strengthen the monitoring and evaluation of progress towards the equitable attainment of SDG 3

28. Achieving SDG 3 with an equity focus requires comprehensive and participatory monitoring and evaluation systems that include monitoring of health inequities and SDHs, together with intersectoral and interinstitutional evaluation of the effectiveness of interventions. The PAHO dashboard[13] for monitoring SDG 3 indicators and inequalities *(23)* can provide a platform for exchange and learning, but requires quality, timely, and comparable disaggregated data from countries. Other tools, such as the

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[13] The PAHO dashboard for monitoring SDG 3 indicators and inequalities is an existing dashboard that can be used by Member States, although it is not designed specifically for the monitoring of this policy.

monitoring framework for universal health in the Americas *(48)* and the global health observatory *(49)* (particularly the universal health coverage index), may also be useful.

29.   Timely and accurate information is necessary for decision-making at all levels and for adjusting policies, programs, and plans to address the needs of the population. The results of the monitoring system need to be presented in a manner that is useful to the various target groups, which will also facilitate intersectoral action and social participation. In addition, strengthening communication is key so that information is accessible and understandable for the population and for decision-making at the political level. In this context, health literacy training may be useful.

30.   In order to develop and implement policies that address health inequities, monitoring systems need to go beyond averages, disaggregating health indicators by social variables such as income, education, ethnicity, gender, occupation, and social class, thus shedding light on the conditions that underlie inequities. To that end, information systems should include monitoring of SDHs in order to demonstrate the impact of the policies of other sectors on health, thereby further highlighting the interrelationship between the SDGs and strengthening the argument for intersectoral action. These systems become stronger when they are built in an intersectoral manner, since this approach makes it possible to obtain data from and engage in joint monitoring with the various sectors and administrative levels of government. It also helps to strengthen local capacities for monitoring. It is important to consider georeferencing tools that can help make health inequities in territories more visible and guide decision-making at the local level.

31.   A monitoring and evaluation framework is essential for evaluating interventions and their impact on equity at the national, subnational, and local levels. To improve monitoring and evaluation processes, it is necessary to allocate time, resources, and skilled personnel. It is also necessary to use both process and results indicators and to employ innovative approaches such as participatory evaluation, community-based diagnoses, and the use of both qualitative and quantitative methods.

32.   The Bureau will promote the strengthening of information systems in the Region and will provide support to enhance the health sector's capacity to systematically collect disaggregated, timely, quality, and comparable data and to monitor and evaluate the effectiveness of policies, plans, and programs to address SDHs and their impact on health equity. In addition, PASB will provide guidance on including SDHs into monitoring and evaluation systems. Finally, given the indivisibility of the 2030 Agenda, the Bureau will promote integrated systems that allow a common perspective on the progress made on the SDGs, using information from the various sectors and levels of government to guide context-specific intersectoral action.

Monitoring and Evaluation

33.   In 2027, the Bureau will present a progress report to the Governing Bodies, in which it will identify strengths and weaknesses in the policy's overall execution, lessons learned, and factors hindering progress. A final report will be presented in 2031.

Financial Implications

34.   It is expected that Member States will prioritize the allocation of resources toward the implementation of this policy for a post pandemic recovery with focus on equity. For the implementation of this policy, the Bureau will need to mobilize extra resources to support Member States to work with networks of experts and engage in formal collaboration with institutions, local governments, and civil society, strengthening current initiatives and taking advantage of existing capacities in Member States (see Annex B).

Action by the Pan American Sanitary Conference

35.   The Conference is requested to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

References

1. World Health Organization. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health [Internet]. Commission on Social Determinants of Health (2008). Geneva: World Health Organization; 2015 [cited 2021 Nov 2]. Available from: https://apps.who.int/iris/handle/10665/69832.

2. World Health Organization. Reducing health inequities through action on the social determinants of health [Internet]. 62nd World Health Assembly; 2009 May 18-22; Geneva. Geneva: WHO; 2009 (Resolution WHA62.14) [cited 2021 Nov 2]. Available from: https://apps.who.int/iris/handle/10665/2257.

3. World Health Organization. Rio Political Declaration on Social Determinants of Health [Internet]. World Conference on Social Determinants of Health; 2011 Oct 19-21; Rio de Janeiro. Geneva: WHO; 2011 [cited 2021 Nov 2]. Available from: https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health.

4. United Nations. COVID-19 and human rights: we are all in this together [Internet]. New York: United Nations; 2020 [cited 2022 Jan 31]. Available from: https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf.

5. Pan American Health Organization. Just societies: health equity and dignified lives [Internet]. Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, DC: PAHO; 2018 [cited 2021 Nov 18]. Available from: http://iris.paho.org/xmlui/handle/123456789/49505.

6. Pan American Health Organization. Universal health in the 21st century: 40 years of Alma-Ata. Report of the High-Level Commission [Internet]. Revised edition. Washington, DC: PAHO; 2019 [cited 2022 Feb 21]. Available from: https://iris.paho.org/bitstream/handle/10665.2/50960/9789275120774_eng.pdf.

7. Pan American Health Organization. Strategy for universal access to health and universal health coverage [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/5, Rev. 2) [cited 2021 Nov 18]. Available from: https://iris.paho.org/bitstream/handle/10665.2/28276/CD53-5-%20e.pdf.

8. Pan American Health Organization. Gender equality policy [Internet]. 46th Directing Council of PAHO, 57th Session of the Regional Committee of WHO for the Americas; 2005 Sep 26-30; Washington, DC. Washington, DC; PAHO; 2005 (Document CD46/12) [cited 2021 Nov 18]. Available from: https://www3.paho.org/english/GOV/CD/cd46-12-e.pdf.

9. Pan American Health Organization. Policy on ethnicity and health [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas, 2017 Sept 25-29; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/7, Rev. 1) [cited 2021 Nov 18]. Available from: https://www3.paho.org/hq/index.php?option=com_docman&view=download&categor%20y_slug=29-en-9249&alias=42013-csp29-7-e-013&Itemid=270&lang=en.

10. Pan American Health Organization. Strategy and Plan of Action on Ethnicity and Health 2019-2025 [Internet]. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; Washington, DC; 2019 Sep 30–Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Document CD57/13, Rev. 1) [cited 2022 Jan 31]. Available from: https://iris.paho.org/handle/10665.2/51744.

11. World Health Organization. Global action plan for healthy lives and well-being for all [Internet]. Geneva: WHO; 2019 [cited 2022 Feb 21]. Available from: https://www.who.int/publications/i/item/WHO-DGO-GAP-19-1.

12. Pan American Health Organization. Strategy for building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains [Internet]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 2021 Sep 20-24; Washington, DC. Washington, DC: PAHO; 2021 (Document CD59/11) [cited 2022 Feb 21]. Available from: https://www.paho.org/en/documents/cd5911-strategy-building-resilient-health-systems-and-post-covid-19-pandemic-recovery.

13. Pan American Health Organization. Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) persons [Internet]. 52nd Directing Coundil of PAHO, 65th Session of the Regional Committee of WHO for the Americas; 2013 Sept 30-Oct 4; Washington, DC. Washington, DC: PAHO (Resolution CD52.R6 2013) [cited 2022 Mar 31]. Available from: https://iris.paho.org/handle/10665.2/4434.

14. United Nations. Our common agenda – report of the Secretary-General [Internet]. New York: United Nations; 2021 [cited 2022 Feb 25]. Available from: https://www.un.org/en/content/common-agenda-report/assets/pdf/Common_Agenda_Report_English.pdf.

15. World Health Organization. Social determinants of health [Internet]. 74th World Health Assembly; 2021 May 31-Jun 1; Geneva. Geneva: WHO; 2021 (Resolution WHA74.16) [cited 2021 Nov 2]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R16-en.pdf.

16. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030: a call to action for health and well-being in the region [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; Washington, DC. Washington, DC: PAHO; 2017 (Document CSP29/6, Rev. 3) [cited 2021 Nov 2]. Available from: http://iris.paho.org/xmlui/handle/123456789/49170.

17. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020-2025: Equity at the Heart of Health [Internet]. 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 *(Official Document 359)* [cited 2021 Nov 2]. Available from: https://iris.paho.org/bitstream/handle/10665.2/52473/9789275173619_eng.pdf.

18. Pan American Health Organization. Strategy and plan of action on health promotion within the context of the Sustainable Development Goals 2019-2030 [Internet]. 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 CD57/10) [cited 2021 Nov 18]. Available from: https://iris.paho.org/handle/10665.2/51618.

19. Pan American Health Organization. Dashboard for monitoring SDG-3 indicators and their inequalities [Internet] [cited 2022 Jan 31]. Available from: https://www3.paho.org/ods3/en/monitoring-and-analysis/#tab-a.

20. International Center for Equity in Health, Federal University of Pelotas, Brazil. Equity Dashboard [Internet] [cited 2022 Feb 1]. Available from: https://www.equidade.org/dashboard.

21. International Council for Science. A Guide to SDG Interactions: from Science to Implementation [Internet]. Paris: International Council for Science; 2017. [cited 2021 Dec 23]. Available from: https://council.science/wp-content/uploads/2017/05/SDGs-Guide-to-Interactions.pdf.

22. Hughes, BB, Hanna T, McNeil K, Bohl DK, Moyer JD. Pursuing the Sustainable Development Goals in a World Reshaped by COVID-19 [Internet]. Denver and New York: Frederick S. Pardee Center for International Futures and United Nations Development Programme; 2021 [cited 2021 Dec 23] Available from: https://korbel.du.edu/sites/default/files/2021-12/Pursuing%20the%20Sustainable%20Development%20Goals%20in%20a%20World%20Reshaped%20by%20COVID-19.pdf.

23. Viana CM, Freire D, Abrantes P, Rocha J, Pereira P. Agricultural land systems importance for supporting food security and sustainable development goals: a systematic review. Sci Total Environ [Internet]. 2022 Feb 1;806(Pt 3):150718. Epub 2021 Oct 2 [cited 2021 Dec 23]. Available from: https://www.sciencedirect.com/science/article/pii/S004896972105796X.

24. Nilsson, M, Chisholm, E, Griggs, D. et al. Mapping interactions between the Sustainable Development Goals: lessons learned and ways forward. Sustainability Science [Internet]. 2018;13(6):1489–1503 [cited 2021 Dec 23]. Available from: https://doi.org/10.1007/s11625-018-0604-z.

25. Pradhan P, Costa L, Rybski D, Lucht W, Kropp, JP. A systematic study of Sustainable Development Goal (SDG) interactions. Earth's Future [Internet]. 2017;5(11):1169–79 [cited 2021 Dec 23]. Available from: https://doi.org/10.1002/2017ef000632.

26. Doyle MW, Stiglitz JE. Eliminating extreme inequality: a sustainable development goal, 2015–2030. Ethics & International Affairs [Internet]. 2014;28(1):5–13 [cited 2021 Dec 23]. Available from: https://doi.org/10.1017/S0892679414000021.

27. Abidoye B, Felix J, Kapto S, Patterson L. Leaving No One Behind: Impact of COVID-19 on the Sustainable Development Goals (SDGs) [Internet]. New York and Denver: United Nations Development Programme and Frederick S. Pardee Center for International Futures; 2021. [cited 2021 Dec 23]. Available from: https://sdgintegration.undp.org/sites/default/files/Leaving_No_One_Behind,_COVID_impact_on_the_SDGs_second_flagship.pdf.

28. Economic Commission for Latin America and the Caribbean (ECLAC). Social Panorama of Latin America 2021 [Internet]. Santiago: ECLAC; 2022 (Document (LC/PUB.2021/17-P) [cited 2022 Feb 1]. Available from: https://www.cepal.org/en/publications/47719-social-panorama-latin-america-2021.

29. Economic Commission for Latin America and the Caribbean and Pan American Health Organization. Health and the economy: a convergence needed to address COVID-19 and retake the path of sustainable development in Latin America and the Caribbean [Internet]. Santiago: ECLAC; 2020 [cited 2022 Feb 1]. Available from: https://iris.paho.org/handle/10665.2/52535.

30. Nivette, AE, Zahnow, R, Aguilar, R et al. A global analysis of the impact of COVID-19 stay-at-home restrictions on crime. Nature Human Behaviour [Internet]. 2021;5(7):868–877 [cited 2022 Jan 5]. Available from: https://doi.org/10.1038/s41562-021-01139-z.

31. Wang Q, Huang R. The impact of COVID-19 pandemic on Sustainable Development Goals – a survey. Environmental Research [Internet]. 2021;202:111637 [cited 2022 Jan 5]. Available from: https://doi.org/10.1016/j.envres.2021.111637.

32. Muntaner C, Solar O, Vanroelen C, Martínez JM, Vergara M, Santana V, Castedo A, Kim IH, Benach J; EMCONET Network. Unemployment, informal work, precarious employment, child labor, slavery, and health inequalities: pathways and mechanisms [Internet]. Int J Health Serv. 2010;40(2):281-95 [cited 2021 Dec 23]. Available from: https://doi.org/10.2190%2FHS.40.2.h.

33. Economic Commission for Latin America and the Caribbean (ECLAC). Economic survey of Latin America and the Caribbean 2021: labour dynamics and employment policies for sustainable and inclusive recovery beyond the COVID-19 crisis [Internet]. Santiago: ECLAC; 2021 [cited 2022 Jan 5]. Available from: https://repositorio.cepal.org/bitstream/handle/11362/47193/10/S2100607_en.pdf.

34. Pan American Health Organization. Guidance for implementing nonpharmacological public health measures in populations in situations of vulnerability in the context of COVID-19 [Internet]. Washington, DC: PAHO; 2020 [cited 2022 Feb 1]. Available from: https://iris.paho.org/handle/10665.2/53078.

35. World Health Organization. COVID-19 and the social determinants of health and health equity: evidence brief [Internet]. Geneva: World Health Organization; 2021. December 2021 [cited 2021 Dec 23]. Available from: https://www.who.int/publications/i/item/9789240038387.

36. Pan American Health Organization. Round two of the national survey on the continuity of essential health services during the COVID-19 pandemic, February – March 2021 [Internet]. Washington, DC: PAHO; 2021 [cited 2022 Feb 1]. Available from: https://iris.paho.org/handle/10665.2/55060.

37. Pan American Health Organization. Gendered Health Analysis: COVID-19 in the Americas [Internet]. Washington, DC: PAHO; 2021 [cited 2022 Mar 31]. Available from: https://iris.paho.org/handle/10665.2/55432.

38. Bispo Júnior JP, Brito Morais M. Community participation in the fight against COVID-19: between utilitarianism and social justice. Cadernos de saúde pública [Internet]. 2020; 36(8): e00151620 [cited 2022 Jan 5]. Available from: https://pubmed.ncbi.nlm.nih.gov/32756764/.

39. Economic Commission for Latin America and the Caribbean (ECLAC). Resilient institutions for a transformative post-pandemic recovery in Latin America and the Caribbean: inputs for discussion [Internet]. Santiago: ECLAC; 2021 (Document LC/CRP.18/3) [cited 2022 Jan 5]. Available from: https://repositorio.cepal.org/bitstream/handle/11362/47317/1/S2100382_en.pdf.

40. Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. Journal of Epidemiology and Community Health [Internet]. 2020;74(11):964–8 [cited 2022 Jan 5]. Available from: http://dx.doi.org/10.1136/jech-2020-214401.

41. Farre A, Rapley T. The new old (and old new) medical model: four decades navigating the biomedical and psychosocial understandings of health and illness. Healthcare [Internet]. 2017 Nov 18;5(4):88 [cited 2022 Jan 5]. Available from: https://doi.org/10.3390/healthcare5040088.

42. Bryson JM, Crosby BC, Stone MM. Designing and implementing cross-sector collaborations: needed and challenging. Public Administration Review [Internet]. 2015; 75(5):647-663 [cited 2022 Jan 5]. Available from: https://doi.org/10.1111/puar.12432.

43. Pan American Health Organization. The essential public health functions in the Americas: a renewal for the 21st century. Conceptual framework and description [Internet]. Washington, DC: Pan American Health Organization; 2020 [cited 2022 Feb 1]. Available from: https://iris.paho.org/handle/10665.2/53124.

44. Nunes AR, Lee K, O'Riordan T. The importance of an integrating framework for achieving the Sustainable Development Goals: the example of health and well-being BMJ Global Health [Internet]. 2016;1:e000068 [cited 2022 Jan 5]. Available from: http://dx.doi.org/10.1136/bmjgh-2016-000068.

45. Solar O, Frenz P. Lessons from Chile's use of system-level theory of change to implement a policy redesign process to address health inequities. New Directions for Evaluation. 2017; (154):101–113.

46. Pan American Health Organization. Strategy and plan of action on urban health [Internet]. 51st Directing Council of PAHO, 63rd Session of the Regional Committee of WHO for the Americas; 2011 September 26–30; Washington, DC. Washington, DC: PAHO; 2011 (Document CD51/5) [cited 2022 Jan 5]. Available from: https://www.paho.org/hq/dmdocuments/2011/CD51-5-e.pdf.

47. Local 2030 – Localizing the SDGs. Toolbox [Internet]. [cited 2022 Feb 10]. Available from: https://www.local2030.org/discover-tools.

48. Pan American Health Organization. Monitoring Framework for Universal Health in the Americas [Internet]. 2021 [cited 2022 Feb 25]. Available from: https://iris.paho.org/bitstream/handle/10665.2/53918/9789275122709_eng.pdf.

49. World Health Organization. Global Health Observatory [Internet] [cited 2022 Feb 25]. Available from: https://www.who.int/data/gho.

30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

PROPOSED RESOLUTION

POLICY FOR RECOVERING PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOALS WITH EQUITY THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH AND INTERSECTORAL WORK

THE 30th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having considered the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/8);

(PP2) Bearing in mind Member States' commitments to the achievement of the goals of the 2030 Agenda for Sustainable Development, which provides a powerful framework for improving health and equity;

(PP3) Recognizing that the Region of the Americas is not on track to achieve the goals of the 2030 Agenda, including Sustainable Development Goal 3 ("Ensure healthy lives and promote well-being for all at all ages"), and that this situation has been aggravated by the COVID-19 pandemic;

(PP4) Considering the urgent need to recover and accelerate progress towards the achievement of the goals of the 2030 Agenda with an equity focus and to acknowledge that health is a key dimension of social and economic development;

(PP5) Recognizing the importance of social determinants of health for the achievement of health equity, as has been stressed over the years and has been recently reconfirmed in Resolution WHA74.16 on social determinants of health (2021), which calls on Member States to strengthen their efforts to accelerate progress in addressing the unequal distribution of health resources within and among countries in support of the 2030 Agenda;

(PP6) Recognizing the cross-cutting nature of this policy and its complementarity with the objectives of the Strategic Plan of the Pan American Health Organization 2020-2025, the Sustainable Health Agenda for the Americas 2018-2030, and the Strategy and Plan of Action on Health Promotion within the context of the Sustainable Development Goals 2019-2030 (Document CD57/10 [2019]),

RESOLVES:

(OP)1. To approve the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (Document CSP30/8).

(OP)2. To urge Member States, in accordance with their national contexts, to adopt the following five strategic lines of action:

a) promote intersectoral action to address the indivisible goals of the 2030 Agenda, integrating equity as a cross-cutting value;

b) reorient health policies, plans, and programs to overcome barriers to access to health and to achieve health equity and well-being;

c) strengthen and facilitate community participation and civil society engagement, through an intercultural approach in order to attain equity and achieve SDG 3;

d) strengthen local governance to achieve SDG 3 with equity;

e) strengthen the monitoring and evaluation of progress towards the equitable attainment of SDG 3.

(OP)3. To request the Director to:

a) provide technical support to Member States to strengthen the specific competencies and skills that are needed for effective intersectoral action on social determinants of health;

b) provide technical support to Member States to integrate social determinants of health into the work of health systems and services, and to include an equity focus in the formulation of health policies to overcome barriers to access to health and health services;

c) provide technical support to Member States to strengthen community participation and civil society engagement, promoting effective mechanisms and tools for meaningful participation, giving a voice to all;

d) promote the strengthening of local governance and of healthy municipalities/cities networks in the Region, facilitating city-to-city exchanges and supporting urban and rural health action that addresses inequities in order to achieve SDG 3;

e) strengthen monitoring of SDG 3 indicators through exchange and learning platforms, facilitating the incorporation of timely information from the health sector and other sectors, and provide guidance on the development of systems for the monitoring and evaluation of social determinants of health and equity;

f)   promote collaboration with other international organizations to create synergies in addressing the indivisible goals of the 2030 Agenda with equity, and encourage international financial institutions to provide financing that is adapted and adequate to developing countries, so that no one is left behind;

g)   report to the Governing Bodies of PAHO on the progress made and the challenges faced in the implementation of this regional policy and its adaptation to specific contexts and needs, through a progress report to be presented in 2027 and a final report to be presented in 2031.

Report on the Financial and Administrative Implications
of the Proposed Resolution for PASB

1. **Agenda item:** 4.3 - Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work

2. **Linkage to Program Budget of the Pan American Health Organization 2022-2023:**

   Outcome 18: Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus, prioritizing groups in conditions of vulnerability.

   Outcome 19: Health promotion strengthened and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action.

3. **Financial implications:**

   a) **Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): $8.36 million**

Areas	Estimated cost (in US$)
Human resources	6,060,000.00
Training	500,000.00
Consultants/service contracts	1,000,000.00
Travel and meetings	500,000.00
Publications	200,000.00
Supplies and other expenses	100,000.00
Total	**8,360,000.00**

   b) **Estimated cost for the 2022-2023 biennium (including staff and activities):**

   The estimated cost of implementing this policy over the period 2022-2023 is US$ 929,000.00 This estimate includes expenditures for technical and administrative staff as well as for direct technical cooperation activities to support the implementation of the policy. Meeting the goals of this regional policy will require Member States' commitment and investment in its implementation, together with support from collaborating centers and relevant partners.

c) **Of the estimated cost noted in _b)_, what can be subsumed under existing programmed activities?**

Of the estimated cost, approximately 50% can be subsumed under existing programmed activities.

4. **Administrative implications:**

a) **Indicate the levels of the Organization at which the work will be undertaken:**
All levels of the Organization (regional, subregional, and country) will participate in activities to implement the regional policy, in keeping with their defined responsibilities.

b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**
One additional full-time staff member will be needed to support Member States in the implementation of this policy and to work with networks of experts and engage in formal collaboration with institutions, local governments, and civil society, strengthening current initiatives and taking advantage of existing capacities in Member States.

c) **Time frames (indicate broad time frames for the implementation and evaluation):**
Time frames for the implementation and evaluation activities are aligned with those established in the Organization's strategic and operational planning—i.e., with the biennial programs and budgets and with PAHO Strategic Plan 2020–2025, following the time frame approved by the Governing Bodies.

Analytical Form to Link Agenda Item with Organizational Mandates

1.	**Agenda item:** 4.3 - Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work
2.	**Responsible unit:** Health Promotion and Social Determinants Unit (FPL/PS)
3.	**Preparing officer(s):** Gerry Eijkemans, Orielle Solar, Pilar Campos, Gina Watson, Adrienne Cox, Oscar Mujica
4.	**Link between Agenda item and the Sustainable Health Agenda for the Americas 2018-2030:** *Goal 2:* Strengthen stewardship and governance of the national health authority, while promoting social participation. *Goal 11:* Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.
5.	**Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020-2025:** *Outcome 18:* Social and environmental determinants of health *Outcome 19:* Health promotion and intersectoral work
6.	**List of collaborating centers and national institutions linked to this Agenda item:** • Centre for Studies, Research, and Documentation on Healthy Cities (CEPEDOC), School of Public Health, University of Sao Paulo, Brazil • Department of Social Sciences, School of Public Health, School of Public Health, Medical Sciences Campus, University of Puerto Rico • Fundação Oswaldo Cruz (FIOCRUZ), Brazil • Centre for the Development of Evaluation and Technology in Public Health (CEDETES), Universidad del Valle, Colombia • Center on Health in Housing, School of Public Health and Health Professions, State University of New York at Buffalo, United States of America • Center for Community Health and Development, University of Kansas, United States of America • Institute of Interdisciplinary Programs for Primary Health Care (PROINAPSA), Faculty of Health, Santander Industrial University, Colombia • National Institute for Hygiene, Epidemiology, and Microbiology (INHEM), Cuba • National Center for Healthy Housing, Columbia, Maryland, United States of America
7.	**Best practices in this area and examples from countries within the Region of the Americas:** As part of the implementation process, the Bureau will compile a list of best practices for advancing progress towards the SDGs with equity in the Region of the Americas.

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