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B. PLAN OF ACTION FOR WOMEN'S, CHILDREN'S, AND ADOLESCENTS' HEALTH 2018-2030: PROGRESS REPORT

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress made in the implementation of the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (Document CD56/8, Rev. 1), approved during the 56th Directing Council in 2018 *(1)*. In May 2016, Member States of the World Health Organization (WHO) committed to the implementation of the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030), through the adoption of Resolution WHA69.2 *(2-3)*. PAHO developed the integrated Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030. The plan of action—built on four separate regional plans for maternal, neonatal, child, and adolescent health—proposed an integrated life course approach to address common challenges and barriers to building health and well-being over time and across generations. The plan of action aligns with the Sustainable Development Goals (SDGs) and the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) and resonates with the 2018 Astana Declaration *(4-6)*.

2. The COVID-19 pandemic has profoundly affected the lives of women, children, and adolescents, and is leading to setbacks in hard-gained health outcomes. The pandemic has also affected the capacity of institutions to implement population-based surveys, to maintain the continuity of data gathering, and to carry out the analysis of routine administrative data, among other activities. Moreover, the pandemic has compromised the capacity of institutions to respond to regional efforts in order to assess the impact of the pandemic itself. The situation has prevented this report from issuing a robust assessment of the progress made in the period between 2018-2021.

Analysis of Progress Achieved

3. This report drew from the following data sources: *a)* the baseline (conducted in 2019 and completed by 24 Member States) and progress (conducted in 2021 and completed by 21 Member States) ad-hoc plan of action surveys; *b)* global and regional estimates from WHO and the United Nations Children's Fund (UNICEF) *(7-8)*; *c)* PAHO Basic Indicators *(9)*; *d)* the WHO Reproductive, Maternal, Newborn, Child, and Adolescent Health Policy Survey 2018 *(10)*; *e)* relevant regional assessments, such as the regional school health assessment; and *f)* information from technical cooperation actions during the implementation period.

4. It is important to note that there are differences between the set of countries responding to the baseline survey and those responding to the 2021 progress survey. Considering that the baseline year for the plan of action was 2018, it is worth noting that the information provided does not fully reflect the setbacks generated by the COVID-19 pandemic. For indicators whose targets were pending, the targets were defined. The evaluation of the indicators follows the criteria presented in Annex B of Addendum I to the Report of the End-of-biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. I) *(11)*.

Strategic Line of Action 1: Strengthen a transformative policy environment to reduce health inequities among women, children, and adolescents

5. To reduce health inequities, it is essential that Member States implement inter-sectoral policies, set targets for the reduction of inequities, and establish mechanisms for the participation of women and adolescents. The progress of this strategic line shows more countries and territories have defined targets, but their reports showed that more efforts are needed to ensure inter-sectoral policies and participatory mechanisms are in place in order to achieve those targets and reduce inequities.

Objective 1.1: Strengthen the capacity of countries to implement policies that measure, monitor, and systematically analyze and transform health inequities affecting women, children, and adolescents	
Indicator, baseline, and target	**Status**
1.1.1 Number of countries and territories that have implemented inter-sectoral policies to address the social determinants of health in women, children, and adolescents Baseline (2018): 10 Target (2022): 20 Target (2026): 30 Target (2030): 40	Progress has been made towards this indicator, and the target for 2022 has been exceeded. A total of 24 countries and territories reported to have implemented intersectoral policies to address the social determinants of health in women, children, and adolescents.

Objective 1.1: Strengthen the capacity of countries to implement policies that measure, monitor, and systematically analyze and transform health inequities affecting women, children, and adolescents	
Indicator, baseline, and target	**Status**
1.1.2 Number of countries and territories that have set targets for reduction of inequities in the health of women, children, and adolescents at the national level (subnational level if country is decentralized) Baseline (2018): 4 Target (2022): 15 Target (2026): 30 Target (2030): 40	A total of 13 countries have set targets.
Objective 1.2: Increase the participation of relevant stakeholders, including women, adolescents, families, civil society, and communities, in policy-making processes and policy monitoring aimed at achieving health equity for women, children, and adolescents	
Indicator, baseline, and target	**Status**
1.2.1 Number of countries and territories with specific mechanisms through which women and adolescents can engage in public policy development, monitoring, and evaluation Baseline (2018): 12 Target (2022): 20 Target (2026): 30 Target (2030): 40	A total of 19 countries and territories reported having specific mechanisms through which women and adolescents can engage in public policy development, implementation, monitoring, and evaluation.

Strategic Line of Action 2: Promote universal, effective, and equitable health and well-being for all women, children, and adolescents in their families, schools, and communities throughout the life course

6. Good progress in eight indicators of this strategic line were reported. There was no data available for three indicators: a percentage of infants under six months of age who are exclusively breastfed; prevalence of the use of modern contraceptive methods for women of reproductive age by age group; and percentage of children under five years of age who are developmentally on track in health, learning, and psychosocial well-being. The lack of reliable data estimates does not allow for an accurate evaluation of progress for these indicators.

Objective 2.1: Improve mental, physical, sexual and reproductive health and well-being of women, children, and adolescents in families	
Indicator, baseline, and target	**Status**
2.1.1 Percentage of infants under six months of age who are exclusively breastfed Baseline (2018): 30.5% Target (2022): 50% Target (2026): 60% Target (2030): 70%	No data is available for a regional estimate. Even before the pandemic, the Region was not making progress in protecting and promoting breastfeeding. The lack of data is prevalent. In the 2018-2021 period, only seven countries have data, and the prevalence range is 8-65%. Only two countries have a prevalence of ≥50%, which is the 2025 global nutrition target. Only three out of the seven countries have made progress when compared with previous prevalence.
2.1.2 Number of countries and territories that are implementing parenting programs for parents of children and adolescents, with specific targets for vulnerable groups (according to region, residency, and age subgroup: <1 years, 1-5 years, 6-10 years, >10 years) Baseline (2018): 14 Target (2022): 20 Target (2026): 25 Target (2030): 30	Progress has been made towards this indicator, and target is expected to be achieved by the end of 2022. A total of 26 countries and territories are implementing parenting programs for parents of children and adolescents, with specific targets for vulnerable groups.
2.1.3 Prevalence of the use of modern contraceptive methods for women of reproductive age, by age group Baseline (2018): 69% Target (2022): 70% Target (2026): TBD Target (2030): TBD	No data is available for a regional estimate. It is expected that the reduced access to health services due to the COVID-19 pandemic will negatively impact this indicator.
Objective 2.2: Improve mental, physical, sexual and reproductive health and well-being of women, children, and adolescents in families in communities	
Indicator, baseline, and target	**Status**
2.2.1 Percentage of children under five years who are developmentally on track in health, learning, and psychosocial well-being Baseline (2018): 84.5% Target (2022): 90% Target (2026): TBD Target (2030): TBD	No data is available for a regional estimate.

Objective 2.2: Improve mental, physical, sexual and reproductive health and well-being of women, children, and adolescents in families in communities	
Indicator, baseline, and target	**Status**
2.2.2 Number of countries and territories with at least one national-level program with specific targets for the health and empowerment of women, children, and adolescents Baseline (2018): 9 Target (2022): 10 Target (2026): 20 Target (2030): 25	Progress has been made towards this indicator, and the target for 2026 has already been achieved. A total of 23 countries reported having achieved the target.
2.2.3 Number of countries and territories with recent data (five years or less) on the proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care Baseline (2018): 3 Target (2022): 5 Target (2026): 7 Target (2030): 10	Progress has been made towards this indicator, and the target for 2030 is expected to be achieved by the end of 2022. A total of 11 countries reported to have achieved the target, however, only five countries provided supporting documents that correspond to the indicated period.
Objective 2.3: Enhance the use of the school platform for the promotion of mental and physical, sexual and reproductive health and well-being of children and adolescents, including comprehensive sexuality education	
Indicator, baseline, and target	**Status**
2.3.1 Number of countries and territories implementing a national comprehensive school health program that reaches at least 50% of public schools on pre-primary, primary, and secondary levels Baseline (2018): 2 Target (2022): 10 Target (2026): 20 Target (2030): 25	Progress has been made towards this indicator, the target for 2022 has been achieved and the target is on track to be achieved by 2030. A total of 16 countries and territories reported to have implemented a national comprehensive school health program.

Objective 2.4: Strengthen the health sector capacity for effective inter-sectoral and inter-institutional articulation including with civil society	
Indicator, baseline, and target	**Status**
2.4.1 Number of countries and territories with specific mechanisms by which civil society and the private sector, as appropriate, can participate in the development, monitoring, and evaluation of health programs for women and/or children and/or adolescents Baseline (2018): 17 Target (2022): 20 Target (2026): 30 Target (2030): 40	Progress has been made towards this indicator, and target is expected to be achieved by the end of 2022. A total of 26 countries have specific mechanisms in place.

Strategic Line of Action 3: Expand equitable access to comprehensive, integrated, quality health services for women, children, and adolescents that are people-, family-, and community-centered

7. This strategic line presents 15 indicators, although most indicators are on track, significant variability between countries and limited information regarding assessing inequities persist. For example, although progress has been made in the number of countries and territories that measure births attended at health facilities, no increases have yet been reported in the percentage of births attended at health facilities in the lowest performing quintiles or those with the fewest economic resources. On the contrary, progress has been reported on the availability of national data regarding the use of specific treatments for the prevention and care of severe morbidity and mortality in pregnant women.

Objective 3.1: Progressively promote universal and equitable access for women, children, and adolescents to quality and comprehensive health services	
Indicator, baseline, and target	**Status**
3.1.1 Percentage of women and adolescents of reproductive age who have their need for family planning satisfied with modern and quality contraceptive methods Baseline (2017): 69% Target (2022): 75% Target (2026): 80% Target (2030): 90%	The most recently available data from countries generated through the baseline survey showed the prevalence of family planning satisfied with modern and quality contraceptive methods ranged from 39% to 86%, indicating the wide range of coverage between countries. None of the countries with available data had it disaggregated by age group. It is expected that the reduced access to health services due to the COVID-19 pandemic will negatively impact this indicator.

Objective 3.1: Progressively promote universal and equitable access for women, children, and adolescents to quality and comprehensive health services	
Indicator, baseline, and target	**Status**
3.1.2 Number of countries and territories that measure percentage of women of reproductive age in countries who have their need for family planning satisfied with modern methods (disaggregated by age, ethnicity, place of residence, and income level) Baseline (2018): 9 Target (2022): 12 Target (2026): 17 Target (2030): 25	A total of seven countries and territories reported measuring this indicator, showing that no progress was made compared to the baseline. Data for this indicator is generated through population-based surveys, which limits the availability of recent data.
3.1.3 Number of countries and territories that include caring for victims of sexual exploitation and trafficking of persons in their technical standards Baseline (2018): 11 Target (2022): 16 Target (2026): TBD Target (2030): TBD	A total of 14 countries reported having standards for the care of victims of sexual exploitation and trafficking but only 12 provided supporting documents.
3.1.4 a) Number of countries and territories that measure percentage of pregnant women who received antenatal care four or more times Baseline (2018): 34 Target (2022): 38 Target (2026): TBD Target (2030): TBD	A total of 35 countries and territories reported measuring this indicator. However, it is estimated that almost all countries collect this data, even if this was not captured in the baseline survey.
3.1.4 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 Baseline (2018): 0 Target (2022): 5 Target (2026): 10 Target (2030): 15	Progress has been made towards this indicator, the target for 2026 has been achieved and the target is on track to be achieved by 2030. A total of 13 countries reported having antenatal care data disaggregated by age, ethnicity, and place of residence. It is estimated that more countries comply with this indicator but have not responded to the survey or published this information.

Objective 3.1: Progressively promote universal and equitable access for women, children, and adolescents to quality and comprehensive health services	
Indicator, baseline, and target	**Status**
3.1.4 c) 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, and achieve an increase of 20% of the percentage of women in the lowest economic quintiles with four or more visits Baseline (2018): 0 Target (2022): 3 Target (2026): 6 Target (2030): 10	The reported data could not ascertain an increase of 20% in the lowest quintiles of the three social determinants. This is an area of concern, and strengthening inequality monitoring in this area will require targeted capacity building and support to Member States.
3.1.5 a) Number of countries and territories that measure births attended at health facilities (disaggregated by age, ethnicity, and place of residence of the mother) Baseline (2018): 0 Target (2022): 3 Target (2026): 6 Target (2030): 10	Progress has been made towards this indicator, and the target for 2030 is expected to be exceeded by the end of 2022. A total of 19 countries and territories reported measuring births in health facilities disaggregated by age, ethnicity, or place of residence (18, 14, and 17, respectively). Of the 19 countries, 13 reported carrying out the measurement with disaggregation for all three criteria.
3.1.5 b) Number of countries and territories that measure the percentage of births attended at health facilities, disaggregated by age, ethnicity, and place of residence of the mother, and that have increased by 20% in the lowest performing quintiles or those with the least economic resources Baseline (2018): 0 Target (2022): 5 Target (2026): 10 Target (2030): 15	Progress has been made towards this indicator, and the target for 2030 will be fully met by the end of 2022. Of the 18 countries and territories that indicated disaggregating the measurement by age, five reported increases of at least 20% in institutional births in the lowest quintile according to economic conditions, while four reported increases according to criteria of ethnicity and residence.
3.1.6 Number of countries and territories that have increased their composite coverage index for maternal and child health Baseline (2018): 0 Target (2022): 5 Target (2026): TBD Target (2030): TBD	In the period between 2018-2021, only three countries had data on the composite coverage index, two with 2018 data and one with 2019 data. This indicator requires data from population-based surveys, which have been postponed due to the pandemic.

Objective 3.1: Progressively promote universal and equitable access for women, children, and adolescents to quality and comprehensive health services	
Indicator, baseline, and target	**Status**
3.1.7 Number of countries and territories that have introduced HPV in their immunization schedule Baseline (2018): 31 Target (2022): 35 Target (2026): 40 Target (2030): 45	Progress has been made towards this indicator, and the target for 2022 has been exceeded. During 2019-2020, eight additional countries and territories introduced the HPV vaccine in their public health program, bringing the total number of countries to 39. Of these countries, 12 reported to PAHO that, in addition to girls, they had vaccinated boys in 2020.
3.1.8 Number of countries that have policies in place to promote that women have informed, voluntary, non-coercive access to the family planning method of their choice Baseline (2018): 17 Target (2022): 18 Target (2026): TBD Target (2030): TBD	Progress has been made towards this indicator, and the target for 2022 has been achieved. The main aim of the 2022 target was to maintain the baseline status. However, 18 countries and territories reported having policies to promote that women have informed, voluntary, non-coercive access to contraceptive methods, and the majority provided supporting publications.
Objective 3.2: Improve the quality of health care and services for women, children, and adolescents	
Indicator, baseline, and target	**Status**
3.2.1 Number of countries and territories implementing regular maternal and perinatal death reviews and audits Baseline (2018): 8 Target (2022): 15 Target (2026): 25 Target (2030): 35	Progress has been made towards this indicator, and target is expected to be achieved by the end of 2022. A total of 20 countries and territories reported regular implementation of maternal and perinatal death reviews.
3.2.2 Number of countries and territories implementing national standards for quality health care services for adolescents Baseline (2018): 11 Target (2022): 20 Target (2026): 30 Target (2030): 40	A total of 19 countries reported implementing national standards for quality health services for adolescents, indicating that progress was made towards the target.

Objective 3.2: Improve the quality of health care and services for women, children, and adolescents	
Indicator, baseline, and target	**Status**
3.2.3 Number of countries and territories with national data regarding the use of magnesium sulfate in pregnant women with severe pre-eclampsia or eclampsia Baseline (2018): 2 Target (2022): 6 Target (2026): 10 Target (2030): 15	Progress has been made towards this indicator, and the target for 2026 has been achieved. A total of 11 countries reported collecting national data on this indicator. Of these countries, five indicated that they do not analyze this data, even though they collect it.
3.2.4 Number of countries and territories with national data regarding the use of oxytocic drugs to prevent post-partum hemorrhage Baseline (2018): 2 Target (2022): 6 Target (2026): 10 Target (2030): 15	Progress has been made towards this indicator, and the target for 2026 has been achieved. A total of 11 countries indicated collecting this data. It is important to note that of the nine new countries, three reported that they collect the data but do not analyze it.

Strategic Line of Action 4: Strengthen information systems for the collection, availability, accessibility, quality, and dissemination of strategic information, including health data and statistics on the health of women, children, and adolescents, within the framework of the principles proposed in this Plan

8. Progress on this strategic line has been reported in terms of strengthening health information systems, as well as the availability of data on the health of women, children, and adolescents. The active search and analysis of maternal deaths and deaths of children under five years of age show achievements in the first case and a setback with respect to the baseline in the second. Progress was made in conducting periodic analysis of the distribution and circumstances of leading preventable causes of mortality in women, children, and adolescents in Member States, yet with differences between countries depending on the population groups included in the periodic analysis. There are still important limitations regarding the monitoring of health inequities affecting women, children, and adolescents. Lack of political support, financial and human resources, and difficulties due to the COVID-19 pandemic have been identified as limiting factors.

Objective 4.1: Strengthen the capacity of health information systems to increase the availability of data on preventable mortality of women, children, and adolescents	
Indicator, baseline, and target	**Status**
4.1.1 Number of countries and territories that conduct active searches for maternal deaths to reduce the under-registration and misclassification of these deaths Baseline (2018): 8 Target (2022): 15 Target (2026): 20 Target (2030): 25	Progress has been made towards this indicator, and the target for 2026 has been achieved. A total of 21 countries reported conducting active searches for maternal deaths. Compared to the baseline, four new countries have reported that they conduct active searches for maternal deaths. It should be noted that of the total number of countries that claim to meet this indicator only 16 presented documents that prove such an active search.
4.1.2 Number of countries and territories that increase the capture, registration, and analysis of deaths in children under five (disaggregated by age, sex, and place of residence) and of the cause of death Baseline (2018): 0 Target (2022): 15 Target (2026): 20 Target (2030): 25	Progress has been made towards this indicator. Nine countries and territories reported disaggregated analysis for all four variables, 10 reported they increased the disaggregated analysis by age and sex, and nine reported they increased the disaggregated analysis by residence and cause of death.
4.1.3 Number of countries and territories that conduct periodic analysis of the distribution and circumstances of leading preventable causes of mortality in women, children, and adolescents Baseline (2018): 1 Target (2022): 10 Target (2026): 15 Target (2030): 20	Progress has been made towards this indicator, and target is expected to be achieved by the end of 2022. A total of 15 countries and territories reported conducting such an analysis of deaths among women, nine countries and territories do so on children's deaths, and 11 countries on adolescents' deaths. Eight countries reported conducting this analysis of mortality in women, children, and adolescents. This is an increase if compared to the baseline, where six countries and territories had reported that they conducted such an analysis of mortality for all three population groups.
Objective 4.2: Build capacity of information systems for ongoing health inequity monitoring	
Indicator, baseline, and target	**Status**
4.2.1 Number of countries and territories that have established mechanisms for ongoing monitoring of health inequities, including sexual and reproductive health, affecting women, children, and adolescents	Five countries reported to have established mechanisms for ongoing monitoring of health inequities, including sexual and reproductive health, affecting women, children, and adolescents.

Objective 4.1: Strengthen the capacity of health information systems to increase the availability of data on preventable mortality of women, children, and adolescents	
Indicator, baseline, and target	**Status**
Baseline (2018): 0 Target (2022): 15 Target (2026): 30 Target (2030): 40	

Action Needed to Improve the Situation

9. In light of the achievements and challenges presented in this report, the following actions are proposed for the consideration of Member States:

a) During the post-pandemic recovery, it is crucial to give the highest priority to essential health services for women, children, and adolescents that were interrupted during the COVID-19 emergency.

b) Member States are also urged to enhance efforts to strengthen information systems for the collection, analysis, and use of strategic information, disaggregated by age, income, ethnicity, and place of residence, in order to improve the monitoring of inequalities affecting the health of women, children, and adolescents.

c) In addition, Member States must prioritize the implementation of inter-sectoral policies and participation mechanisms for women and adolescents in order to effectively address persisting inequalities.

d) Lastly, it is essential to make greater investments in evidence-based interventions in schools, families, and communities, in order to enhance actions to support healthy life trajectories.

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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