Pan American Health Organization
World Health Organization
Americas Region

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

CD62/4
Provisional Agenda Item 4.1

12 September 2025
Original: English

STRATEGIC PLAN OF THE PAN AMERICAN HEALTH ORGANIZATION 2026–2031

The 176th Session of the Executive Committee did not adopt the proposed resolution for this document. The Executive Committee requested an intersessional consultation process with Member States to address outstanding issues prior to the Directing Council. This version being presented to the 62nd Directing Council incorporates comments submitted by Member States during the Executive Committee session in June and throughout the intersessional period.

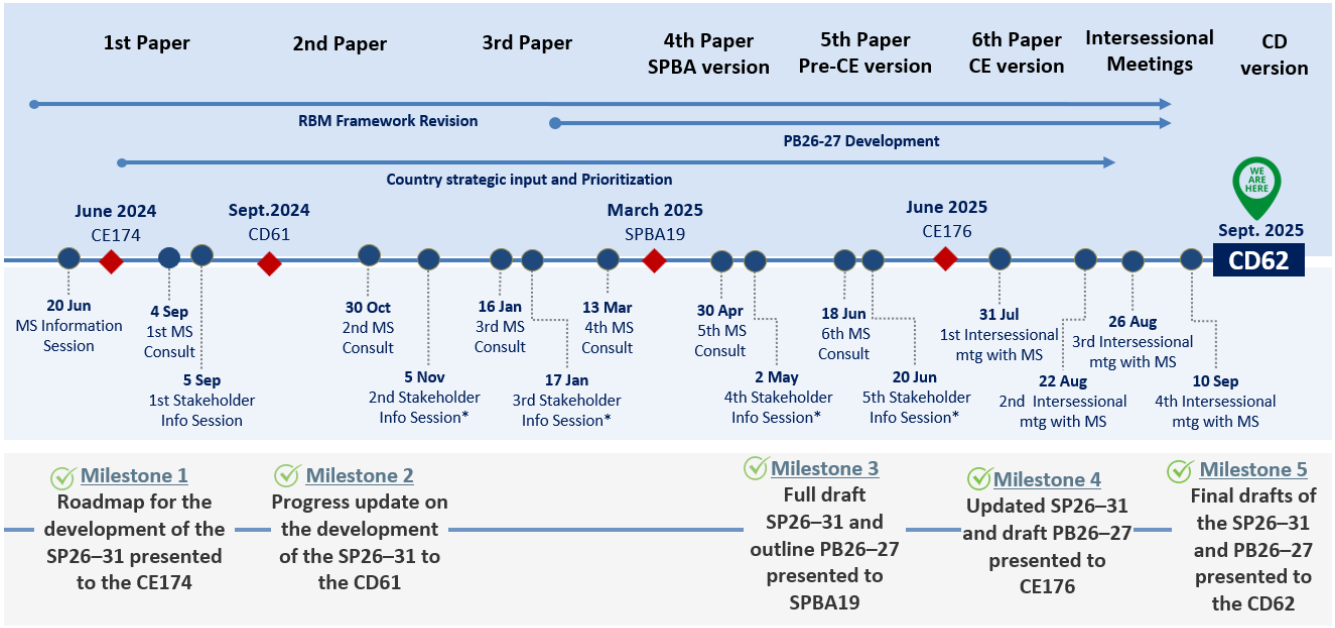
Introductory Note

1. This document presents the proposed Strategic Plan of the Pan American Health Organization 2026–2031 (SP26–31 or the Strategic Plan). This document was prepared following the roadmap endorsed by the 61st Directing Council of the Pan American Health Organization (PAHO) in October 2024 (Document CD61/INF/1). It builds on the proposals discussed with Member States and stakeholders during consultations held between September 2024 and May 2025 and the feedback received, including that from the 19th Subcommittee on Program, Budget, and Administration and the 176th Session of the Executive Committee. It reflects the agreements reached among Member States during the intersessional meetings held on 31 July, 22 August, 26 August, and 10 September 2025, requested by the Executive Committee through Decision CE176(D3).

2. Producing a result and country-focused SP26–31 has required a wide-ranging participatory, and iterative approach for strategic and transparent collaboration with Member States and other stakeholders in health and non-health sectors. Importantly, the responsibility for the approval of the Strategic Plan lies with Member States through the PAHO Governing Bodies. Additional information on the Strategic Plan development process and timeline is provided in the figure below.

3. The Strategic Plan responds to global and regional contexts; the needs of countries in the Region of the Americas; the latest evidence, including findings from the latest health data analysis and forecasting methods; lessons learned from PAHO Strategic Plan 2020–2025; and recommendations from audits and external evaluations. Technology and other innovations were used in the preparation of the Strategic Plan.

Strategic Plan development process and timeline



* Includes subregional mechanisms

Action by the Directing Council

4. The Directing Council is invited to review the proposed Strategic Plan of the Pan American Health Organization 2026–2031, provide any comments it deems pertinent, and consider approving the proposed resolution.

Annex

Pan American Health Organization

World Health Organization
Americas Region

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

STRATEGIC PLAN OF THE PAN AMERICAN HEALTH ORGANIZATION 2026–2031

Together toward a Healthier Americas for All

Pan American Health Organization

Regional Office of the World Health Organization for the Americas

Contents

Foreword by the Director

The COVID-19 pandemic taught us innumerable lessons, perhaps none more important than that the Region of the Americas is stronger when we work together. With a robust country-focused Strategic Plan, the Pan American Health Organization (PAHO), as the leading public health agency in our Region, is in a unique position to support countries and the Region as a whole in addressing health challenges.

As countries continue to improve their effectiveness and capacity and recognize that the next pandemic or crisis to affect health systems and populations may hit at any time, they also acknowledge that maintaining the focus on health as a foundational pillar for sustainable development is of paramount importance. From reducing the burden of noncommunicable diseases to increasing the resilience of our health systems and eliminating communicable diseases, the scale of the challenge facing us means that we need PAHO more than ever before.

Despite difficult circumstances, the Region accomplished much during the period of the Strategic Plan 2020–2025. In addition to responding to the COVID-19 pandemic, we relaunched the PAHO Disease Elimination Initiative to accelerate action toward eliminating 30 communicable diseases and related conditions by 2030, prioritizing efforts to reach the most vulnerable. Countries increased access to preventive and treatment interventions for noncommunicable diseases and mental health by accelerating their integration into primary health care and reaching underserved groups with innovative medicines and technologies. They also forged ahead with the digital transformation of the health sector, strengthened national regulatory authorities, and harnessed innovations in regional vaccine manufacturing.

This progress was made while working to create a unified vision of primary health care, which is the backbone of all health systems. Primary health care is not only our first line of defense against outbreaks but also an instrument to advance the attainment of the highest level of health for all.

On an organizational level, over the past six years, PAHO has worked to position itself as a regional and global leader and forged alliances with partners to advance the health agenda. At the same time, we have looked internally at the measures needed to achieve greater resilience and efficiency within the Pan American Sanitary Bureau through the implementation of the PAHO Forward initiative.

However, there is much more work to be done. The Region is not on track to meet the majority of the 2025 impact targets laid out in the Strategic Plan 2020–2025 or other regional and global targets.

Under the theme *Together toward a Healthier Americas for All*, this Strategic Plan continues collaborative efforts with all Member States and partners to achieve improved health outcomes and accelerate action to improve health and well-being for all peoples in the Americas.

This plan's emphasis on resilience, a key lesson from the COVID-19 pandemic, is also critical, as we need health systems that can absorb disturbances and respond and recover in a timely manner—strong and resilient health systems that can adjust their activity to maintain their basic functions when challenges, failures, and environmental changes occur. This is vital for our health security and the realization of universal health, according to national contexts and laws.

I am proud of the work of our Member States and colleagues of the Pan American Sanitary Bureau to develop an actionable Strategic Plan that responds to the needs of our Region and is rooted in measurable targets. Notwithstanding the numerous challenges, we remain steadfast in our dedication to ensuring the highest attainable standard of health for all people across the Region. As we step into this new era, I am confident that together we can make our Region stronger, healthier, and more resilient, with access to the attainment of the highest level of health for all.

As Director of PAHO, I commit the entire effort of the Pan American Sanitary Bureau to working with Member States and partners to meet the impact and outcome targets contained in the Strategic Plan. I invite all Member States and partners to join us in redoubling efforts and remain focused on our commitment and determination to improve health and well-being in all the countries and territories of our Region.

Executive Summary

1. The Strategic Plan 2026–2031 (SP26–31 or the Strategic Plan) of the Pan American Health Organization (PAHO) establishes the strategic direction and desired health impacts and outcomes that the Pan American Sanitary Bureau (PASB or the Bureau) and Member States commit to collectively achieving by 2031.

2. Recognizing the pressing need to move forward at an accelerated pace, the Strategic Plan reinforces the commitment of PASB and Member States, with support from partners, to escalating collective efforts toward a healthier Region of the Americas. With the end point for the Sustainable Health Agenda for the Americas (SHAA2030) approaching, the SP26–31 serves as the final push to meet its regional targets while contributing to global health targets.

Current situation and outlook

3. This Strategic Plan provides extensive analysis on the current context, the impact of health challenges on health and well-being, the outlook and opportunities for the future, and the Bureau's role in accelerating progress.

4. While the Region has made great strides in improving health and well-being over the past two decades, it continues to face a range of pressing health challenges, including the rising burden of noncommunicable diseases (NCDs), gaps in the elimination of communicable diseases, health threats related to environmental challenges, including climate change, and health system challenges such as health workforce shortages, barriers in access to care and health technologies, and inadequate information systems. In addition, some megatrends are at play that, while global in scope, have far-reaching implications for the Region.

5. The COVID-19 pandemic unearthed many lessons, shining a light on the inextricable links between health, security, social development, and the economy and the need to build stronger, more resilient health systems that are better able to adjust, absorb, and respond to challenges, failures, and emergencies. It also highlighted the deep historical and structural gaps, barriers, and health disparities within and between countries as well as the need to strengthen primary health care (PHC) and promote digital health innovations at the local level.

Strategic Agenda

6. Under the theme *Together toward a Healthier Americas for all*, this Strategic Plan envisions a Region with better health and well-being for all. It establishes the Results Framework for 2026 to 2031, grounded in the situation analysis, and aims to provide clarity on the proposed results and way forward to achieving them. This transformative agenda cannot advance without ensuring that the Region continues to apply lessons learned from the COVID-19 pandemic—such as the importance of integrated primary health care and digital innovations—which are key strategies toward improving health and well-being for all.

7. The Strategic Plan is anchored at the highest level by the overarching **impact goal** of improving health and well-being for all throughout the Region. The targeted results are organized under five **strategic objectives**, which are high-level statements that group related **outcomes** but are not part of the results chain. Strategic Objective 1 is to accelerate efforts to address health disparities, determinants, environmental challenges, and risk factors that contribute to ill health through a health promotion and prevention lens. Strategic Objectives 2 to 4 aim to build resilient health systems by utilizing the PHC approach; accelerate the disease elimination agenda while reducing the burden of NCDs, mental health, violence, and injuries; and enhance health emergency prevention, preparedness, and response. Strategic Objective 5 seeks to bolster PAHO's leadership, governance, and performance to drive impact in countries.

8. The Strategic Plan contains several new features to improve upon the current PAHO Strategic Plan 2020–2025. First, it introduces an **integrated approach to the attainment of the highest level of health for all**. Purposefully including the drivers for the attainment of the highest level of health for all in PASB's own policies, plans, strategies, and programs, and supporting Member States in so doing, will enable the Organization to deliver technical cooperation that addresses the underlying causes of health disparities and prioritize most impactful interventions.

9. Second, the Strategic Plan includes an **updated Results-based Management (RBM) Framework** that is responsive to the global and regional landscape and makes it more relevant and useful to PASB and Member States.

10. One of the most significant changes in the new RBM Framework is the **updated results chain**. The new results chain marks a shift in responsibility, with Member States, supported by PASB and partners, primarily accountable for impacts and outcomes. Through the delivery of outputs, for which the Bureau, in collaboration with Member States and partners, is primarily accountable, PASB contributes to the achievement of impacts and outcomes. This not only addresses recommendations from PAHO's external RBM evaluation and external audits but brings PAHO's results chain into line with the standard results chain and definitions employed by international organizations.

11. In the third major shift in this Strategic Plan, the Results Framework has been made more concise and integrated than its predecessor. The number of outcomes has been reduced from 28 to 12, the number of impact indicators from 28 to 17, and the number of outcome indicators from 99 to 80. The Results Framework follows the new results chain and is guided by collective priorities in areas where PAHO adds value, drives impact in countries, and addresses health disparities.

12. The Results Framework aims to strike a balance between ambition and reality as the Region stands at a critical juncture, facing many uncertainties. The Strategic Plan also provides a way forward to address long-standing and emerging challenges through **accelerators**, the fourth major shift, that will help pave the way to meeting the targets.

Implementation, risk management, and monitoring and reporting

13. In implementing this Strategic Plan and its program budgets, PAHO aims to increase its responsiveness to Member States by delivering tailored country-specific technical cooperation that aligns with country priorities and capacities. This involves strengthening its anticipatory capacities and developing adaptive strategies for a wide range of possible futures. This approach will help to accelerate local action, foster innovation, and strengthen collaboration with subregional integration mechanisms. Integrated and interprogrammatic approaches, coupled with an expansion of strategic partnerships, are key to tackling complex health challenges.

14. PAHO will also embed adaptive planning and governance in its operations, scaling successful innovations and refining less-effective strategies to remain agile and impactful in a rapidly evolving regional and global health landscape. PASB will continue to strengthen accountability mechanisms, improve its approach to risk management, enhance internal efficiency, and foster partnerships to better prepare for future risks and uncertainties.

15. The Organization's performance in the implementation of the SP26–31 will be reviewed by monitoring, assessing, and reporting on progress toward meeting the impact and outcome targets. End-of-biennium assessments will be presented to the Governing Bodies during the cycle following the end of each biennium and will provide a comprehensive appraisal of PAHO's performance.

16. To increase the Organization's agility and capacity to respond to unforeseen and changing circumstances across the Region, **the Strategic Plan makes provisions to allow for adjustments in a transparent manner**. This is the fifth important shift in this Plan, which has emerged from external evaluation recommendations.

17. As the Organization enters a new strategic phase replete with many risks and opportunities, implementing the SP26–31 is a critical milestone in the Region's journey to meet health challenges and accelerate progress toward regional goals. This will be achieved through a unified purpose and direction, with PASB, Member States, and partners working collectively.

Overview of the Strategic Plan

18. This Strategic Plan of the Pan American Health Organization 2026–2031 (SP26–31 or the Strategic Plan) sets forth the health impact and outcome results that the Pan American Sanitary Bureau (PASB or the Bureau) and Member States commit to collectively achieving by the end of 2031. The SP26-31 will be implemented according to the mandates, values, and rules of the Pan American Health Organization (PAHO), respecting the sovereignty of Member States and recognizing their national contexts, laws, and priorities. It responds directly to the highest-level regional mandate in health, the Sustainable Health Agenda for the Americas 2018–2030 (SHAA2030), as well as other national, regional, and global goals to advance sustainable development. The Strategic Plan will ensure that PAHO meets its global obligations in exercising its functions as the World Health Organization's (WHO) Regional Office for the Americas. This Strategic Plan serves as the principal means of ensuring accountability and transparency in the achievement of the health objectives mandated by the PAHO Governing Bodies.

19. Under the theme *Together toward a Healthier Americas for All*, this Strategic Plan reinforces the commitment of PASB and Member States to redoubling collective efforts to strive for the attainment of the highest level of health for all across the Region of the Americas. It also aims to strengthen health system resilience in the pursuit of fair opportunities for universal access to health and universal health coverage, according to national contexts and laws, as relevant.

20. Accelerating the pace of implementation to achieve the health impact and outcome results is critical, given the profound setbacks in health that occurred because of the COVID-19 pandemic. Achieving regional goals requires swift, strategic action and sustained investment. **Together**, the Bureau, Member States, partners, and other stakeholders must harness their collective strength to transform health outcomes, with a unified sense of purpose. Tailored approaches and interventions are needed to meet the diverse health needs across all countries and territories in the Region of the Americas.

21. The SP26–31 builds on lessons learned from experiences across the Region. The COVID-19 pandemic demonstrated the inextricable links between health, social development, and the economy and the need to build stronger, more resilient health systems better able to respond to shocks and emergencies. The pandemic reaffirmed PAHO's vital role as a catalyst, convener, and trusted broker. Learning the lessons from the pandemic, PAHO advocated for strengthening essential health services and health systems for all, showing that even in acute emergencies, public health priorities can be addressed. Other important lessons in the post-pandemic period included the need to align strategies for integrated primary health care (PHC) and promote digital health innovations at the local level to improve health outcomes. Strengthening partnerships and promoting cooperation among countries to maximize impact as well as tailoring strategies to respond to each context are critical to meeting the diverse needs of Member States and increasing ownership in the implementation of the Strategic Plan. PASB has underscored the need to work interprogrammatically for a more integrated response to the needs of Member States. Finally, advocating for health at the highest political levels, expanding access to the attainment of the highest level of health for all, and ensuring PASB's resilience and agility to respond to Member States' priorities in an efficient, accountable, and transparent manner remain critical priorities.

22. This Strategic Plan has several new features and improvements over the current PAHO Strategic Plan 2020–2025 (SP20–25).

a) **An integrated approach to the attainment of the highest level of health for all,** which considers health equity,[1] according to national contexts, laws, and priorities, is being adopted.

b) **The Results-based Management (RBM) Framework has been updated**, drawing on lessons from an evaluation of its implementation and in response to a changed landscape. There is a revised definition of Member State, PASB, and partner accountability for their respective contributions toward the achievement of results. PASB accountability emphasizes the principles of transparency, integrity, and responsibility, and the commitment to delivering on the Organization's mandate to promote and protect health in the Region.

c) **The Results Framework has been streamlined to be more concise and integrated**. The number of outcomes has been reduced from 28 to 12, and the number of impact indicators from 28 to 17. At the outcome level, the number of indicators currently stands at 80, a reduction from the 99 in the SP20–25. Concerted efforts were also undertaken to ensure that indicators are measurable and monitorable. The updated RBM policy has led to the introduction of a theory of change approach that will also help to better demonstrate how PASB will contribute to the results in the SP26–31.

d) **The Strategic Plan introduces accelerators**, targeted high-impact interventions or initiatives that accelerate progress across multiple impact targets and dimensions of health development. They address critical gaps, leverage emerging opportunities, and create momentum for transformation, mitigating risks and taking advantage of opportunities to advance SP26–31 targets.

e) The Strategic Plan makes **provisions to allow for adjustments** in a transparent manner to ensure it is agile and responsive to unforeseen and changing circumstances.

23. Following this overview, the second section outlines the situation analysis underpinning the Strategic Plan's development, providing a high-level summary of the social, economic, and environmental context in which this Strategic Plan is developed, as well as the main health challenges and the existing opportunities to confront them. The third section elaborates on the Strategic Agenda, including the updated results chain and results framework. The fourth section presents the approaches for effective implementation, risk management, and monitoring and reporting on the Strategic Plan. Appendixes include an illustration of the results framework (A.1), the list of outcome indicators (A.2), the updated RBM framework (B) mapping of regional and global mandates by strategic objective and outcome (C), a glossary of key terms (D), and a list of countries and territories with their acronyms (E).

[1] See https://www.paho.org/en/topics/health-equity.

Situation Analysis

24. The Region of the Americas has made great strides in improving health and well-being over the past two decades, reaching many important public health milestones along the way. These include the eradication of smallpox; elimination of polio and endemic transmission of measles, rubella, and congenital rubella syndrome;[2] the elimination of malaria and other diseases in some countries; reductions in neonatal, infant, and child mortality; and wider access to interventions for communicable and noncommunicable diseases. Importantly, life expectancy at birth rose from 73.2 years (2000) to 77.3 (2024).[3] These gains have been made possible by tireless collective efforts to increase access to health services and address the root causes of ill health.

25. Despite improved health and well-being overall, the Region faces significant challenges due to profound health disparities. The COVID-19 pandemic hit the Region hardest worldwide in terms of morbidity and mortality. While some targets were already off track, the negative impact of COVID-19 on health service coverage and public health programs widened preexisting gaps and disparities and reversed gains.

26. By the end of 2023, only one of 28 PAHO SP20–25 impact indicators (dengue case fatality rates) had reached the 2025 target. Another six indicators (21%) may reach their targets if current efforts continue, but 15 (54%) showed little or no progress, of which five are regressing: maternal mortality ratio, suicide mortality rate, incidence rate of congenital syphilis, mortality rate due to chronic viral hepatitis, and incidence rate of tuberculosis. Six indicators could not be rated due to measurement challenges. Of the 60 SHAA2030 targets, 35 (58.3%) were on track, 15 (25%) at risk, 8 (13.3%) with no progress, and 2 (3.3%) lacked data for assessment (Document CD62/INF/4).

27. Global megatrends impact the Region in ways that have implications for how health systems promote and protect health and well-being. Key drivers include demographic shifts (improved healthy life expectancy, aging, declining birth rates, urbanization, migration); political changes; economic forces affecting growth, poverty, and access to essential inputs; environmental challenges, including climate change;[4] social and cultural shifts; and technological advances, especially digital transformation and the increasing applications and risks linked to artificial intelligence.

28. Addressing health and development challenges amid growing global uncertainty and crisis requires comprehensive, integrated, and multisectoral strategies that prioritize health and well-being for all. The challenge of our time is to ensure that the attainment of the highest level of health for all remains at the core of the health and development agenda.

---

[2] As noted in the Epidemiological Alert from 28 February 2025, the recent identification of multiple measles outbreaks and cases, including some fatal ones, in countries and territories of the Region, puts this achievement at risk.

[3] Core Indicators Portal, Region of the Americas. Available at: https://opendata.paho.org/en/core-indicators/about-data.

[4] Subsequent references in this document to "environmental challenges" are understood to include the impact of climate change on health and health systems.

Context: the world and Region in which we live

Demographic, socioeconomic, and political factors

29. **Global crises and geopolitical dynamics** affect health and well-being in the Americas. Though relatively stable, the Region faces violence and social unrest that, in some countries, strain health systems, limit investment in health, slow adoption of impactful interventions, and hinder the delivery of essential health and social services.

30. The Region is diverse, with dual challenges of high disparities and low growth that are mutually reinforcing *(1)*. Along with demographic and epidemiological transitions, these disparities fuel the rising burden of noncommunicable diseases (NCDs) and infectious diseases. By 2030, older adults will outnumber children under 15, 25 years ahead of the global average *(2)*. Latin America and the Caribbean (LAC) also confronts a major migration crisis. Together, these factors create populations burdened by multiple risk factors for ill health and barriers to accessing care.

Social and environmental determinants of health and risk factors

31. **Social determinants of health** impact nearly 40% of health outcomes *(3)*, shaping needs and demand for services, especially for populations in situations of vulnerability, who often face unequal opportunities and barriers to care.

32. Although progress has been observed in advancing the integration of gender equality approaches in policies, plans, data, research, and programs, in line with national contexts, laws, and priorities, significant gaps remain. Disparities in health risks linked to biological differences persist, as do stereotypes and negative social norms, discrimination, and differentials in power and access to resources, all of which affect health outcomes.

33. The main **risk factors** include tobacco, harmful use of alcohol, unhealthy diet, physical inactivity, and exposure to environmental factors. Early action is critical to reversing trends and protecting future generations, as much of the NCD burden stems from early-life exposure to unhealthy environments.

34. **Environmental challenges** are mounting. Excess heat causes over 56 000 deaths annually *(4)*, while rising temperatures and longer active seasons expand vector ranges, leading to a rise in vector-borne diseases (Document CD61/6) and driving record dengue cases (6 million in 2024). From 2030 onward, environment-sensitive diseases and conditions (heat exposure in older adults, diarrhea, malaria, childhood malnutrition) are projected to cause 250 000 additional global deaths each year *(5)*. Deaths attributable to air pollution reached over 367 000 in the Americas in 2019, with a disproportionate impact on groups living in situations of vulnerability.[5] In 2021, in LAC, 9 million people practiced open defecation, more than 338 million lacked access to safe sanitation, and nearly 161 million lacked access to safe water, contributing to over 50 000 deaths annually *(6)*. Chemical and heavy-metal contamination of soil and water sources and food is a significant health threat in some countries. The rising use of electronics, plastics, and chemicals poses further risks to human and environmental health.

[5] World Health Organization Global Health Observatory, Household and ambient air pollution attributable deaths. Available at: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/ambient-and-household-air-pollution-attributable-deaths.

Barriers to accessing health care

35. The latest figures *(7)* show that, on average, around one-third of people in 27 countries in the Region (29.3%) reported forgoing care due to multiple **access barriers**. These include organizational barriers such as long waits, inconvenient hours of operation, and administrative requirements (17.2%); financial constraints (15.1%); inadequate availability of resources such as health personnel and medicines (8.4%); acceptability issues (8.0%); and geographic barriers (5.4%). People in the poorest wealth quintile were more likely to encounter barriers related to acceptability issues, financial and geographic access, and resource availability. Despite efforts, members of certain ethnic groups—including Indigenous Peoples, Afro-descendant, and Roma populations—continue to face situations of inequality, discrimination, and social exclusion, leading to healthcare access barriers and poor quality care.

Growing toll of emergencies on health security

36. Disasters caused by natural hazards are becoming more frequent and severe, with the frequency of Category 4 and 5 hurricanes projected to increase by 13% with a global temperature increase of 2°C *(8)*. The health sector is vulnerable to natural disasters, which can damage healthcare infrastructure and disrupt service delivery. Over 88% of 20 396 hospitals evaluated by PAHO in LAC are at risk of environmental hazards.[6] **Public health threats** are ever-present, driven by rapid changes in social, demographic, epidemiological, and environmental contexts, increased international travel and trade, conflict and social unrest, and the emergence and reemergence of new pathogens. The impact of the COVID-19 pandemic revealed significant barriers that limited countries' capacity to strengthen health security and prepare for, prevent, detect, and respond to health emergencies, including epidemics and pandemics.

Health technologies, digital transformation, science, and innovation

37. The pandemic accelerated innovations in health systems across the Region. However, it also revealed structural dependence on imported vaccines and other **health technologies**, geographic concentration in innovation and production capacity, market constraints, and the vulnerability of supply chains. The Region continues to face gaps in access to essential health technologies, highlighting the need for self-reliance through strengthened regional innovation and production capacity. Agreements to develop regional mRNA vaccine manufacturing ecosystems, coupled with more strategic use of PAHO's Regional Revolving Funds, have been groundbreaking steps in addressing these vulnerabilities.

38. There is rising demand for enhanced **information systems** as a strategic investment in building stronger and more resilient health systems. However, progress in digital transformation of the health sector is affected by the lack of robust governance mechanisms with a comprehensive and cross-sectoral approach and challenges around digital literacy among policy- and decisionmakers, the health workforce, and the general public. At the same time, technological advances, particularly in **artificial intelligence**, have significantly impacted capacity in many fields within public health. The COVID-19 pandemic was a pivotal moment for **science**, demonstrating that scientific research can save lives and yield economic

[6] Emergency hospitals in the Americas: natural hazards exposure. Natural Hazards and Public Health Emergencies Geo-HUB. Available at: https://paho-health-emergencies-who.hub.arcgis.com/.

benefits. However, the Region still lacks sufficient capacity in research and development that can play a key role in meeting regional needs in access to health technologies and interventions. Embedding science and evidence in every decision-making process remains a challenge.

Impact on human health and well-being

Communicable diseases

39. In recent decades, the Region has hit remarkable milestones in **disease elimination** and is accelerating under the PAHO Disease Elimination Initiative. However, coverage of key interventions remains low, and the incidence of some diseases is rising, notably, congenital syphilis and tuberculosis. Challenges remain in addressing social and environmental determinants of health and in reorienting health and social services to respond to communicable diseases through integrated PHC approaches, expanding access to health technologies, and addressing access barriers. Moreover, antimicrobial resistance (AMR) is a growing public health challenge that endangers decades of medical progress.

40. The overall uptake of routine childhood vaccination has increased, yet most countries are not meeting the target of 95% coverage for key vaccines. Between 2022 and 2024, countries managed to halt the decline in routine vaccination coverage seen during the pandemic and even achieved an increase for most antigens, reaching 87% regional coverage for the third dose of DPT in 2024. However, twelve countries have not regained their pre-pandemic vaccination coverage levels.

Noncommunicable diseases, mental health conditions, violence, and injuries

41. **Noncommunicable diseases** (NCDs)—including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases—remain the leading causes of ill health, disability, and death in the Americas, causing 6 million deaths (65% of total deaths) in 2021, 38% of which were preventable and premature deaths *(9).* Cardiovascular diseases and cancer together are responsible for approximately 60% of all NCD deaths, followed by chronic respiratory diseases and diabetes. In LAC, diabetes-related mortality and disability increase due to one of its main complications, chronic kidney disease *(10)*. Cancer remains a major burden: in 2022, cervical cancer caused over 78 000 cases and over 40 000 deaths; breast cancer over 462 000 new diagnoses per year, and nearly 100 000 deaths; and childhood cancer over 29 000 children and adolescents (aged 0 to 19) diagnosed and 10 000 deaths each year. Insufficient access to prevention and health services constitutes an important barrier to reducing the persistent burden of NCDs in the Region.

42. **Mental health conditions** are a serious public health issue in the Region, driven by low investment, high burden, and limited access to care. Suicide is a growing crisis, claiming nearly 100 000 deaths annually, rising particularly among adolescents and young adults. People living in situations of vulnerability, including Indigenous Peoples, are more likely to die by suicide. Together, mental, neurological, and substance use disorders, including suicide, account for over one-third of years lived with disability and one-fifth of disability-adjusted life years in the Americas *(Official Document 371).* Yet, only about 10–20% of people with mental health disorders receive appropriate treatment, and countries only devote an average of 3% of their health budget to these conditions. Significant funding is allocated to psychiatric hospitals, while insufficient priority is given to community-based programs and services.

43. High-risk behaviors related to external injuries, such as traffic-and firearm-related incidents, are significant public health concerns in the Americas. In 2019, the Region's homicide rate was 19.2 homicides per 100 000 population (4.8 in females and 34.0 in males), over three times higher than the global average. One in three women and girls aged 15 and older are estimated to have experienced physical or sexual **violence**, often by an intimate partner. The Region accounts for 11% of global **road traffic deaths**. Road traffic injuries are the leading cause of death among people aged 15–29 years, with men at far higher risk than women (22.9 versus 6.3 deaths per 100 000 population).

Health throughout the life course

44. Since 2015, **maternal mortality** has risen across the Americas, reversing two decades of progress. Between 2015 and 2020, the maternal mortality ratio (MMR) increased by 17%, leading to 25 maternal deaths per day in 2020. Populations in situations of vulnerability—especially those in the lowest income quintiles—face significantly worse outcomes, with rates several times higher than in wealthier groups *(11)*. While prenatal, delivery, postpartum, and postnatal care has improved in coverage and quality, it still falls short of internationally accepted recommendations, and disparities in access to quality essential health services throughout the life course persist. In 2021, service coverage ranged from 37.9 to 84.5% in the lowest income quintile of the population, and 65.3 to 89.6% in the highest quintile.

45. **Neonatal and infant mortality** rates have markedly decreased over the past two decades. Between 2015 and 2022, neonatal mortality in the Americas fell by 13%, with an average annual decline of 1.9%. However, disparities in access to services persist between and within countries. In most countries, a significant portion of under-5 mortality is attributable to infectious diarrhea and pneumonia, with social inequalities playing a significant role.

46. **Unintended adolescent pregnancy** rates have declined across the Region, although lower-income, rural, Indigenous, and Afro-descendant girls experience birth rates up to four times higher. The use of modern contraceptive methods among women aged 15–49 increased from 62% in 2000 to 75% in 2020, helping to reduce unintended pregnancy rates. Despite this progress, unmet demand for contraception remains a problem across most countries, particularly among adolescents and young women, ranging from 15% to 20% in 2020.

47. **In the next two decades, the Region will age faster than ever** due to declining fertility rates and major socioeconomic and public health successes that extend life expectancy. As a result, many years are spent with chronic conditions, disabilities, and care dependence, particularly among women. Since 2020, at least 8 million older adults in LAC have required long-term care, projected to triple to 23 million by 2050 (Document CD61/8). Older adults are more vulnerable to catastrophic health expenditures, bringing significant implications for health financing, service delivery, and long-term care.

Resilient Health Systems based on Primary Health Care

48. Many countries in the Region face longstanding health system challenges, including underinvestment, workforce shortages, and fragmented service delivery. Despite progress toward **universal access to health and universal health coverage**, the pandemic reversed progress and exposed deep structural weaknesses in health systems and health gaps. While countries are

prioritizing PHC-based health system transformation and making investments in health infrastructure and digital technology, further progress is needed to integrate care across service networks and disease programs, employing life course and territorial approaches. A major barrier to strengthening health systems is the shortage of an available, well-qualified, well-trained, and well-distributed **health workforce**, particularly in remote and underserved areas. LAC is expected to face a shortfall of at least 600 000 health professionals by 2030, driven by poor working conditions, migration, and declining interest in health professions.

Outlook and opportunities for the future

49. The COVID-19 pandemic revealed deep structural weaknesses in the Region's health systems, but it also created momentum for transformative change. Now is the time to take a quantum leap in strengthening health stewardship and governance capacities across all levels of decision-making in health finance, promotion, prevention, and other areas. This shift must go hand in hand with mobilizing human and financial resources, scientific evidence, and innovations, including health technologies. Although most Member States increased public expenditure on health in response to the COVID-19 pandemic, a drop-off in financing has been observed post-pandemic.

50. To build resilient health systems, countries must prioritize addressing social determinants, reducing access barriers, and improving social protection. Achieving lasting change will require intersectoral collaboration, community participation, strategic investment, and a shift toward models of care that reflect the needs of populations in situations of vulnerability. To create health systems that are genuinely comprehensive and responsive to the needs of all individuals, it is essential to design and implement strategies and interventions centered on health for all as the guiding principle.

51. Opportunities to strengthen health systems by investing in regional production, regulatory capacity, and digital transformation must be seized. Emerging technologies—such as genomics and personalized medicine, gene therapy, synthetic biology, nanotechnology, artificial intelligence, telemedicine, and remote monitoring—offer powerful tools to improve health care and access to services. To harness their full potential and avoid deepening gaps, countries must build coherent policy frameworks, promote access, and ensure that technological advances support resilient, people-centered health systems.

52. The COVID-19 pandemic changed the definition of what it means to be prepared for health emergencies. PASB and Member States need to build on lessons learned to be better prepared for the next pandemic *(12)*. PAHO must continue to play a key role in strengthening preparedness for future pandemics and other health emergencies and in ensuring that efforts are led by countries, including promoting cooperation among countries.

53. In recent years, greater collaboration among health actors, governments, and sectors has highlighted the importance of intersectoral coordination and community engagement in addressing complex health and development challenges. This momentum presents an opportunity to strengthen Health in All Policies approaches, aligning efforts to address key social determinants of health, promote holistic health outcomes, and reach national, regional, and global targets to advance sustainable development. Recent years have seen an increase in coordination at the intergovernmental level to advance a One Health approach through cooperation between the

Quadripartite organizations. This approach, implemented according to national contexts and laws, is essential for tackling emerging threats such as AMR, environmental challenges, and zoonotic, neglected infectious, and vector-borne diseases.

54. Recovery and resilience in the post-pandemic era must rest on the premise that health is a foundational pillar of sustainable development. As the leading public health agency in the Americas, PAHO is uniquely positioned to lead and support this transformation and to act in partnership with Member States and other stakeholders to fulfill its mandate to improve health and well-being across the Region. In line with the six core functions of the Organization and through integrated interprogrammatic initiatives and regional flagship programs, PASB's technical cooperation catalyzes efforts to promote access to health services for all. These include the PAHO Disease Elimination initiative; Better Care for NCDs; Digital Transformation; Zero Preventable Maternal Deaths; and the Regional Revolving Funds.

55. PAHO's longstanding role as the leading public health authority in the Americas, consolidated over more than 120 years, has been instrumental in driving regional health progress. To better meet Member States' evolving needs, PASB launched PAHO Forward in 2023, aimed at modernizing its management practices and building a more efficient, transparent, and accountable organization *(13)*. A fit-for-purpose Bureau depends on a capable, engaged workforce and a culture that supports accountability, innovation, and results. PASB is leveraging digital health, data analytics, and emerging technologies, including AI, to expand PAHO's reach and impact. By embracing technology, fostering a culture of creativity, and leveraging data-driven insights, the Organization can strengthen its position as a trailblazer in public health throughout the Region.

Strategic Agenda

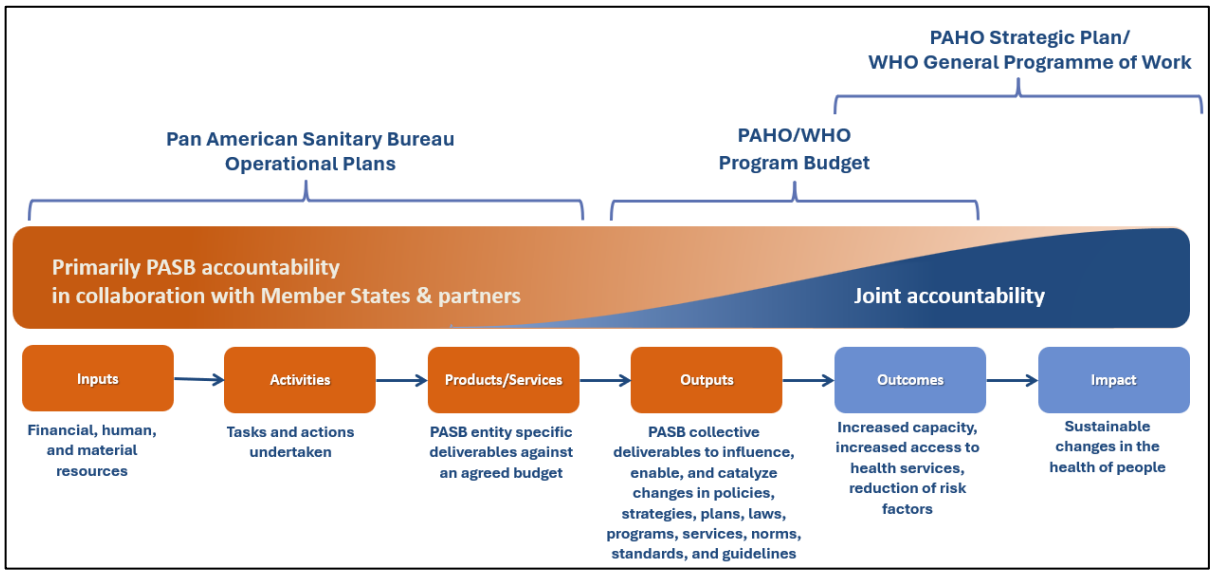
56. The strategic agenda for the SP26–31 presents the framework for its six-year- period. It is grounded in the analysis of the main challenges and opportunities presented in the situation analysis. It provides the basis for PAHO's program planning, monitoring, and assessment and acknowledges the vital contribution of the Strategic Plan to regional and global health goals to advance sustainable development, as well as PAHO's commitment to the achievement of results aligned with the priorities of each country (see list of countries and territories in Appendix E). The SP26-31 will be implemented according to the mandates and rules of the Organization, respecting the sovereignty of Member States and recognizing their national contexts, priorities, and laws.

Updated Results Chain

57. In 2010, PAHO adopted its **Results-based Management (RBM) Framework** (Document CD50/INF/2). Since then, the global and regional health landscape has evolved with the advent of new technologies, and the impact of the COVID-19 pandemic, among many other changes that present both opportunities and risks (see section below on Risk Management). PAHO has also identified good practices and lessons learned from the application of different components of RBM, which are documented in the report of the evaluation of PAHO's RBM Framework implementation *(14)*. The new Strategic Plan is an opportunity to present an updated RBM Framework, which is included in **Appendix B**.

58. One of the most significant changes that informs the Results Framework for this Strategic Plan is the updated **results chain** summarized in Figure 1. The change in the definition of outputs and products and services in the results chain not only addresses recommendations from the RBM evaluation and external audits but aligns PAHO's results chain with the standard results chain and definitions employed by other international organizations. In the Strategic Plans 2014–2019 and 2020–2025, accountability for achieving **impacts**, **outcomes**, and **outputs** was understood to rest jointly with Member States and PASB, together with partners, with little distinction between the degree of contribution from each actor and their accountability. In the new RBM framework, it is Member States, with the support of PASB and partners, who are primarily accountable for impacts and outcomes. Through the delivery of outputs, for which PASB is primarily accountable, in collaboration with Member States and partners, PASB contributes to the achievement of impacts and outcomes.

Figure 1. Updated Results Chain, PAHO Strategic Plan 2026–2031



Results Framework

59. The Strategic Plan establishes the joint commitment of Member States and PASB for the period 2026–2031, taking into account the changing health landscape, as well as the context and priorities of each country. The **Results Framework** follows the new results chain and indicates that results must be guided by collective priorities in areas where PAHO adds value, drives impact in countries, and addresses health gaps. The results aim to respond to collective commitments from the Country Cooperation Strategies[7] (including country strategic input, where these Country Cooperation Strategies do not yet exist or have expired), as well as the regional and global mandates listed in **Appendix C**. Furthermore, the results were informed by lessons learned and recommendations from audits and external evaluations.[8]

60. The Results Framework is anchored at the highest level by the overarching **impact goal**. Progress toward this goal will be monitored by **impact indicators**[9] that measure sustainable changes in the health and well-being of populations. Twelve **outcomes** (OCMs) are proposed as the results representing the collective or individual changes in the factors that affect the health of populations to which the SP26–31 interventions will contribute. The outcomes are measured through the **outcome indicators** listed in **Appendix A.2** and are organized under five **Strategic Objectives** (SOs), which are high-level objective statements that group related outcomes but are not part of the results chain. Through the development of **outputs** in the program budgets under this Strategic Plan, PASB will implement deliverables that influence, enable, and catalyze the joint action of Member States and partners toward the delivery of targeted outcomes and impacts.

---

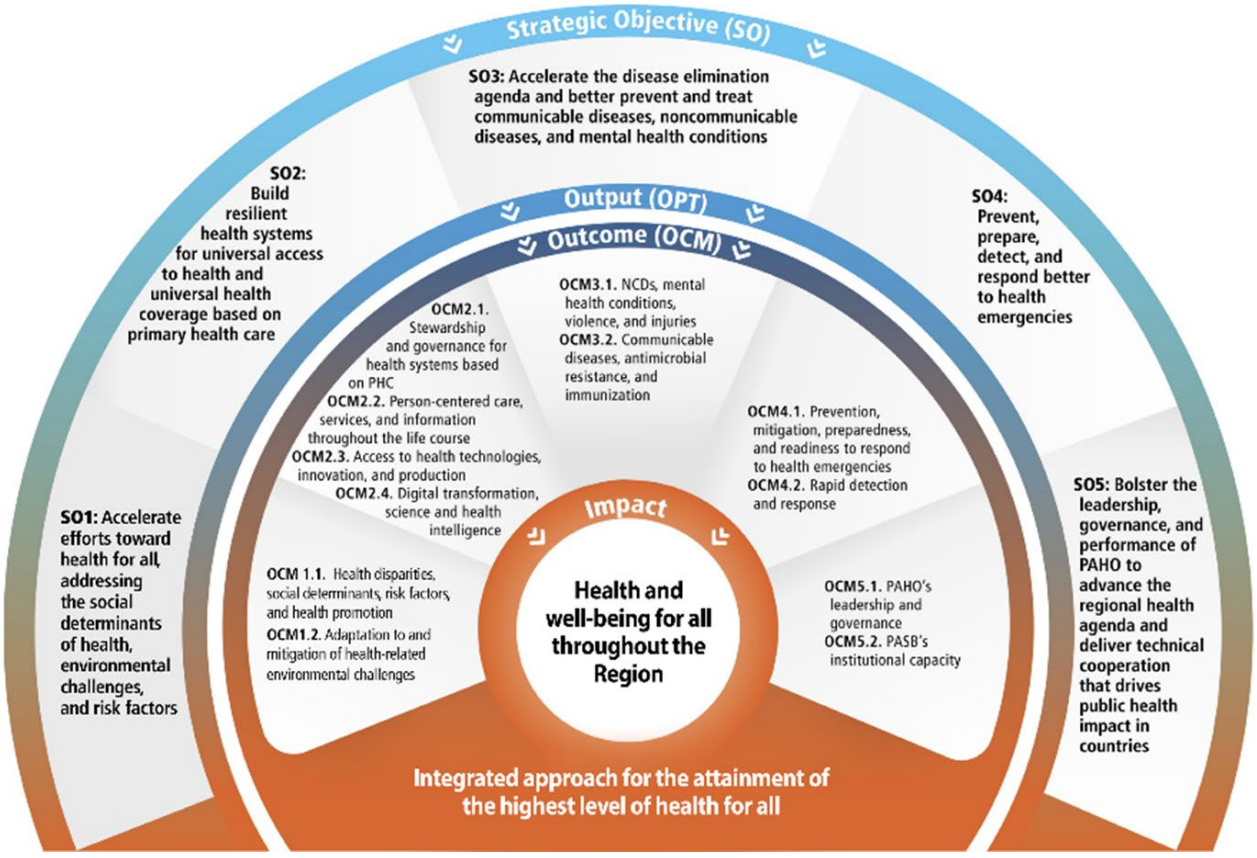
[7] See the WHO Country Cooperation Strategy Guide 2023. Available at: https://www.who.int/publications/i/item/9789240089747.

[8] The latest information on evaluations can be found on the digital portal: https://pbdigital.paho.org/evaluation/evaluations.

[9] The impact and outcome indicators presented in this document that are linked to indicators currently under review at the global level, including those linked to the SDGs and the GPW 14 impact measurement framework or other regional processes, will be updated as such reviews progress.

61. As the situation analysis shows, the Region stands at a critical juncture with a limited window of opportunity to get back on track and meet regional and global health goals that advance sustainable development. The SP26–31 Results Framework, illustrated in Figure 2, follows a more integrated interprogrammatic approach aimed at acceleration. Multiple areas of complementarity can be observed; for instance, addressing the determinants of health and risk factors, promoting intersectoral action, tackling the health impacts of various environmental challenges, and adopting an approach that recognizes the interconnectedness of human, animal, and environmental health, reinforcing the central role of primary health care, enhancing health system resilience, strengthening information systems and surveillance and laboratory capacity, and increasing the collection and use of disaggregated data, etc. The SOs and OCMs have been reviewed to ensure that these areas are appropriately integrated, maximizing the benefits of interprogrammatic approaches while avoiding any potential duplication.

Figure 2. Results Framework: PAHO Strategic Plan 2026–2031[10]



62. The presentation of the strategic objectives and outcomes follows the logical order of first promoting health and well-being and addressing the underlying determinants and risk factors that lead to health disparities and ill health through a preventative approach in Strategic Objective 1. Strategic Objective 2 seeks to strengthen the various components of health systems and services required to advance toward universal access to health and universal health coverage, according to

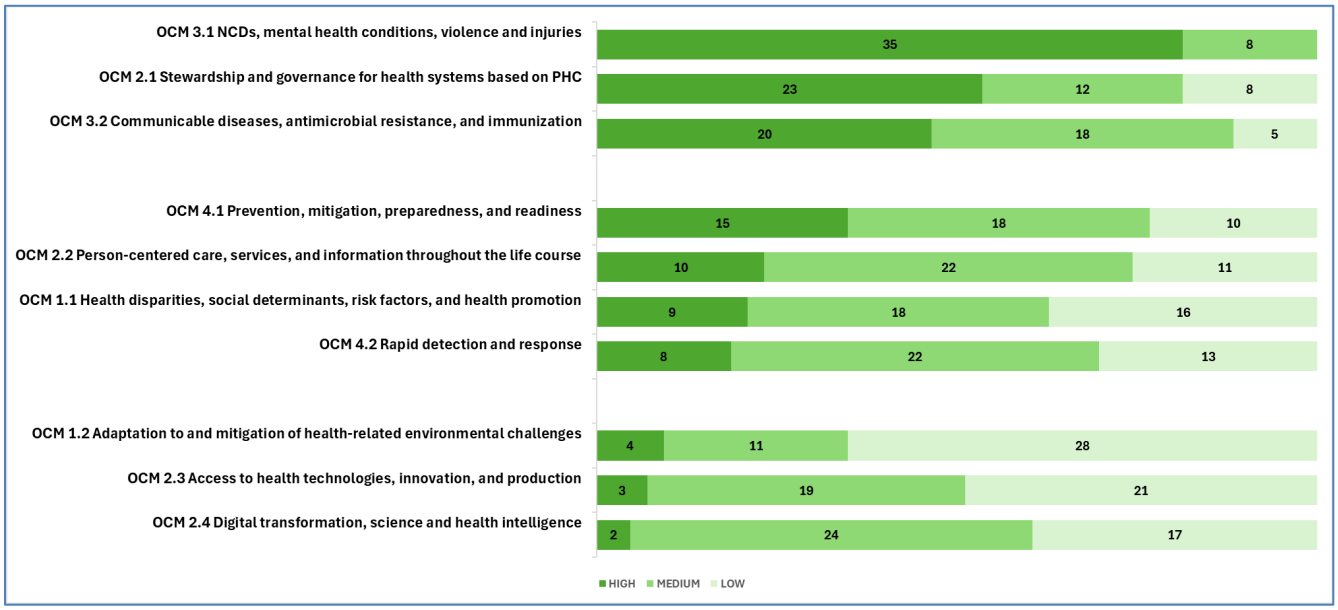
[10] The titles of outcomes in the image have been abbreviated due to space constraints. An illustration of the results framework in tabular format with the complete titles of the outcomes is available in Appendix A.1.

national contexts and laws, to ensure that health care can be provided when needed. Strategic Objective 3 seeks to accelerate the disease elimination agenda; better prevent and treat communicable diseases, NCDs, injuries, and mental health conditions; provide care for survivors of violence; and strengthen rehabilitation services. The Region's preparedness, prevention, detection, and response to health emergencies is addressed in Strategic Objective 4, and Strategic Objective 5 covers PAHO's leadership and governance role and PASB performance in supporting Member States to achieve the objectives of the Strategic Plan.

Results of Priority-setting

63. Consultations were held between late 2024 and August 2025 with national health authorities to determine the priority technical outcomes of the SP26–31, using the PAHO-adapted Hanlon method (Document CD55/7). The results from each country and territory have been consolidated to arrive at the results for the whole Region, which are grouped into three priority tiers—high, medium, and low—to identify areas where PAHO's technical cooperation adds the most value. The priority-setting exercise has been completed in 43 of 51 countries and territories as of 12 September 2025. Figure 3 shows the consolidated results of the outcomes classified as high, medium, and low priority by countries and territories.

Figure 3. Consolidated Prioritization Results, as of 12 September 2025



64. The consolidated prioritization results show that countries and territories collectively continue to prioritize technical cooperation in areas that are oriented to *a)* NCDs, mental health, violence, and injuries; *b)* stewardship and governance for health systems based on primary health care; and *c)* communicable diseases, antimicrobial resistance, and immunization.

An integrated approach for the attainment of the highest level of health for all

65. Long-standing health disparities were highlighted and intensified by the COVID-19 pandemic, demonstrating the urgent need for a robust and resilient health system that provides opportunities to attain the highest level of health for all. Understanding the underlying conditions and mechanisms that generate health vulnerabilities is key to improving health for all. Social determinants of health shape the risk of disease, limit access to health and social services, and reduce the effectiveness of treatments, thus resulting in worse health outcomes. Addressing these barriers is essential for creating opportunities for attaining the highest level of health and well-being for all populations.

66. An integrated approach has been applied throughout the development of the SP26–31 and will guide its implementation. This approach requires the development and adaptation of health sector strategies, policies, and programs to tackle health disparities and determinants and respond to the needs of populations living in situations of vulnerability. To address these disparities, it is important to understand where they occur, whom they affect, and in what context. It also calls for ensuring that actions are comprehensive and participatory while promoting intersectoral collaboration and public-private interventions where appropriate to design and implement public policies that act on the social determinants of health. The Strategic Plan also emphasizes the importance of active social participation to foster effective, comprehensive, and sustainable solutions.

67. This approach has been operationalized incorporating health for all as a **standalone outcome** and **across all other outcomes**. To ensure meaningful integration, the Organization is explicitly incorporating this approach into the scope of strategic objectives, outcomes, and outputs, as well as the corresponding indicators, with a clear focus on identifying and addressing the social determinants of health and mechanisms that leave people and population groups behind in access to health outcomes. Strategies will be adapted to meet the needs of populations living in situations of vulnerability, ensuring that actions are effective, comprehensive, and participatory. This integrated approach will also require the establishment of robust monitoring and evaluation mechanisms. These will build on ongoing collaboration with Member States on conceptual and methodological guidelines for monitoring and evaluating intersectoral action across the Region.

Impact Goal and Indicators

68. The impact goal of SP26–31 is to **improve health and well-being for all throughout the Region**. Its achievement requires concerted action by Member States in collaboration with PASB and partners, implementing integrated approaches across the strategic objectives and tailored interventions in countries to reduce health disparities. It is proposed that the goal be measured through a suite of 17 **impact indicators** shown in Table 1 along with proposed baselines and targets,[11] addressing both the improvement of health systems and their sustainability, as well as their social determinants. These impact indicators will also be used to report on the Organization's contribution to collective achievement of the SHAA2030 goals and the Region's contribution toward global health

[11] Should any indicator baselines need to be updated based on new information, PASB will publish revisions via the end-of-biennium assessment reports. Targets may also be adjusted accordingly to take into account updated baselines. Such target changes will remain consistent in magnitude with the original target, unless otherwise warranted. This applies for all impact and outcome indicators.

targets. The definition of the indicators considered lessons learned from SP20–25 and commitments already made by Member States, including in the SHAA2030, and PAHO Governing Bodies mandates. Technical specifications, including definitions of terms, technical criteria, and sources, are available to ensure clarity and consistency in their application for monitoring and evaluation.

Table 1. List of Impact Indicators

Impact Indicator	Baseline 2025 (or most recent)	Target 2031	SP20–25	SHAA2030
1. Reduction of within-country health inequalities	17 countries (2025)	26 countries	✓	11.1
2. Mortality rate attributed to household and ambient air pollution	32 deaths per 100 000 population (2021)	At least a 12% reduction	✓	11.3
3. Mortality rate attributed to unsafe water, unsafe sanitation, and lack of hygiene	2.9 deaths per 100 000 population (2021)	At least a 7% reduction	✓	11.3
4. Health-adjusted life expectancy	63 years (2025)	At least a 1% increase	✓	All
5. Neonatal mortality rate	7.1 deaths per 1000 live births (2023)	At least an 11% reduction	✓	1.3
6. Maternal mortality ratio	58.5 deaths per 100 000 live births (2023)	At least an 18% reduction	✓	1.2
7. Rate of mortality amenable to health care	94.5 deaths per 100 000 population (2021)	At least a 3% reduction	✓	1.1
8. Unconditional probability of dying between the ages of 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	14% (2021)	10.9%	✓	9.1
9. Mortality rate due to cervical cancer	5.9 deaths per 100 000 female population (2021)	At least a 20% reduction	✓	9.1
10. Proportion of ever-partnered women and girls aged 15–49 subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months[12]	7% (2018)	No increase	✓	9.4

[12] While recognizing data challenges, Member States requested inclusion of this indicator with a commitment to build national capacity to generate the data for its measurement.

Table 1. List of Impact Indicators *(cont.)*

Impact Indicator	Baseline 2025 (or most recent)	Target 2031	SP20–25	SHAA2030
11. Mortality rate due to suicide	9.2 deaths per 100 000 population (2021)	At least a 5.5% reduction	✓	9.6
12. Mortality rate due to road traffic injuries	14.1 deaths per 100 000 population (2021)	10 deaths per 100 000 population	✓	9.5
13. Incidence rate of HIV infections	0.16 new infections per 1000 uninfected population (2024)	At least a 24% reduction	✓	10.1
14. Incidence rate of congenital syphilis (including stillbirths)	2.7 cases per 1000 live births (2024)	At least a 63% reduction	✓	10.3
15. Incidence rate of tuberculosis	32.9 cases per 100 000 population (2023)	At least a 15% reduction	✓	10.2
16. Number of endemic countries that achieve elimination of malaria	5 out of 21 countries and territories that were endemic in 2015 (2024)	8 out of 21 countries and territories that were endemic in 2015	✓	10.6
17. Number of countries and territories that maintain elimination certification for wild polio, rubella and congenital rubella syndrome, and measles	51 countries and territories (2025)	51 countries and territories	N/A	10.4

Strategic Objectives and Outcomes

69. The following section provides the strategic objectives and outcomes, including overview and scope statements.

Health for all, social determinants, risk factors, and environmental challenges

Strategic Objective 1: Accelerate efforts toward health for all, addressing the social determinants of health, environmental challenges, and risk factors

Overview: Strategic Objective 1 (SO1) aims to accelerate efforts to attain the highest level of health for all by addressing health disparities, social determinants of health, risk factors, and health-related environmental challenges. SO1 focuses on enhancing country capacity to reduce health gaps and address social determinants of health, promote health and well-being, and address environmental challenges, including climate change[13] and risk factors. Additionally, it seeks to strengthen country capacity to adapt to and mitigate short and long-term health threats posed by various environmental challenges, ensuring a comprehensive approach to improving regional health outcomes.

Outcome 1.1: Health disparities, social determinants, risk factors, and health promotion
Country capacities enhanced to reduce health disparities, address risk factors and social and environmental determinants of health, and promote health and well-being

Scope: This outcome aims to reduce health disparities, prevent diseases, and promote health and well-being by addressing the social determinants of health and risk factors. Achieving this requires intersectoral action, strengthening local governance for health and fostering social participation and community engagement, with a special focus on populations in situations of vulnerability. Specifically, the following actions will be implemented:

a) Pursue attainment of the highest level of health for all through **action on social determinants of health** in all their dimensions as well as **environmental determinants,** including by enhancing health sector capacity to **monitor social determinants of health and health disparities,** and assess the impact of policies within and beyond the health sector by advancing multisectoral coordination to address the determinants.
b) Better respond to the health needs of **populations in situations of vulnerability**.
c) Strengthen **intersectoral action and Health in All Policies,** including collaboration with social protection, labor, environment, education, and other sectors.
d) Strengthen **legal frameworks** to promote health and prevent diseases and injuries.
e) Strengthen **social participation and community engagement** to improve health and well-being for all, increase the effectiveness and sustainability of policies and programs, strengthen **local governance for health** and well-being, and tackle urban health challenges.
f) Promote health and well-being by implementing effective population-based **health promotion strategies,** including healthy settings (schools, workplaces, universities, markets, and housing) with a multisectoral approach.

[13] Subsequent references in this document to "environmental challenges" are understood to include the impact of climate change on health and health systems.

g) Take decisive action to meet national, regional, and global health goals related to the **environmental determinants of health** by, among other things, improving air quality and reducing exposure to air pollution; providing clean household energy; improving waste management, including healthcare waste; and ensuring safely managed water and sanitation services.
h) Intensify efforts to prevent diseases and premature death by **taking action on risk factors and promoting healthy environments**. This includes:
    i. Reducing modifiable risk factors for **noncommunicable diseases,** including all forms of malnutrition, through action on their determinants, intersectoral action, and community participation.
    ii. Intensifying efforts to prevent **communicable diseases** and related conditions through action on risk factors and their underlying causes, such as environmental determinants, and strengthened community engagement, and intersectoral coordination, including incorporating an approach that recognizes the interconnectedness of human, animal, and environmental health.
    iii. Addressing **occupational and environmental risk factors** for health by improving conditions, including access to clean water, sanitation services, and hygiene, and by addressing the impacts associated with increased pollution from microplastics, heavy metals, solid waste, and hazardous chemicals.

Outcome 1.2: **Adaptation to and mitigation of health-related environmental challenges**
Country capacities strengthened to adapt to and mitigate risks posed by environmental challenges

Scope: Achieving this outcome will require close intersectoral coordination to design health and other sector policies that reduce waste generation and health-related environmental challenges, maximize health benefits, and reduce health disparities. It is essential that the health sector have the human, technological, and financial capacity to fully understand the current and future health impacts of various slow-onset and extreme environmental conditions and phenomena and take adaptation and mitigation action to promote low-carbon, climate-resilient health systems, developed with social participation and tailored to the needs of populations in situations of vulnerability. Specifically, the following actions will be implemented:

a) Position health-related environmental challenges centrally in the **health sector and other sectors' agendas** and promote investment to address their health impacts by strengthening intra- and intersectoral governance mechanisms and galvanizing political and social support, including through the participation of communities and civil society, especially civil society organizations representing populations in situations of vulnerability.
b) Strengthen the **health sector's capacity for adaptation and climate resilience**, including to address climate-sensitive diseases and health conditions, by building capacities, improving programs, and coordinating with other sectors to anticipate, prevent, prepare for, respond to, and recover from the health impacts of slow-onset and extreme environmental conditions and phenomena, while protecting populations in situations of vulnerability and small island states.
c) Improve actions to **develop low-carbon, climate-resilient health systems**. This will also contribute to the achievement of health co-benefits and the reduction of health disparities in societies.
d) Improve the development and implementation of **adaptation and mitigation strategies** that protect health and reduce health disparities by strengthening the generation, communication, and use of evidence that considers the differential risks of different population groups.

Resilient health systems and services based on primary health care

Strategic Objective 2: Build resilient health systems for universal access to health and universal health coverage based on primary health care

Overview: Strategic Objective 2 (SO2) aims to support the transformation of health systems and services based on primary health care (PHC) to ensure resilience and universal access to health and universal health coverage in the Region of the Americas, according to national contexts, laws, and priorities. Leveraging lessons learned during the COVID-19 pandemic and innovations in digital transformation and health technologies, this SO emphasizes the need to strengthen leadership, governance, and stewardship in health, incorporating science and evidence in the development and implementation of policies, plans, and strategies to expand health systems and integrated care and services based on PHC throughout the life course. SO2 requires the provision of critical resources: health financing, health information, and the availability of quality data, infrastructure, and health workforce as well as requires comprehensive interventions to increase access to health technologies, including the promotion of regional innovation and production.

Outcome 2.1: Stewardship and governance for health systems based on primary health care

Stewardship and governance strengthened for resilient health systems based on primary health care

Scope: Achieving this outcome requires improved national and subnational health policies and planning, strengthening of the essential public health functions, sustained and improved public financing for health in which financial and non-financial health access barriers are addressed, and a fit-for-purpose health workforce. Specifically, the following actions will be implemented:

a) Strengthen the capacity of health authorities to lead **effective, participatory, and comprehensive national and subnational processes** and formulate, monitor, and evaluate policies, plans, and programs to improve health throughout the life course, based on evidence and quality data. This will entail the **reorientation of health systems toward primary health care**, including the **regulation** of resources (financial, technological, health workforce) that impact the achievement of universal access to health and universal health coverage and health system resilience.

b) Improve and prioritize the evaluation and implementation of the **essential public health functions** at all institutional levels in collaboration with civil society to strengthen the development of health systems based on primary health care.

c) Generate evidence and information on **health financing** and the economy, increase and improve public expenditure and resource allocation in health, prioritizing investments in health development and promotion, disease prevention, and the expansion of health systems based on primary health care. Protect against financial risks that cause impoverishing or catastrophic expenditure.

d) Promote and undertake continued analysis of the **health workforce and labor market**, and lead intersectoral planning processes to attract, recruit, and retain health workers, and address substantive workforce gaps, accelerating the availability of a well-qualified, well-distributed workforce, particularly for remote and underserved areas and populations.

e) Promote the transformation of **health-professional education** based on primary health care, supporting interprofessional capacity building, the organization of interprofessional teams within health services, and the development of public health capacities.

Outcome 2.2: **Person-centered care, services, and information throughout the life course**
Person-centered health care, services, and information strengthened for communities and people throughout the life course

Scope: Achieving this outcome requires the expansion of integrated quality, and highly resolutive health care and services to be delivered throughout the life course, including sexual and reproductive health services for women[14], as well as health services for mothers and newborns, responding to the unique needs of populations where they live, based on the primary health care approach. Specifically, the following actions will be implemented:

a) Strengthen the capacity of health systems and services to increase resilience and deliver **integrated person-centered care throughout the life course** and ensure access to and coverage of quality person-centered health services for all, addressing the differentiated needs of people where they live in the context of a rapid demographic and epidemiological transition.
b) Strengthen **integrated and person-centered care through the primary health care approach** to boost and maintain health capacities and address communicable and noncommunicable diseases; vaccine preventable diseases; risk factors across the life course; sexual, reproductive, maternal, newborn, child, adolescent, and older persons' and migrant populations' health; and the social determinants of health.
c) Strengthen **integrated health service delivery networks** and improve the organization, management, and governance of health services at both the individual and population level, increasing the resolution capacity of the first level of care. This involves developing **innovative models of care** that are intersectoral and person-, family-, and community-centered and promote coordination, communication, information, and continuity of care and the integration of priority health programs, health technology and telemedicine services in health service networks.
d) Promote, strengthen, and improve **health care for women and adolescents, mothers, and newborns**, accelerating the reduction of maternal, neonatal, and child mortality, and strengthening capacity in sexual and reproductive health[15] policies, care, and services.
e) Increase the capacity to respond to the differential needs of all populations through the **reduction of availability, geographic, organizational, acceptability, and financial barriers to accessing health care and services**, particularly for **older persons** and other people in conditions of vulnerability.

Outcome 2.3: **Access to health technologies, innovation, and production**
Increased access for all and rational use of quality, affordable, and effective medicines, vaccines, diagnostics, and other health technologies and services, strengthening innovation and production, generating ecosystems, and addressing access barriers across the full life cycle of health technologies

Scope: Achieving this outcome requires supporting and promoting cooperation with Member States and relevant stakeholders in efforts to generate enabling policies, strategies, and ecosystems for addressing access barriers, in an integrated and coherent manner across the full life cycle of health technologies, increasing regional innovation and production capacity, strengthening regulatory systems, supporting evidence-based decision-making, competition, transparency, and rational use. This will also require the definition of strategies across all categories of relevant health technologies, including medicines, vaccines, diagnostics, medical equipment, and other pharmaceutical and health services, such as radiological, blood, and organ transplantation services. Specifically, the following actions will be implemented:

[14] In no case should abortion be promoted as a method of family planning. (Report of the International Conference on Population and Development [1994].) Available at: https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/a_conf.171_13_rev.1.pdf.
[15] Ibid.

a) Update and support the implementation of **policies and strategies** that improve timely **access** to quality, affordable, and effective health technologies, including medicines, vaccines, diagnostics, and radiological, pharmaceutical, transplant, and blood services to prevent, diagnose, treat, eliminate, and palliate diseases and other medical conditions through a comprehensive, coherent, and integrated approach.
b) Foster **regional innovation, research and development, and the production** of health technologies, supporting enabling environments and ecosystems for sustainable public-health-driven impact.
c) Promote adequate **financing and financial protection** mechanisms to foster innovation and access to health technologies and services, including the progressive elimination of out-of-pocket expenditures, based on national public health priorities and the context of each health system. Support comprehensive strategies to address the high price and cost of some health technologies, including through the promotion of competition and evidence-based decision-making.
d) Promote the development and strengthening of **national, regional, and subregional regulatory systems** and harmonization processes that can ensure access, regional production, and the quality, safety, and effectiveness of health technologies and services, including medicines, vaccines, and medical devices.
e) Promote sustainable, efficient, and transparent public **procurement mechanisms,** including **PAHO's Regional Revolving Funds**, that limit fragmentation, improve availability, and take advantage of economies of scale to increase access to essential and strategic health technologies.

Outcome 2.4: Digital transformation, science, and health intelligence

Digital transformation of the health sector and the institutionalization of science accelerated by advancing the development and integration of information systems for health, fostering robust regional health intelligence and evidence-informed decision-making and strengthening the scientific ecosystem

Scope: This digital and scientific transformation will improve health outcomes by supporting access to quality health services, strengthening information systems and integration across existing surveillance systems, and addressing public health priorities. It envisions a robust global evidence ecosystem that empowers governments, professionals, and civil society members to make well-informed decisions for a better future. PAHO will work to build capacity in the scientific ecosystem by facilitating greater integration of the research, ethics, evidence, and knowledge systems, fostering quality, translation, and impact, safeguarding integrity, and building trust in science. Specifically, the following actions will be implemented:

a) **Promote digital transformation** to increase the efficiency, accessibility, and quality of health services and public health initiatives and bridge the digital divide. Ensuring that systems are resilient to health emergencies by fostering bandwidth, connectivity, digital literacy, innovation, and strong governance. Support appropriate and responsible use of AI, big data, and digital public goods through partnerships that ensure access for all and better public health outcomes.
b) **Strengthen information systems for health** to support data-driven decisions, improve surveillance, and monitor health goals. Focus on secure interoperable systems such as electronic health records and related platforms to improve the coordination of care, safety, and patient outcomes, adhering to regional and global privacy and cybersecurity standards.
c) **Strengthen health analysis** by leveraging real-time data, predictive modeling, and geospatial information systems to inform decision-making and optimize public health interventions. Increase the production and use of quality disaggregated data to generate health intelligence and monitor health inequalities. Build capacity to utilize health intelligence for impactful communication and policy action.
d) Harness the power of **science to advance health** by strengthening research and knowledge systems, fostering trust in science, and leveraging innovation and emerging technologies to produce and share knowledge and promote access for all to scientific information.
e) Ensure that **health action is grounded in evidence** by institutionalizing evidence and ethics in health decision-making for policy and practice and establishing mechanisms to rigorously assess evidence and transparently engage with values.

Disease prevention, control, and elimination

Strategic Objective 3: Accelerate the disease elimination agenda and better prevent and treat communicable diseases, noncommunicable diseases, and mental health conditions

Overview: Strategic Objective 3 (SO3) seeks to intensify efforts leading to disease elimination, while strengthening the surveillance, prevention, early diagnosis, rehabilitation, and management of communicable diseases, NCDs, and mental health conditions, along with the health system's response to violence, traffic accidents and unintentional injuries, reducing their disease burden, premature mortality, and/or resulting disability across the life course. SO3 also aims to improve the comprehensive multisectoral response to these diseases and conditions. Additionally, SO3 addresses antimicrobial resistance and promotes the incorporation of a One Health approach, which recognizes the interconnectedness of human, animal, and environmental health.

Outcome 3.1: Noncommunicable diseases, mental health conditions, violence, and injuries

Prevention and optimal management of noncommunicable diseases, mental health conditions, violence, and unintentional injuries accelerated and sustained

Scope: Achieving this outcome requires strengthening the capacity of the health system to prevent and better manage NCDs, mental health conditions, disabilities, and unintentional injuries, and provide better care for survivors of violence based on the primary care approach. This involves capacity building, scaled-up, quality services, and multisectoral policies that improve health outcomes toward the attainment of the highest level of health for all throughout the life course. Specifically, the following actions will be implemented:

a) Strengthen **national capacity, leadership, governance, and partnerships to accelerate the response** for screening, early detection, management, rehabilitation, and palliative care for the main NCDs and mental and neurological health conditions.
b) Strengthen the health system response to **disabilities, violence in all its forms,** including violence against women, girls, and groups in situations of vulnerability, **and unintentional injuries**.
c) Strengthen **information and surveillance system capacity** to monitor progress in the early detection, management, and control of NCDs and mental health, substance use, and neurological conditions, disabilities and rehabilitation, all forms of violence, road safety, self-harm and suicide, and unintentional injuries to facilitate the prioritization of resources and ensure an effective response.
d) Intensify efforts to prevent, manage, and control NCDs, mental health conditions, violence, and unintentional injuries through the incorporation of an approach that recognizes the interconnectedness of human, animal, and environmental health.
e) Facilitate and promote public awareness, **community engagement, and multisectoral partnerships** to promote supportive environments that lead to effective prevention and health promotion, increased access to services, and improved care for people with NCDs and mental health conditions and survivors of violence and unintentional injuries.

Outcome 3.2: Communicable diseases, antimicrobial resistance, and immunization
Prevention, control, and elimination of communicable diseases and related conditions accelerated and sustained

Scope: This outcome aims to improve the health system's response capacity to prevent, control, and eliminate communicable diseases, including vaccine-preventable diseases, by ensuring access to interventions throughout the life course and addressing the needs of vulnerable populations. Achieving this outcome will require strengthening response capacity at the first level of care, as well as close intersectoral coordination to address the social and environmental determinants of health and reduce health disparities in collaboration with civil society. Specifically, the following actions will be implemented:

a) Strengthen country capacity to ensure **access for all to comprehensive, person-centered health services** by leveraging evidence-based strategies, primary health care, life-course approaches, and robust governance and financing to effectively prevent, control, and eliminate communicable diseases and sustain elimination gains.
b) Advance coordinated efforts to ensure **access for all to essential health technologies**, such as diagnostics, vaccines, vector control measures, and treatments, and accelerate the adoption and use of innovative solutions to effectively and sustainably prevent, control, and eliminate communicable diseases and related conditions and protect elimination gains.
c) Improve **information, surveillance, public health laboratory systems and networks, and the capacity** to integrate human, animal health, and environmental efforts to anticipate risks, prioritize resources, and ensure effective responses for the prevention, control, and elimination of diseases, outbreaks, and antimicrobial resistance.
d) Intensify efforts to control and eliminate communicable diseases and related conditions and safeguard elimination gains, through the incorporation of an approach that recognizes the interconnectedness of human, animal, and environmental health.
e) Facilitate **effective and comprehensive participation processes that empower civil society and communities** to actively and meaningfully engage in planning, implementing, monitoring, and evaluating integrated strategies and health services to prevent, control, and eliminate communicable diseases and related conditions, while protecting elimination gains. This includes the development of communications strategies to increase public trust and customize messages to specific contexts and populations about vaccines and other countermeasures.

Health emergencies

Strategic Objective 4: Prevent, prepare, detect, and respond better to health emergencies

Overview: Strategic Objective 4 aims to build and reinforce capacities at all levels, with a focus on addressing gaps where they exist, to ensure that the Region of the Americas is better prepared to prevent, mitigate, prepare for, and be ready to respond to health emergencies and disasters caused by any hazard. Through the joint efforts of PASB, Member States, and stakeholders, this strategic objective seeks to ensure that threats are rapidly detected, verified, and assessed, and that the Region mounts an effective, timely, and lifesaving response to health emergencies and disasters caused by any hazard.

Outcome 4.1: Prevention, mitigation, preparedness, and readiness to respond to health emergencies

Country capacities strengthened to prevent, mitigate, prepare for, and be ready to respond to health emergencies and disasters caused by any hazard

Scope: With a focus on addressing gaps where they exist, this outcome seeks to ensure that Member States have systems, capacities, plans, and mechanisms in place to ensure that the Region of the Americas are better prepared to mount a multisectoral response to existing and emerging threats and shocks. This approach aims to build up and reinforce the systems needed to prevent and mitigate the impact of adverse health security events of any origin, including highly infectious hazards with epidemic and pandemic potential. This requires the leveraging of stakeholders from within the health sector and beyond, including through incorporation of an approach that recognizes the interconnectedness of human, animal, and environmental health, as applicable, complemented with investments, bearing in mind the impact of the COVID-19 pandemic. Specifically, the following actions will be taken:

a) Increase national capacity in **emergency planning, including risk assessment and management, and testing** at all levels and across all health emergency phases including through **full implementation for State Parties** of the International Health Regulations (**IHR**), **WHO Pandemic Agreement**, and the **Sendai Framework for Disaster Risk Reduction**, incorporating an approach that recognizes the interconnectedness of human, animal, and environmental health, while building on lessons from the COVID-19 pandemic. PAHO will strengthen country capacities under the IHR monitoring and evaluation framework to identify and address gaps in governance, preparedness, and readiness capacity.

b) **Incorporate comprehensive risk reduction actions** using sound risk assessment practices, and an approach that recognizes the interconnectedness of human, animal, and environmental health into national and territorial policies and strategies to reduce disaster risks and prevent epidemics/pandemics. Risk reduction measures will include increasing the resilience of health facilities to health emergencies and disasters while incorporating steps to safeguard access for all during emergencies for persons in situations of vulnerability; clinical management; infection control and prevention; whole-of-society resilience; and the reduction of emergency impacts, while ensuring the continuity of essential health services across all levels.

c) Bolster **disease and event surveillance** through the incorporation of an approach that recognizes the interconnectedness of human, animal, and environmental health by strengthening epidemiological surveillance and public health laboratory systems; strengthening diagnostic **laboratory networks** for epidemic-prone and emerging pathogens (including zoonotic pathogens) under biosafety, biosecurity, and quality assurance policies; expanding **genomic surveillance**; leveraging **technological innovation**; and ensuring that interconnected information and analyses feed into forecasting and prediction, early warning, detection, and characterization of diseases and infectious risks.

d) **Engage and empower communities** in evidence-based risk reduction, preparedness, readiness, and response to health emergencies and disasters through efficient differentiated risk communication and community engagement strategies that strengthen feedback loops. Special attention will be paid to populations in situations of vulnerability that are often disproportionally affected by adverse events, such as women, children, Indigenous Peoples, people with disabilities, people living with noncommunicable diseases, older adults, people on the move, and other groups.
e) Coordinate across sectors and stakeholders to improve subregional, regional, and global health security and **access for all to countermeasures and supplies during epidemics, pandemics, and other health emergencies**.

Outcome 4.2: Rapid detection and response

Regional and national capacities enhanced to rapidly detect, verify, and respond to health emergencies and disasters caused by any hazard

Scope: Through the joint efforts of Member States and PASB, this outcome aims to ensure that systems are in place for the rapid detection, verification, assessment, and alert of acute public health events and health emergencies of any origin. Efforts will be geared toward ensuring a timely, effective, and lifesaving response to health emergencies and disasters from hazards of any origin through the forging and intensification of response coordination mechanisms and the constant building and strengthening of readiness capacities. Specifically, the following actions will be implemented:

a) Strengthen **integrated surveillance for early warning,** as well as approaches for **rapid risk assessment** to detect, verify, and assess the risk, in order to report and alert on acute public health events and health emergencies through the incorporation of an approach that recognizes the interconnectedness of human, animal, and environmental health.
b) Increase the use of **artificial intelligence-driven systems and scaling up the non-traditional surveillance approach** to allow for earlier detection, rapid investigation, efficient risk assessment, and timely early warning about health emergencies and disasters, while leveraging effective risk communication and infodemic management.
c) Strengthen national and subnational capacity in **data collection, management, and analysis for health emergencies**, including the use of geographic information systems (GIS) for spatial analysis and advanced analytics for forecasting, nowcasting, and scenario modeling to predict, prevent, detect, and respond to infectious hazards. This also includes the capacity to anticipate public health events through the use of tools capable of identifying early changes in occurrence patterns captured by health information systems. Public health decision-making during response activities will be guided by improved data, enhanced analysis, and actionable insights. PAHO will support countries by expanding existing capacity-building activities and developing a network of modelers, other risk assessment professionals, and relevant subject matter experts who can act as surge capacity for health emergencies in the Region to promote international, multidisciplinary, and multisectoral collaboration.
d) Improve **countries**' response capacity by strengthening and leveraging global, regional, and subregional **coordination mechanisms** and improving **information management** during emergencies and disasters.
e) Coordinate, and when needed, lead the **international response to major epidemics and humanitarian health assistance** in the Region and expand and deploy **multisectoral rapid-response teams** with diverse technical expertise to effectively contain health threats and mitigate the impact of outbreaks and emergencies.
f) Strengthen **PAHO's institutional capacity for emergency response** through the implementation of improved policies and procedures.

PAHO's leadership, governance, and performance

Strategic Objective 5: Bolster the leadership, governance, and performance of PAHO to advance the regional health agenda and deliver technical cooperation that drives public health impact in countries

Overview: Strategic Objective 5 includes the strategic and enabling functions and services that contribute to bolstering PAHO's leadership, governance, and performance to effectively deliver on its mandate. Building on previous successes and lessons learned, PAHO aims to continue increasing its relevance in the Region of the Americas and globally to optimize its impact at the country level. This strategic objective encompasses efforts to systematically innovate and modernize management practices, including risk management, oversight, and fostering a culture of efficiency, transparency, accountability, and enhanced internal and external collaboration in the delivery of technical cooperation. These functions contribute directly to all the strategic objectives and outcomes in the Strategic Plan and are delivered at the country, subregional, and regional level.

Outcome 5.1: PAHO's leadership and governance

PAHO's leadership capacity and governance mechanisms strengthened, bolstering its resilience and strategic collaboration to drive results and impact for advancing health development for the attainment of the highest level of health for all

Scope: This outcome incorporates strategic leadership, governance, and advocacy functions to reinforce PAHO's leading role in health development in the Region. It includes **effective health leadership** through convening, agenda-setting, and partnership building. Work toward this outcome includes championing health for all in support of Member States through effective development and implementation of technical cooperation agendas and collaboration with key partners. Specifically, the following actions will be implemented under this outcome:

a) Foster collaboration, cohesion, and engagement as an honest broker to **catalyze and drive collective action** among Member States and partners in health and non-health sectors, providing evidence and proposing solutions to address current and emerging public health challenges and improve health and well-being for all.
b) Champion and advocate for the attainment of the highest level of health for all in **key policy and multilateral political and technical forums** in support of Member States through the effective development and implementation of technical cooperation agendas.
c) Promote and strengthen **partnerships**, collaboration, and coordination among countries, international organizations (including other UN agencies and programs), and other actors to tackle regional health challenges more effectively and ensure health and well-being outcomes are prioritized in policy agendas.
d) Promote cooperation among countries for health development through South-South and triangular cooperation, fostering **subregional and interregional exchanges** to strengthen knowledge sharing, capacity building, and collective action in tackling shared challenges and advancing national, regional, and global goals to achieve sustainable development.
e) Increase the effectiveness of **PAHO's governance mechanisms**, facilitating strategic engagement by Member States in regional and global governing bodies.
f) Ensure that the PAHO funding model promotes a more **sustainable and resilient financing approach** with improved predictability, sustainability, and flexibility of funds to respond to priorities and needs defined with Member States.

g) Strengthen country focus presence to effectively **address national priorities**, including strengthening and streamlining Country Cooperation Strategies.
h) Improve **external and internal communications,** including by making them more accessible to different audiences.

Outcome 5.2: PASB's institutional capacity

PASB's institutional capacity enhanced to deliver PAHO's mission in an efficient, transparent, and accountable manner through innovative modern management practices that foster an engaging, participatory, and respectful culture

Scope: This outcome covers the infrastructure and resources that ensure that the Organization can perform its corporate functions to effectively achieve its mission and goals. Achieving this outcome requires updating, streamlining, and strengthening management and administrative policies, processes, and systems to promote innovative, participatory, and relevant practices for advancing PAHO's efficiency, transparency, and accountability. Specifically, the following actions will be implemented under this outcome:

a) Modernize, innovate, and streamline policies, processes, and systems to improve internal management, controls, and decision-making at all levels of PASB.
b) Continue to improve the budget and management of resources with greater efficiency and accountability.
c) Implement the People Strategy 2025–2030 to attract and retain top talent, fostering a respectful and nurturing work environment with greater individual accountability.
d) Enhance the results-based management (RBM) approach, covering all components of the RBM cycle, with a clearer PASB contribution to health outcomes and accountability for results and resources.
e) Strengthen the internal justice system to ensure an effective and agile response to misconduct, including intensified efforts to prevent and address sexual exploitation, sexual abuse, harassment, and fraud. To promote a respectful culture, the Organization will educate and sensitize personnel in preventing and responding to wrongdoing.
f) Strengthen procurement through market intelligence, strategic negotiation tactics, innovative contracting, and partner/supplier relationship management, while upholding strict ethical standards.
g) Implement sustainable environmental practices and policies aimed at reducing the carbon footprint of the Organization's operations.
h) Ensure efficient investment in the modernization and maintenance of all PAHO premises.
i) Implement the IT strategy to work smarter, using new tools and with governance mechanisms in place, and apply artificial intelligence in PAHO processes by developing protocols, directives, and systems, including safety, ethical, and data protection considerations.
j) Strengthen enterprise risk management, compliance, and accountability to better support strategic decision-making and protect PAHO from financial and reputational harm.

Accelerators to Catalyze Change in the Region

70. Amid an increasingly complex and volatile global health landscape, PAHO's future-readiness will depend not only on its technical strengths, but also on its strategic agility. Accordingly, amongst the innovations the Organization has embraced for the SP26–31 period is the use of targeted accelerators to create momentum for systemic transformation, to mitigate risks and take advantage of opportunities to advance toward SP26–31 targets.

71. Accelerators are targeted high-impact interventions or initiatives, including services, tools, methodologies, policy options, must-dos, or leapfrogging opportunities,[16] that have the potential to accelerate progress across multiple impact targets and dimensions of health development. They signify high-impact entry-points for triggering change or implementing proven game-changing actions. They are areas of development that, because of their transformative potential, deserve particular attention, institutional boosts, and organizational capabilities to accelerate transformation.[17] The accelerators will seek to tackle root causes rather than only the symptoms of issues being addressed. They will be promoted to scale proven interventions, taking pilots or innovations to national or regional levels, and to coordinate actors, align fragmented efforts, and pool resources around shared objectives. They will be promoted to scale proven interventions, taking pilots or innovations to national or regional levels, and to coordinate actors, align fragmented efforts, and pool resources around shared objectives.

72. With a focus on driving acceleration across multiple impact results, to either speed up low-cadence work or to accelerate already fast-moving work, the Organization has identified several areas that present strong opportunities for acceleration due to their existing momentum, proven intervention pathways, or enabling role in implementation. These "quick wins" build on existing frameworks and proven methods, offering tangible opportunities to scale up interventions rapidly and effectively, thereby serving as adaptive vehicles for both advancing already dynamic areas of impact and supporting lagging but strategically important domains.

73. A differentiated approach is required for successful adoption of accelerators—one that balances short-term gains with strategic long-term investments. Therefore, the following four initial accelerator groups have been identified for application during implementation of the SP26–31 to target impact areas identified as being either already operating at a relatively fast pace and ready for acceleration, or operating at a slower pace currently, and that would benefit from acceleration to "catch up":

a) **Leapfrogging health initiatives and approaches for country impact**: Accelerators in this category significantly impact access and coverage of health services with a primary health care approach. Examples include targeted immunization microplanning at the territorial level to target a specific disease, and the elimination of out-of-pocket expenditures at the point of care. Other key accelerators within this group include PAHO's flagship initiatives, such as the

[16] Adoption of latest advancements or practices and technologies that help to avoid previous pitfalls experienced by more advanced or mature health systems (bypassing traditional stages of development to achieve rapid progress).

[17] More information on similar approaches can be found at the FAO report, The future of food and agriculture: Drivers and triggers for transformation, available at: https://openknowledge.fao.org/server/api/core/bitstreams/d95fc426-9886-49ac-8a64-9cfadefd85b1/content

Disease Elimination Initiative, Better Care for NCDs, digital transformation, the Regional Revolving Funds, regional production, and Zero Preventable Maternal Deaths[18], which serve as strategic instruments to address the most critical health challenges facing the Region.

b) **Scaling innovation and health technologies**: Accelerators in this category can rapidly shift health trends, provided that barriers to access are eliminated. Three different subcategories of technology are identified as accelerators within this group: *i)* the digital transformation of the health sector, with emphasis on the expansion of the use of AI and digital health solutions, including telehealth, aligned with the PHC approach for health systems strengthening; *ii)* health technologies facing barriers to access such as the access to and use of Hepatitis C antivirals and the decentralization of HIV diagnostics at the point of care; *iii)* the rapid incorporation of new health technologies and uptake of state-of-the art technology within public health programs. Examples here include combination anti-hypertensives under the HEARTS initiative, new HPV home or point-of-care testing, and immunobiologicals for cancer care and management.

c) **Leveraging PAHO's regional public goods**: PAHO has developed several initiatives that can contribute to the acceleration of public health gains in the Region, if targeted and utilized for this purpose. These initiatives, here referenced as regional public goods, include: the PAHO Regional Revolving Funds (the Revolving Fund for Access to Vaccines and the Revolving Fund for Strategic Public Health Supplies) supporting the maintenance and expansion of critical public health programs throughout the Region; the PAHO Virtual Campus for Public Health, the Organization's educational platform that reaches more than 3 million health workers, Regional Digital Public Goods for supporting Telehealth, and the Health Information Platform for the Americas (PLISA) a one-stop portal for policymakers, researchers, and public health professionals, offering authoritative, up-to-date, and interactive health data across the Region.

d) **Targeting strategic partnerships and networks**: PAHO partnerships have a critical role to play in accelerating the achievement of the SP26–31health outcomes. Some of the partnerships developed in recent years present opportunities to scale capacity and response at the national level in target areas. Examples of such partnerships include the Alliance for Primary Health Care, which strengthens national capacity to expand primary health care under the stewardship of the ministry of health, leveraging concessional financing through the World Bank and the Inter-American Development Bank (IDB); the Pan American Highway for Digital Health, a joint initiative between PAHO and the IDB for the rapid digital transformation of the heath sector; the collaboration with Gavi, the Vaccine Alliance, to scale and maintain immunization; the Healthy Municipalities, Cities and Communities Movement of the Americas, a regional platform of local governments that offers the opportunity to build strategic alliances and partnerships with other actors engaged in health and wellness; and the PAHO/WHO Collaborating Centers, which constantly contribute to improving health in the Region.

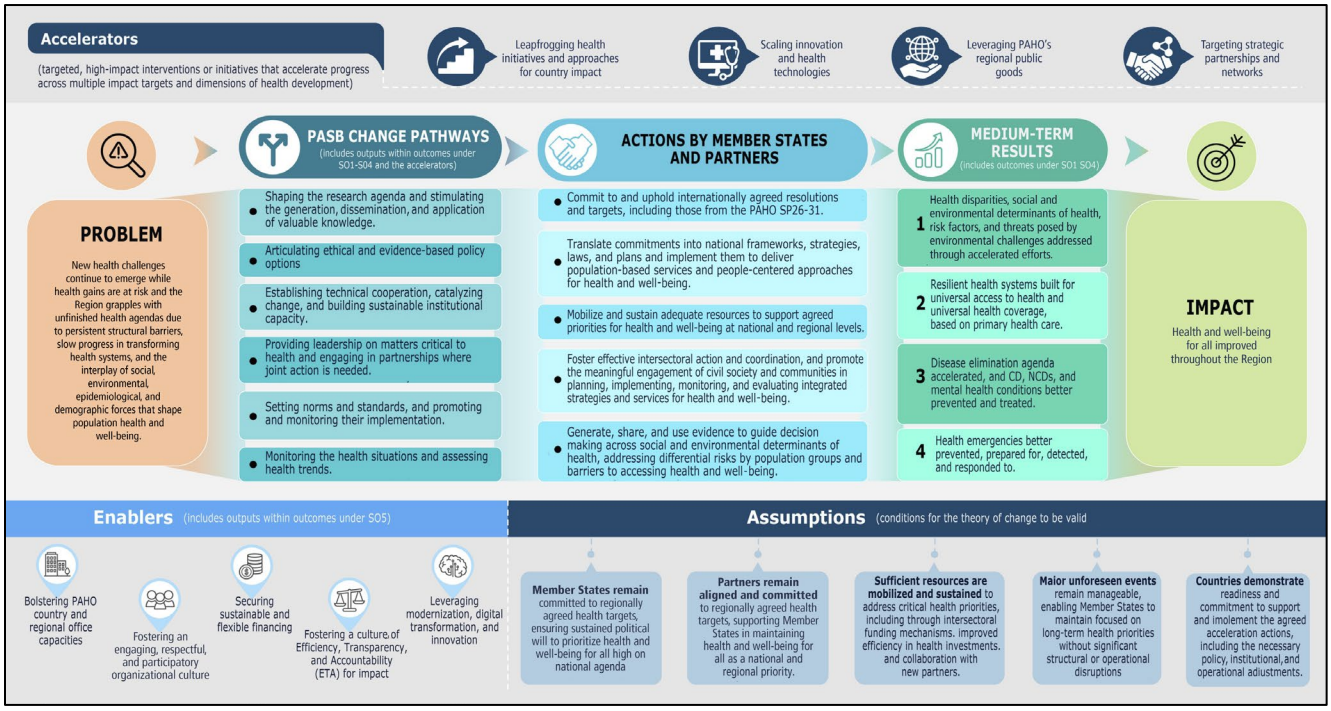
[18] More information can be found in the 2024 Annual Report, available at: https://www.paho.org/pub/en/annual-report-2024/index.html.

Theory of Change for the PAHO Strategic Plan 2026-2031

74. The overarching Theory of Change (ToC) for the PAHO Strategic Plan 2026–2031 offers a strategic vision of how the Organization will contribute to improving health and well-being throughout the Region of the Americas (see figure 4 below). It reflects how the actions of PASB, in collaboration with Member States and partners, are interlinked and mutually reinforcing in their pursuit of health outcomes. Anchored in results-based management principles, the ToC connects the Organization's core functions with the broader goal of achieving the highest attainable standard of health for all.

75. A clear reflection of the health-related challenges facing the Region, the problem to be addressed underpins the ToC. Persistent structural barriers, combined with slow progress in transforming health systems, and the intersection of social, environmental, epidemiological, and demographic factors, have left many populations in situations of vulnerability and health gains at risk. Meanwhile, new health threats continue to emerge, often compounding long-standing health challenges and unfinished health agendas.

Figure 4. Bringing the Vision to Life: Strategic Plan 2026–2031 Theory of Change



76. In response, PASB contributes to the collective achievement of outcomes and impacts, through the delivery of outputs—driven by accelerators (see section above)—to enable, catalyze, and influence the joint action of Member States and partners in achieving targeted results. These represent the Organization's pathway of change, carried out through its six core functions. Through these channels, PASB acts as a convener, technical health leader, and catalyst, strengthening Member States' ability to address both immediate health priorities and longer-term system transformations.

77. Achieving the ambitious targets of the Strategic Plan requires strong and sustained commitment from Member States and partners. This includes Member States' commitment to and upholding of internationally agreed health-related mandates and resolutions, according to national contexts and laws, including this Plan, and integrating these commitments into national frameworks, strategies, laws, and plans. The sustained allocation of adequate resources by both Member States and partners as well as the fostering of cross-sectoral collaboration and meaningful engagement with civil society and communities in shaping and delivering public health interventions are key.

78. The 10 outcomes within Strategic Objectives 1 to 4, which represent the medium-term results that define the Strategic Plan's success, are interdependent. They reflect a comprehensive and integrated approach to addressing the Region's most pressing public health needs. Across all strategic objectives, achieving health for all serves as the guiding principle, ensuring it is systematically embedded in policies, programs, and services.

79. To effectively deliver on this vision, PASB must also reinforce its internal systems and institutional capabilities (reflected under Strategic Objective 5). Key enablers include strengthening the capacity at the country and regional level, securing sustainable and flexible financing, and leveraging modernization, digital transformation, and innovation to enhance decision-making and operational efficiency. Building an organizational culture that values respect, and promoting a strong ethic of efficiency, transparency, and accountability, are equally essential for driving impact and maintaining PAHO's credibility as a trusted partner in health.

80. The achievement of these targeted results rests on a set of critical assumptions, external factors or conditions, which can impact the achievement of the outcomes and impact results in the SP26–31. Member States and partners must remain committed to internationally and regionally agreed targets, while demonstrating readiness and willingness to adopt the policies, institutional reforms, and operational adjustments needed to advance the acceleration agenda. Sufficient and sustained resources must be available to address health priorities, and major unforeseen events must not cause significant structural or operational disruptions, taking focus away from long-term health priorities.

Approaches for effective implementation, risk management, and monitoring and reporting

81. This section describes the approaches or mechanisms required for the successful achievement of SP26–31 results, including its effective implementation, management of risks that are currently known and those that may emerge during the course of the Strategic Plan, and monitoring, assessment, and reporting of progress.

Implementation

82. The Strategic Plan will be implemented through three two-year program budgets throughout the 2026–2031 period. Program budgets operationalize the Strategic Plan and establish the corporate results and targets for PAHO, for the biennium, as agreed with Member States. They also present the budget required by PASB to deliver biennial results and support Member States in improving health outcomes while contributing to meeting the health targets set out in regional and global frameworks. It will be further implemented by three biennial work plans developed by PASB entities.

83. The Strategic Plan is a key instrument for implementing SHAA2030 and contributing to meeting global health targets in the Region of the Americas. Appendix C provides a list of the regional policies, strategies, and plans of action established—and those yet to be developed—that will tackle specific priorities contained in the SP26–31.

84. At the country level, Country Cooperation Strategies—medium-term strategic frameworks that guide the Organization's work in and with a country—will be the means of implementing the Strategic Plan according to the priorities of each country. In country offices, work plans are developed in close collaboration with the national health authorities, with the prioritization results guiding the development of interventions. The contribution of Member States is vital to the successful implementation of the Strategic Plan. Their assessed and voluntary contributions to the program budget and implementation of actions at the country level are critical to driving public health impact in the Region and individual countries.

85. Key strategies for strengthening implementation of the Strategic Plan include the following.

Providing country-focused technical cooperation

86. Country-focused technical cooperation tailored to each country's unique needs, capacity, and priorities is the key to accelerating progress toward the Strategic Plan results. PAHO works with all countries and territories in the Region of the Americas to improve health and well-being, in line with its mandate and the joint priorities defined in its Strategic Plan, Country Cooperation Strategies, and regional and global mandates. This approach recognizes that each country requires technical cooperation from the Organization that responds to their specific context, health situation, and needs.

87. Providing more country-focused technical cooperation also entails close collaboration with the subregional integration mechanisms. PAHO's subregional work complements country and regional technical cooperation, focusing on coordination, cooperation, and strategic and political dialogue in health with the subregional integration mechanisms in the Caribbean, Central America, and South

America. These mechanisms are essential partners in delivering on the shared agenda for health and play an important role in ensuring health policy convergence among and within subregional geographic areas. PAHO facilitates discussions among and within subregional integration mechanisms on important health issues that are amenable to subregional action, facilitates cooperation among countries and integration mechanisms, and promotes South-South technical cooperation among subregions. PAHO has formal relationships with a number of major subregional integration mechanisms, including the Caribbean Community (CARICOM), the Central American Integration System (SICA), the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), the Mesoamerican Integration and Development Project, ORAS-CONHU (the Andean Health Agency-Hipólito Unanue Agreement), the Amazon Cooperation Treaty Organization (ACTO), and the Common Market of the South (MERCOSUR).

Embracing innovative modalities needed to scale PAHO's impact

88. In responding to the immense challenges to overcoming the barriers cited in the situation analysis, PASB must work with Member States and partners to advance innovations that can accelerate progress more effectively to meet the targets for 2030 and beyond. The accelerated adoption of proven and sustainable approaches will continue to play an important role in breaking these barriers. However, by developing and adopting efficient innovative methods for technical cooperation, harnessing innovations in health technologies, and utilizing artificial intelligence and other technologies, PAHO can maximize its impact and prepare health systems for future challenges.

Leveraging collaboration and partnerships to achieve better results

89. PAHO's success in implementing the Strategic Plan hinges on its ability to build strong, trusted, long-term partnerships. Leveraging the broad and participatory approach used in the SP26–31 development process, PAHO will strengthen partnerships with academic and research institutions, PAHO/WHO Collaborating Centers, government organizations, nongovernmental organizations, civil society (including youth and women's rights organizations), philanthropic foundations, the private sector, subregional integration mechanisms, and other United Nations agencies and intergovernmental organizations. Empowering communities is vital for reaching marginalized populations. Collaboration with youth organizations, including those of girls, is especially critical to ensuring the involvement of future leaders in decision-making processes.

90. As PAHO advances the implementation of this Strategic Plan, multisectoral and cross-country collaborations will be essential for ensuring scalable, sustainable, and innovative solutions that leave no one behind. Coordinated action among governments, the private sector, and international organizations can accelerate progress toward universal health coverage and regional health security. These partnerships will complement the efforts of PASB and Member States by helping to mobilize resources, foster innovation and creativity, and address complex health issues, particularly in countries facing complex health and development challenges.

91. Increasing stakeholder engagement is both a *goal* in the Strategic Plan and a critical *overarching* strategy for achieving its results more effectively. Moving forward, there is an opportunity to sustain the momentum for continued health sector leadership in intersectoral action and community participation to address the social determinants of health, including the creation of social and physical environments that promote health.

92. By fostering partnerships and aligning strategies, PAHO can maximize the impact of interventions and drive progress toward achieving the highest level of health for all and health system resilience. Continuously strengthening PASB's ability to engage with relevant stakeholders and facilitating engagement in alignment with the Framework of Engagement with Non-State Actors will lay a firm foundation for harmonizing and pooling efforts (Resolution WHA69.10). This will extend the Organization's reach, increase the public health impact of non-State actors, motivate them to address the determinants of health, and strengthen the adoption of regional and global policies, norms, and standards.

Demonstrating the unique contribution of PASB toward the results in the Strategic Plan

93. As defined in the updated RBM Framework, PASB contributes to the impact and outcome results in the Strategic Plan as part of a collaborative effort with Member States, who are primarily responsible for these results. PASB's most direct contribution is through the overall delivery of outputs contained in the program budgets during the period of the Strategic Plan, which are the short-term results for the two years of each biennium. In addition, the outcomes under Strategic Objective 5 (Bolster PAHO's leadership, governance, and performance) represent the enabling contribution toward the delivery of PASB's technical cooperation.

94. Along with the change in the definition of outputs for the 2026–2031 period, two types of output indicators are proposed to reflect this contribution and how it results in change across the Results Framework. Contribution indicators measure the specific contribution of the Bureau to the delivery of outputs, indicating what is directly attributed to the PASB. Change indicators assess the intended or desired changes that can measure the qualitative and quantitative changes resulting from the output, with a causal pathway to contribute to the achievement of linked outcomes and the overall impact goal. Finally, effectively performing the PAHO core functions is key to output delivery. By continuously strengthening these functions, PASB will be positioned to provide country-focused technical cooperation more efficiently and effectively, enabling it to achieve better results.

Risk management

95. Achieving the results defined in the SP26–31 requires proactive identification, monitoring, and mitigation of risks that may negatively affect their delivery, coupled with the ability to capitalize on emerging opportunities. Risk management is therefore a foundational element of PAHO's RBM approach.

96. Building on lessons from previous planning cycles, PASB will strengthen its Enterprise Risk Management (ERM) Policy, introducing significant enhancements for monitoring and addressing risks, including the establishment of defined levels of acceptable risk appetite. These improvements aim to further empower PAHO to navigate complex and rapidly evolving contexts and turn challenges into opportunities for impactful technical cooperation across the Region. This proactive approach will increase organizational resilience and foster innovation, enabling PAHO to adapt to various circumstances and achieve its strategic objectives. It will also increase accountability and agility within the Organization to ensure that risks are systematically addressed and opportunities strategically capitalized on.

97. As the Region of the Americas faces increasingly complex challenges, PAHO's risk landscape is shaped by the convergence of political, economic, social, technological, legal, and environmental forces. These intersecting dynamics generate and compound systemic risks that may affect the successful delivery of the SP26–31. Within this context, continued strengthening of PAHO's dynamic and forward-looking approach to risk management will be key. Regular monitoring will prioritize the identification of risks with the highest likelihood of occurrence and strengthen reporting mechanisms to ensure timely communication to senior leadership for appropriate response. These reviews will also incorporate analysis from global risk assessments and other international foresight sources.

98. The resulting inputs will be synthesized through scenario analysis and cross-functional consultation, while considering the theory of change[19] that underpins the Strategic Plan. In response to converging risks, including geopolitical shifts, economic fragility, false and inaccurate health information, and environmental challenges, PAHO's updated strategic risk framework will emphasize preparedness, agility, and integrated mitigation strategies. This will leverage PAHO's role as a trusted, evidence-based health authority and prioritize collaborative action with Member States and partners.

99. Seven key risks related to the SP26–31 have been identified, along with associated mitigation strategies. They are summarized as follows:

a) **Geopolitical dynamics and institutional instability.** Frequent political transitions, shifting global alliances, and fragmented governance may disrupt the continuity of national health agendas and weaken regional and subregional cooperation mechanisms. The erosion of multilateral norms and declining trust in international institutions can fragment global health governance and delay the adoption of evidence-based policies, hindering collective action.

b) **Declining political prioritization of public health.** Fiscal constraints and the repositioning of national agendas may deprioritize investments in public health, slowing reform and undermining the capacity to prevent and respond to health threats, particularly among populations living in situations of vulnerability.

c) **Economic constraints and funding instability.** Global and regional economic volatility, shifting donor priorities, and declining official development assistance may limit PAHO's ability to sustain technical cooperation and deliver on regional priorities. Unpredictable funding challenges PAHO's ability to plan and deliver consistent, long-term technical cooperation in countries and among populations living in situations of vulnerability.

d) **False and inaccurate health information, artificial intelligence misuse, and digital exclusion.** The spread of false and inaccurate health information, unregulated use of artificial intelligence applications, and limited digital access in certain populations may undermine public trust in health institutions, diminish the credibility of evidence-based data, and compromise the effectiveness of public health interventions. These dynamics can fragment decision-making, fuel polarization, and impede coordinated regional action.

[19] The theory of change outlines the causal pathways and interventions through which desired changes occur, while ERM identifies and addresses potential negative risks that may hinder progress along those pathways.

e) **Data gaps and limited disaggregated data.** Gaps in data availability, quality, timeliness, completeness, and disaggregation could limit PAHO's ability to monitor health trends, assess health disparities, and guide evidence-based decision-making.

f) **Escalating health emergencies and fragile health systems.** The growing frequency, complexity, and overlap of public health emergencies, driven by extreme environmental conditions and adverse weather events, pandemics, social unrest, and migration may put stress on fragile health systems.

g) **Environment-related health threats.** The growing frequency of climate-related health threats such as extreme heat, floods, vector-borne disease outbreaks, and food insecurity may put additional strains on health systems, particularly in Small Island Developing States, rural areas, and communities living in situations of vulnerability. Environment-related health threats can also exacerbate the social and environmental determinants of health, heighten migration pressures, and increase the risk of public health emergencies.

100. The following approaches have been identified to mitigate these risks:

a) Reinforce PAHO's role as a neutral evidence-based broker and convener in the Region through high-level diplomacy and intersectoral advocacy to increase public health continuity, coherence, and regional cooperation on public health priorities.

b) Engage in sustained political dialogue with Member States and partners to uphold health as a priority in national and regional agendas and maintain investment in essential public health functions, including health system resilience at the primary care level.

c) Promote regional cooperation through multisectoral, whole-of-government, and whole-of-society approaches, expanding partnerships with non-State actors and fostering participatory platforms for policy dialogue.

d) Strengthen the competencies of Member States in negotiation, planning, and strategic dialogue to improve governance and sustain cooperation during political transitions.

e) Advocate for the integration of health as a driver of economic and social resilience and national security, promoting alignment with broader development and fiscal policies.

f) Support and scale up the implementation of integrated public health strategies to address false and inaccurate health information, improve institutional communications, and embed ethical governance of digital technologies, including artificial intelligence.

g) Monitor, anticipate, and prepare to mitigate the health consequences of emergencies and disasters, improving national preparedness, response, and resilience.

h) Promote cooperation modalities such as South-South and triangular cooperation to align technical cooperation with evolving country needs and regional priorities.

i) Advocate for the development and use of integrated health information systems capable of generating timely disaggregated data to inform decision-making and monitor health disparities.

101. In addition to the risks associated with the outcomes outlined in the SP26–31, PASB will continue to address others that could impact its capabilities, credibility, reputation, and performance. In this regard, PASB has identified five main institutional risks for the Strategic Plan, which complement those identified in the biennial program budgets.

a) Delays or the failure of some Member States to meet their financial commitments, combined with a reliance on earmarked voluntary contributions. PASB will continue to advocate for the timely payment of assessed contributions (i.e. quotas) by Member States while accelerating implementation of its resource mobilization strategy to diversify the donor base, increase the flexibility of voluntary contributions, and strengthen financial sustainability.

b) Attracting and retaining qualified personnel and misalignment of staff skills. PASB will continue to implement the PAHO People Strategy 2025–2030 and regularly reprofile posts, reinforce succession planning for expected retirements, and expand talent management through structured learning and development opportunities to align workforce capabilities with evolving technical cooperation demands.

c) Misconduct incidents and reputational damage. PASB enforces a zero-tolerance policy on misconduct, including fraud, corruption, and sexual exploitation and abuse, through mandatory training, preventive measures, and active enforcement of internal policies to safeguard institutional integrity and public trust.

d) Insufficient accountability and compliance with internal controls. PASB will strengthen accountability and compliance mechanisms by strengthening the technology-assisted compliance program, continuously improving the PASB Management Information System (known as PMIS) and reinforcing internal controls through integrated oversight and independent reviews, in line with its updated accountability framework.

e) Lack of agility in responding to unforeseen issues and events. PASB will strengthen its anticipatory capacity and develop adaptive strategies that address a wide range of futures. Broadening stakeholder inclusion, investing in trust-building, technological foresight, and multilateral resilience will also be critical for sustaining the Organization’s relevance and effectiveness in a world defined by uncertainty and rapid transformation.

102. Embedding risk management in the SP26–31 ensures that PAHO can operate with greater foresight, resilience, and effectiveness. Risk management serves as both a protective and enabling force, helping the Organization stay agile in the face of uncertainty while creating the conditions necessary to capitalize on emerging opportunities for technical cooperation and sustainable health advancement.

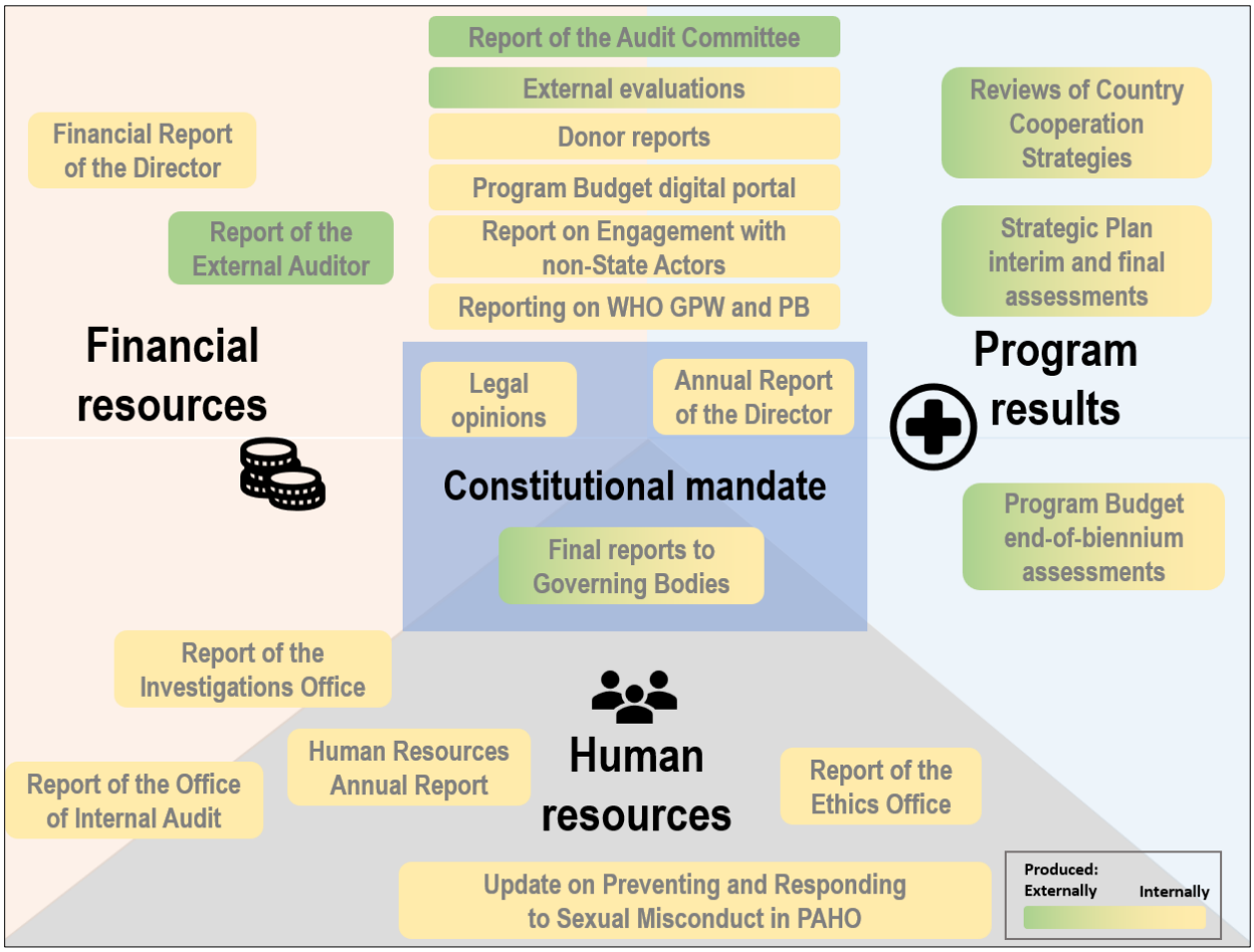
Mechanisms for Improved Accountability and Transparency

103. In line with its commitment to RBM, PAHO has mechanisms in place to reinforce accountability for results and transparency while ensuring good stewardship of resources and compliance with established regulations and rules. By consistently improving these mechanisms and integrating them into internal operations, processes, and initiatives, the Organization can modernize, innovate, and adapt to the changing health landscape to maximize its health impact across the Region. Managers and staff across the Organization have a shared understanding and commitment to

continuing to boost their effectiveness through measures to increase efficiency, transparency, and accountability. These elements work hand in hand to foster commitment to results with excellence, trust, honesty, openness, responsibility, and integrity.

104. Over the next six years, the Organization will build on the improvements already made through PAHO Forward, a strategic approach that has yielded success in driving efficiencies that increase PAHO's effectiveness. To this end, PASB will continue to provide Member States, stakeholders, and the public with transparent insights into its operations. It will do so through several mechanisms that are part of the accountability and transparency framework. These mechanisms are summarized in Figure 5, which depicts the relationship between each mechanism and financial resources, human resources, and program results and how each is produced, whether internally by PASB or together with external actors. Within the Strategic Plan's results framework, action to strengthen these mechanisms is concentrated primarily in Strategic Objective 5 (PAHO's leadership, governance, and performance).

Figure 5. Overview of PAHO Accountability and Transparency Framework



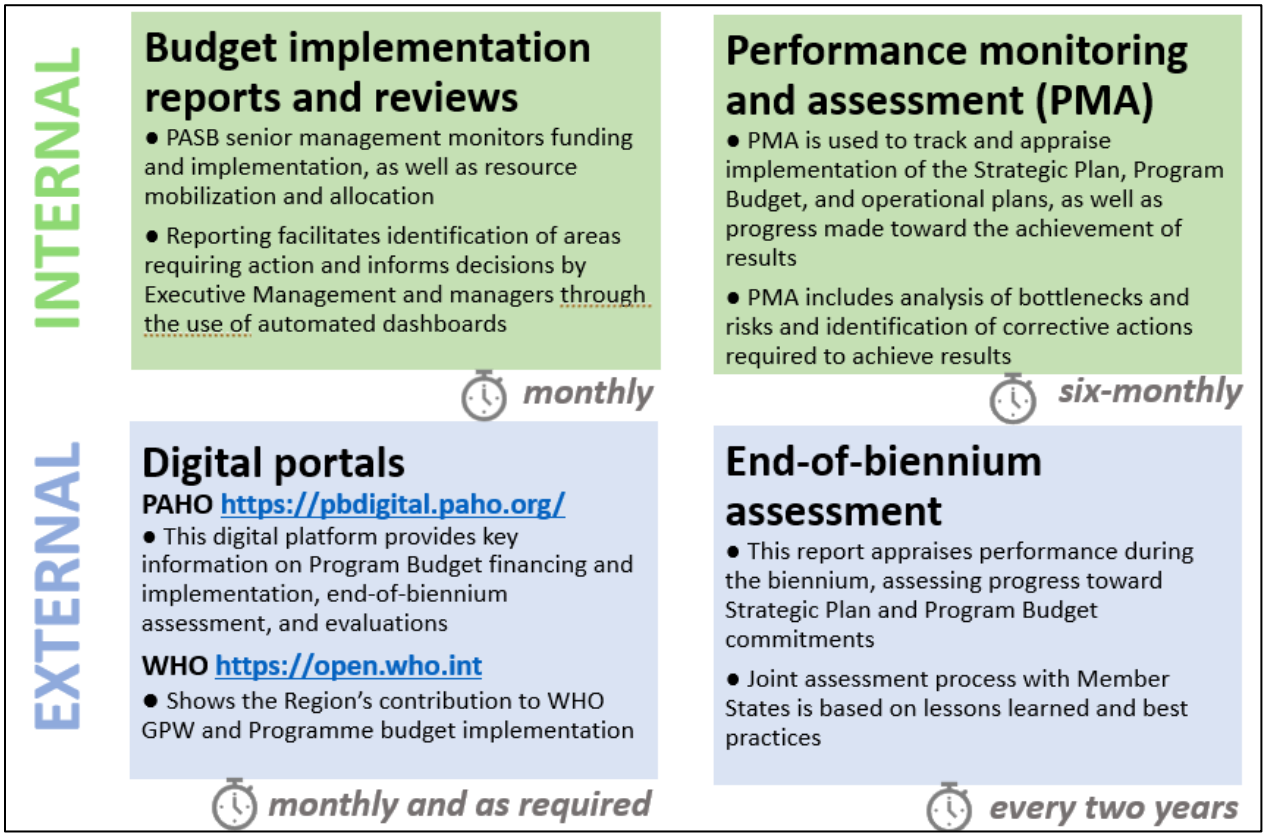
105. These mechanisms constitute the Organization's overall institutional governance and oversight framework. Based on PAHO's constitutional mandate and internal control systems, they help demonstrate PASB's responsible use of financial resources and compliance with financial and

human resource regulations and rules. These and other actions enable PASB to responsibly, measurably, and sustainably increase its capacity to innovate through stronger efficiency, transparency, and accountability practices and processes. They are also designed to empower personnel to focus on current and future priorities with better planning. PAHO's constitutional mandate and related institutional obligations are detailed in the Basic Documents of the Organization.[20] These foundational documents are the basis for all PAHO operations and contain many elements of PASB's institutional accountability to Member States.

Monitoring, assessment, and reporting

106. Monitoring, assessment, and reporting on implementation of the PAHO Strategic Plan and the related program budgets is an integral part of PAHO's Results-based Management Framework. It is also a key strategy for better targeting interventions and demonstrating and communicating to stakeholders how the Organization and the Region are advancing toward expected results. Monitoring and assessment of the SP26–31 and its program budgets will be conducted through established mechanisms in alignment with the Organization's RBM approach, as shown in Figure 6. Drawing on over two decades of experience with RBM, PASB will continue practices such as the joint assessment of results with Member States and emphasis on transparency and accountability throughout the implementation of the program budget and operational plans.

Figure 6. Overview of Strategic Plan and Program Budget Monitoring and Assessment Mechanisms



[20] The Basic Documents can be accessed at: https://www.paho.org/en/documents/basic-documents-pan-american-health-organization-nineteenth-edition.

107. The Strategic Plan will be subject to continual internal monitoring and assessment by PASB through the **performance monitoring and assessment** process as well as **budget implementation reports and reviews**. **Digital portals** offer a platform for external stakeholders to obtain regularly updated information on programmatic and budget implementation. The **end-of-biennium assessment** will be presented to the Governing Bodies during the cycle after the end of each biennium and will provide a comprehensive appraisal of PAHO's performance, including an assessment of the progress made toward meeting output, outcome, and impact targets. A final assessment will be conducted at the end of the Strategic Plan period. Importantly, the results from monitoring and assessing the SP26–31 results will also inform reports on progress toward the commitments in other relevant mandates.

108. **Reporting on the SP26–31 impact indicators** through the end-of-biennium reports will be carried out primarily using information from regional and global reference databases that draw from data reported by Member States. In addition to analyzing the overall trends in indicator performance, standard disparity metrics for between and within-country inequalities for the full set of impact indicators will be routinely monitored and assessed, as will a subset of the outcome indicators. The integrated approach to the attainment of the highest level of health for all in this Strategic Plan is aimed at identifying gaps and target interventions and generating greater political commitment through PASB'S evidence-informed advocacy.

109. The Organization's commitment to continuously improving accountability and transparency is exemplified by its long-standing **joint assessment of outcome and output indicators** with Member States as the primary basis for reporting on the achievement of results, first established in Resolution CD52.R8 (2013). The joint assessment has undergone improvements over the years, benefiting from experience engaging with countries and advancements in the technology of the Strategic Plan Monitoring System. It constitutes a good practice from the Region that is now serving to inform the piloting of the process at the global level. A commitment by all countries and territories to report on the indicators, as relevant according to national contexts, laws, and priorities, will be required to effectively monitor implementation of the Strategic Plan.

110. Progress toward results will be monitored and assessed by measuring progress toward meeting indicator targets. To standardize monitoring, assessment, and reporting, an **enhanced and digitized compendium of indicators** will be produced and made available to Member States. In addition to providing standard definitions, measurement criteria, and data sources, the aim is to expand the compendium to encompass the theory of change for each outcome and the suite of interventions and technical tools provided by the Organization to make it a more comprehensive guide for planning and monitoring.

111. Building on past experiences and in response to recommendations from the external evaluations on PAHO's implementation of RBM and its response to COVID-19, the Strategic Plan needs to be agile and responsive to unforeseen and changing circumstances during its implementation. In that regard, adaptive planning is one of the key improvements introduced in this Strategic Plan. Consequently, the Strategic Plan and its program budgets make clear provisions to allow for adjustments in a way that is transparent to Member States. The nature, scope, and magnitude of such adjustments will determine whether PASB presents these changes for approval or information of Member States.

112. Material changes that alter the commitments of the Strategic Plan or its program budgets must be submitted as an amendment for decision by the Governing Bodies of PAHO. These changes may result from events like pandemics, major emergencies, strategic or geopolitical shifts, or other disruptions that invalidate the Strategic Plan's assumptions. Amendments may also be required to align with global or regional commitments. Non-material changes that do not significantly alter the commitments of the Strategic Plan or its program budgets will be managed by the Bureau and reported to the Governing Bodies of PAHO for information in regular end-of-biennium reporting. These may stem from minor or moderate shifts in health situation, priorities, or capacities that do not undermine the Strategic Plan's foundational assumptions.

113. The determination of whether an amendment is required for material changes shall rest with the Director of PASB, in consultation with the President of the Executive Committee, consistent with PAHO's Rules of Procedure and relevant governance frameworks.

Appendixes

References

1. United Nations Development Programme. Regional Human Development Report 2021 Trapped: High Inequality and Low Growth in Latin America and the Caribbean. New York: UN; 2021. Available from: https://www.undp.org/latin-america/publications/regional-human-development-report-2021-trapped-high-inequality-and-low-growth-latin-america-and-caribbean.

2. Pan American Health Organization. Demographic Outlook for Population Aging in the Region of the Americas. Washington, D.C.: PAHO; 2023. Available from: https://iris.paho.org/handle/10665.2/58088.

3. Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. Global action on the social determinants of health. BMJ Glob Health. 2017 Dec 1;3(Suppl 1):e000603. doi: 10.1136/bmjgh-2017-000603.

4. Zhao Q, Guo Y, Ye T, Gasparrini A, Tong S, Overcenco A, et al. Global, regional, and national burden of mortality associated with non-optimal ambient temperatures from 2000 to 2019: a three-stage modelling study. The Lancet Planetary Health. 2021 Jul 1;5(7):e415-25. Available from: https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00081-4/fulltext.

5. World Health Organization. Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. Geneva: WHO; 2014. Available from: https://www.who.int/publications/i/item/9789241507691.

6. World Health Organization/United Nations Children's Fund. WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Available from: https://washdata.org/.

7. Báscolo E, Houghton N, Del Riego A. Leveraging household survey data to measure barriers to health services access in the Americas. Rev Panam Salud Publica.44:e100; 2020. Available from: https://doi.org/10.26633/RPSP.2020.100.

8. Knutson T, Camargo SJ, Chan JC, Emanuel K, Ho CH, Kossin J, et al. Tropical cyclones and climate change assessment: Part II: Projected response to anthropogenic warming. Bulletin of the American Meteorological Society; 2020 Mar 1;101(3):E303-22.

9. World Health Organization. WHO Global Health Estimates 2021. Geneva: WHO; 2021; [cited 12 Dec 2024]. Available from: https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death.

10. Antini C, Caixeta R, Luciani S, Hennis AJM. Diabetes mortality: trends and multi-country analysis of the Americas from 2000 to 2019. International Journal of Epidemiology, Volume 53, Issue 1, February 2024, dyad182. Available from: https://doi.org/10.1093/ije/dyad182.

11. Economic Commission for Latin America and the Caribbean and the Pan American Health Organization. The urgency of investing in health systems in Latin America and the Caribbean to reduce inequality and achieve the Sustainable Development Goals. Washington, D.C.: PAHO; 2024. Available from: https://www.paho.org/en/documents/urgency-investing-health-systems-latin-america-and-caribbean-reduce-inequality-and.

12. Pan American Health Organization. Evaluation of the Pan American Health Organization Response to COVID-19 2020–2022. Washington, D.C.: PAHO; 2023. Available from: https://iris.paho.org/handle/10665.2/57700.

13. Pan American Health Organization. PAHO Forward. An organization-wide approach to strengthen efficiency, transparency, and accountability. Washington, D.C.: PAHO; 2023. Available from: https://iris.paho.org/handle/10665.2/58554.

14. Pan American Health Organization. Evaluation of the Pan American Health Organization results-based management framework implementation. Volume 1. Final Report. Washington, D.C.: PAHO; 2024. Available from: https://iris.paho.org/handle/10665.2/59260.

Appendix A.1: Results Framework

Impact Goal: Improved Health and Well-Being for All throughout the Region			
Strategic Objective 1: Accelerate efforts toward health for all, addressing the social determinants of health, environmental challenges, and risk factors	**Strategic Objective 2:** Build resilient health systems for universal access to health and universal health coverage based on primary health care	**Strategic Objective 3:** Accelerate the disease elimination agenda and better prevent and treat communicable diseases, noncommunicable diseases, and mental health conditions	**Strategic Objective 4:** Prevent, prepare, detect, and respond better to health emergencies
Outcome 1.1: Country capacities enhanced to reduce health disparities, address risk factors and social and environmental determinants of health, and promote health and well-being **Outcome 1.2**: Country capacities strengthened to adapt to and mitigate risks posed by environmental challenges	**Outcome 2.1**: Stewardship and governance strengthened for resilient health systems based on primary health care **Outcome 2.2**: Person-centered health care, services, and information strengthened for communities and people throughout the life course **Outcome 2.3**: Increased access for all and rational use of quality, affordable, and effective medicines, vaccines, diagnostics, and other health technologies and services, strengthening innovation and production, generating ecosystems, and addressing access barriers across the full life cycle of health technologies **Outcome 2.4:** Digital transformation of the health sector and the institutionalization of science accelerated by advancing the development and integration of information systems for health, fostering robust regional health intelligence and evidence-informed decision-making, and strengthening the scientific ecosystem	**Outcome 3.1:** Prevention and optimal management of noncommunicable diseases, mental health conditions, violence, and unintentional injuries accelerated and sustained **Outcome 3.2:** Prevention, control, and elimination of communicable diseases and related conditions accelerated and sustained	**Outcome 4.1:** Country capacities strengthened to prevent, mitigate, prepare for, and be ready to respond to health emergencies and disasters caused by any hazard **Outcome 4.2:** Regional and national capacities enhanced to rapidly detect, verify, and respond to health emergencies and disasters caused by any hazard
Strategic Objective 5: Bolster the leadership, governance, and performance of PAHO to advance the regional health agenda and deliver technical cooperation that drives public health impact in countries	**Outcome 5.1:** PAHO's leadership capacity and governance mechanisms strengthened, bolstering its resilience and strategic collaboration to drive results and impact for advancing health development for the attainment of the highest level of health for all **Outcome 5.2:** PASB's institutional capacity enhanced to deliver PAHO's mission in an efficient, transparent, and accountable manner through innovative modern management practices that foster an engaging, participatory, and respectful culture		

Integrated approach for the attainment of the highest level of health for all

Appendix A.2: Outcome Indicators

The following SP26–31 outcome indicators represent the proposal for how progress will be measured toward the outcomes. These indicators aim to capture meaningful changes across the scope of each outcome. A compendium of indicators with complete technical specifications, including definitions of terms, achievement criteria, and sources, as well as baseline and target values, accompanies this proposal to ensure clarity and consistency in their monitoring and evaluation.

The overall number of outcome indicators is **80**, **19 indicators fewer** than the 99 in the SP20–25. Of the 80 indicators, 62 (78%) are existing indicators in the SP20–25 (30 adopted as is, and 31 modified to improve measurability following the CREAM criteria, and one adopted from the Program Budget). Of the 99 outcome indicators in the SP20–25, it is proposed that 38 be abolished or merged. 58 will measure targets in the SHAA2030. 17 are new indicators for the SP26–31.

Strategic Objective 1: Health for all, social determinants, risk factors, and environmental challenges

Outcome 1.1: Health disparities, social determinants, risk factors, and health promotion

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
1.1.1 Number of countries and territories that have integrated a social approach and health promotion into health services based on the principles of primary health care	5	28	Modifies 19.b	N/A
1.1.2 Number of countries and territories with local governments applying the criteria of Healthy Municipalities, Cities and Communities	7	27	**New**	2.5
1.1.3 Number of countries and territories that implement the Health in All Policies framework or intersectoral mechanisms to improve health and well-being for the attainment of the highest level of health for all	8	23	19.a	2.5
1.1.4 Number of countries and territories with institutional responses to implement an integrated approach for the attainment of the highest level of health for all	6	20	Modifies 26.a	11.1
1.1.5 Number of countries and territories with institutional mechanisms on social participation for health and well-being at national or subnational level	6	9	**New**	2.5
1.1.6 Number of countries and territories with capacity to prevent key occupational diseases	3	8	18.b	11.5
1.1.7 Number of countries and territories with capacity to address health in chemical safety	7	19	18.g	11.2

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
1.1.8 Proportion of population using safely managed drinking water services	75%	81%	18.c	11.3
1.1.9 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	49%	57%	18.d	11.3
1.1.10 Number of countries and territories that have strengthened capacity to reduce the harmful use of alcohol	2	7	**New**	N/A
1.1.11 Number of countries and territories that have eliminated industrially produced trans-fatty acids	10	25	13.d	9.1
1.1.12 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	16.6% (2022)	14.2%	13.a	9.2
1.1.13 Age-standardized prevalence of insufficiently physically active persons aged 18+ years	35.6% (2022)	30.3%	13.e	9.1
1.1.14 Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+	8.5 (2019)	6.0	13.c	9.1
1.1.15 Prevalence of stunting in children under 5 years of age	9.2% (2022)	5.5%	14.a	9.7
1.1.16 Age-standardized prevalence of overweight and obesity in persons aged 18+	67.5% (2022)	67.5%	14.d	9.7
1.1.17 Percentage of infants under 6 months of age who are exclusively breastfed	37% (2023)	60%	14.f	9.7

Outcome 1.2: Adaptation to and mitigation of health-related environmental challenges

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
1.2.1 Number of countries and territories with capacity to address the health-related effects of environmental challenges, including climate change	19	33	18.h	11.2
1.2.2 Number of countries and territories with capacities to monitor and track heat health effects	1	10	**New**	8.4

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
1.2.3 Number of countries and territories that have adopted national ambient air quality regulations based on internationally accepted guidelines	2	13	**New**	11.2
1.2.4 Proportion of population with primary reliance on clean fuels and technology	89% (2023)	90.5%	18.e	11.2
1.2.5 Number of countries and territories implementing actions to build sustainable low-carbon health systems	8	16	**New**	N/A

Strategic Objective 2: Resilient health systems and services based on primary health care

Outcome 2.1: Stewardship and governance for health systems based on primary health care

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
2.1.1 Number of countries and territories that have reached at least moderate capacity for all essential public health functions	2	31	Modifies 9.b	2.2
2.1.2 Number of countries and territories that reduced by at least 10% the population reporting unmet healthcare needs due to barriers to access	0	26	Modifies 9.a	2.1
2.1.3 Number of countries and territories that have increased public expenditure on health to at least 6% of GDP	8	15	10.a	4.1
2.1.4 Number of countries and territories that have reduced to 20% or less the out-of-pocket payment as a share of current health expenditure	2	15	**New**	N/A
2.1.5 Number of countries and territories that have improved the availability of their health workers	7	17	Modifies 7.a	3.1
2.1.6 Number of countries and territories that have established interprofessional teams at the first level of care	11	25	Modifies 7.b	N/A

Outcome 2.2: Person-centered care, services, and information throughout the life course

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
2.2.1 Number of countries and territories that have reached at least a moderate maturity level for integrated health service delivery networks	0	16	Modifies 1.b	1.6
2.2.2 Number of countries and territories with fully established person-centered and integrated health services for newborns, children, and adolescents on a national scale, with evidence of sustained implementation, quality, and impact	4	21	**New**	N/A
2.2.3 Proportion of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods	82% (2023)	90%	2.a	1.4
2.2.4 Proportion of births attended at health facilities	95.6% (2023)	97.7%	2.c	1.3
2.2.5 Number of countries and territories that have reduced the national adolescent birth rate	4	17	**New**	N/A
2.2.6 Number of countries and territories that are monitoring and publishing their maternal near miss data (at sentinel centers or at the national level)	5	16	**New**	N/A
2.2.7 Number of countries and territories with capacity to prevent care dependence in older people	8	24	Modifies 3.a	N/A

Outcome 2.3: Access to health technologies, innovation, and production

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
2.3.1 Number of countries and territories with demonstrated capacities to expand access to health technologies	1	20	**New**	5.1
2.3.2 Number of countries and territories with regulatory systems that reach level 3 under the WHO Global Benchmarking Tool (GBT)	2	20	8.b	5.3
2.3.3 Number of countries and territories with strengthened research, development, and production capacity to improve access to health technologies	2	11	**New**	N/A
2.3.4 Number of countries and territories that have improved access to blood, transplant, pharmaceutical, and radiological services	4	26	Merges 8.c, 8.d, 8.e	N/A

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
2.3.5 Number of countries and territories with evidence-based decisions guiding the assessment and the incorporation of health technologies	3	20	Modifies 8.f	5.4

Outcome 2.4: Digital transformation, science, and health intelligence

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
2.4.1 Number of countries and territories that have advanced in the digital transformation of the health sector in line with the regional Roadmap	2	21	Modifies 20.a	6.1, 6.2, 7.3
2.4.2 Number of countries and territories with improved management and governance of health data platforms based on IS4H maturity assessment results	1	17	**New**	N/A
2.4.3 Number of countries and territories with demonstrated capacity to monitor and generate updated data on high-priority health indicators, including health disparity metrics that reflect key sociodemographic determinants	9	18	Modifies 21.b	6.2, 6.3
2.4.4 Number of countries and territories with governance for scientific research that includes standards for ethical conduct of research with humans	14	23	Modifies 22.b	7.2
2.4.5 Number of countries and territories with increased production of and access to multilingual technical and scientific information	11	25	**New**	N/A
2.4.6 Number of countries and territories with functional governance for generating and using evidence integrated into health systems and in accordance with established standards	10	19	Modifies 21.a	N/A

Strategic Objective 3: Disease prevention, control, and elimination

Outcome 3.1: Noncommunicable diseases, mental health conditions, violence, and injuries

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
3.1.1 Prevalence of diabetes in adults aged 18+ years	13.1% (2022)	10.6%	Modifies 5.a	9.1
3.1.2 Prevalence of controlled hypertension among adults aged 30-79 years	38% (2024)	47%	Modifies 5.b	9.1
3.1.3 Number of countries and territories that have set time-bound national targets for NCDs based on the capacity to report on key indicators of the Global Monitoring Framework for Noncommunicable Diseases	19	30	**New**	N/A
3.1.4 Number of countries and territories that have integrated the management of mental health, substance use, and neurological disorders into primary health care	6	30	Modifies 5.g	9.6
3.1.5 Number of countries and territories that have decreased the rate of persons in long-stay mental hospitals	3	10	Modifies 5.h	9.6
3.1.6 Number of countries and territories in which the national response time target is met in at least 60% of severe road traffic injuries	0	11	**New**	9.5
3.1.7 Number of countries and territories that have a national or multisectoral plan addressing violence that includes the health system	10	26	15.b	9.4
3.1.8 Number of countries and territories that provide comprehensive post-rape care services in emergency health services, consistent with WHO guidelines	4	24	6.b	9.4

Outcome 3.2: Communicable diseases, antimicrobial resistance, and immunization

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
3.2.1 Antiretroviral treatment (ART) coverage among people living with HIV	71%	95%	4.a	10.1
3.2.2 Number of countries and territories with at least 95% coverage of syphilis treatment in pregnant women	16	37	4.c	10.3

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
3.2.3 Tuberculosis treatment success rate	72% (2022)	90%	Modifies 4.d	10.2
3.2.4 Number of countries and territories with reduced malaria test positivity rate	7 (2023)	16	Modifies 4.e	10.6
3.2.5 Number of countries and territories that conduct integrated, collaborative surveillance of arbovirus cases	10	15	Modifies 4.f	10.10
3.2.6 Number of endemic countries and territories that have eliminated one or more Neglected Tropical Diseases (NTDs), based on the applicable PAHO/WHO elimination protocols: a. Trachoma b. Yaws c. Leprosy d. Lymphatic filariasis e. Onchocerciasis f. Human Rabies transmitted by dogs	- 0 0 0 2 2 1	- 4 23 13 3 2 37	Modifies 17.c	10.7
3.2.7 Number of countries and territories that have interrupted vector-borne transmission of Chagas disease, in all or in part of their endemic areas, for all species of triatomine vectors present	3	21	Modifies 12.b	10.7
3.2.8 Number of endemic countries in which at least 90% of newly detected cutaneous leishmaniasis cases are treated	1	18	**New**	10.7
3.2.9 Number of countries and territories that have adequate mechanisms in place to prevent or mitigate risks to food safety	15	26	12.d	10.9
3.2.10 Number of countries and territories reporting at least 95% coverage of 3 doses of diphtheria, pertussis, and tetanus-containing vaccine (DPT3) in 80% of municipalities in children less than one year of age	3	38	Modifies 4.h	5.2

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
3.2.11 Number of countries and territories that achieved at least 90% of one dose of HPV vaccine coverage in girls by age 15	6	27	Modifies 4.j	10.4
3.2.12 Number of countries and territories in which endemic transmission of measles or rubella has been reestablished	0	0	Modifies 17.e	10.4
3.2.13 Number of countries and territories with no polio virus circulation in the event of an importation of wild poliovirus (WPV), circulating vaccine-derived poliovirus (cVDPV), or the emergence of a VDPV	0	0	Modifies 17.g	10.4
3.2.14 Number of countries and territories that test for resistance among all bacterial and fungal GLASS pathogens and have effective treatment available for the resistant pathogens detected	4	28	Modifies 12.c	10.8
3.2.15 Number of countries and territories implementing intersectoral One Health policies, programs, and activities at the human-animal-environment interface	6	35	**New**	N/A

Strategic Objective 4: Health emergencies

Outcome 4.1: Prevention, mitigation, preparedness, and readiness to respond to health emergencies

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
4.1.1 Number of countries and territories that meet or exceed minimum capacities to manage public health risks associated with emergencies	23	45	23.a	8.2; 8.4
4.1.2 Number of countries and territories with installed capacity to effectively respond to major epidemics and pandemics	7	37	24.a	8.2; 8.4
4.1.3 Number of States Parties meeting and sustaining International Health Regulations (IHR) requirements for core capacities	19	35	23.b	8.2; 8.4
4.1.4 Number of endemic countries and territories with ≥95% coverage of the yellow fever vaccine for children less than two years of age	2	12	24.b	8.2; 8.4

Outcome 4.2: Rapid detection and response

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
4.2.1 Timeliness of detection, notification, and response of International Health Regulations (2005) notifiable events (7-1-7 target)	18-31-16	7-1-17	**New**	N/A
4.2.2 Percentage of countries and territories providing life-saving essential health services in all graded emergencies	100%	100%	25.b	8.2; 8.4

Strategic Objective 5: PAHO's leadership, governance, and performance

Outcome 5.1: PAHO's leadership and governance

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
5.1.1 Number of countries and territories with a current Country Cooperation Strategy	40	45	Output ind 27.1.a	N/A
5.1.2 Number of stakeholders that partner with PAHO to advance the priorities of the Strategic Plan	449	480	**New**	N/A
5.1.3 Percentage of the PAHO budget approved for base programs that is financed	100	100	Modifies 27.d	N/A

Outcome 5.2: PASB's institutional capacity

Outcome indicator	Baseline 2025	Target 2031	SP20–25	SHAA2030
5.2.1 Percentage of open approved corporate risks with implemented risk response actions	80%	90%	Modifies 27.c	N/A
5.2.2 Percentage of corporate key performance indicators for which targets are on track	50%	90%	**New**	N/A

Appendix B: Updated Results-based Management Framework

1. Since its adoption in 2010 by the 50th Directing Council of the Pan American Health Organization (PAHO),[1] results-based management (RBM) has been a cornerstone of PAHO's management approach to strengthen its results culture. As the health landscape evolves and new technologies emerge, PAHO is renewing its commitment to a results-focused culture to accelerate progress toward the PAHO Strategic Plan 2026–2031 (SP26–31). The updated **PAHO RBM Framework** introduces key changes—such as a Theory of Change, revised results chain, integrated evaluation mechanisms, and refreshed terminology—to address gaps and align with good practices. It consists of guidance and a set of processes, systems, and tools used to support RBM implementation. It builds on lessons learned and recommendations from the external evaluation of the PAHO RBM (ERBM) framework implementation [2] and the report of the External Auditor for 2021.[3]

2. The **purpose** of the RBM Framework is to institutionalize an approach centered around results in the delivery of the SP26–31and its program budgets. Its main **objective** is to improve the maturity of the implementation of results-based management in PAHO. Specifically, it aims to optimize PAHO's performance and propel the Organization toward greater achievement of results jointly agreed upon by the Pan American Sanitary Bureau (PASB) and Member States for the SP26–31 and its program budgets. The ERBM assessed PAHO's RBM maturity level as being between 3 (RBM is mainstreamed extensively) and 4 (RBM is fully mainstreamed) on the five-point scale of the UN Joint Inspection Unit model,[4] with 5 being the stage of renewal. This Framework aspires to advance PAHO to level 4 by 2031, and ultimately reach level 5.

3. The Theory of Change in **Figure 1** articulates the proposed change pathways for fully mainstreaming RBM in PAHO. It outlines how PASB expects to drive deeper institutionalization of RBM across the Organization, thereby enhancing performance and increasing the likelihood of achieving results. Grounded in an analysis of the problem to be addressed, the Theory of Change outlines the ultimate result targeted or impact, the medium-term results or outcomes, the change pathways or outputs, assumptions, principles, and enablers. PAHO's institutionalization of RBM aims to enhance performance by embedding a culture of results across all levels of the Organization.

---

[1] Results-based Management Framework. Document CD50/INF/2. Available at: https://iris.paho.org/handle/10665.2/33960.

[2] Evaluation of the Pan American Health Organization results-based management framework implementation. Available at: https://iris.paho.org/handle/10665.2/59260.

[3] Financial Report of the Director and Report of the External Auditor: 1 January 2021–31 December 2021 [*Official Document 365*]. Available at: https://iris.paho.org/handle/10665.2/62342.

[4] United Nations. Joint inspection unit of the United Nations system. Reports 2017. New York: UN; 2024. Available at: https://www.unjiu.org/content/reports.

Figure 1. Theory of Change for Results-based Management Implementation in PAHO

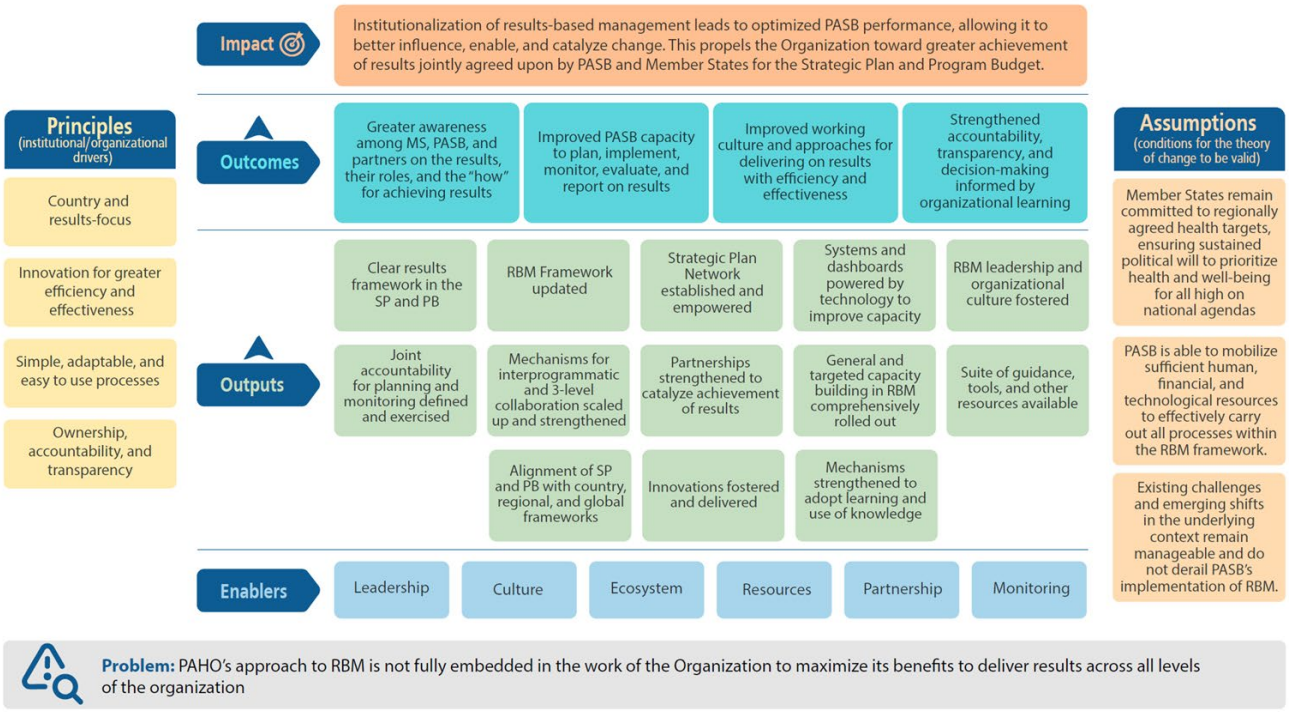
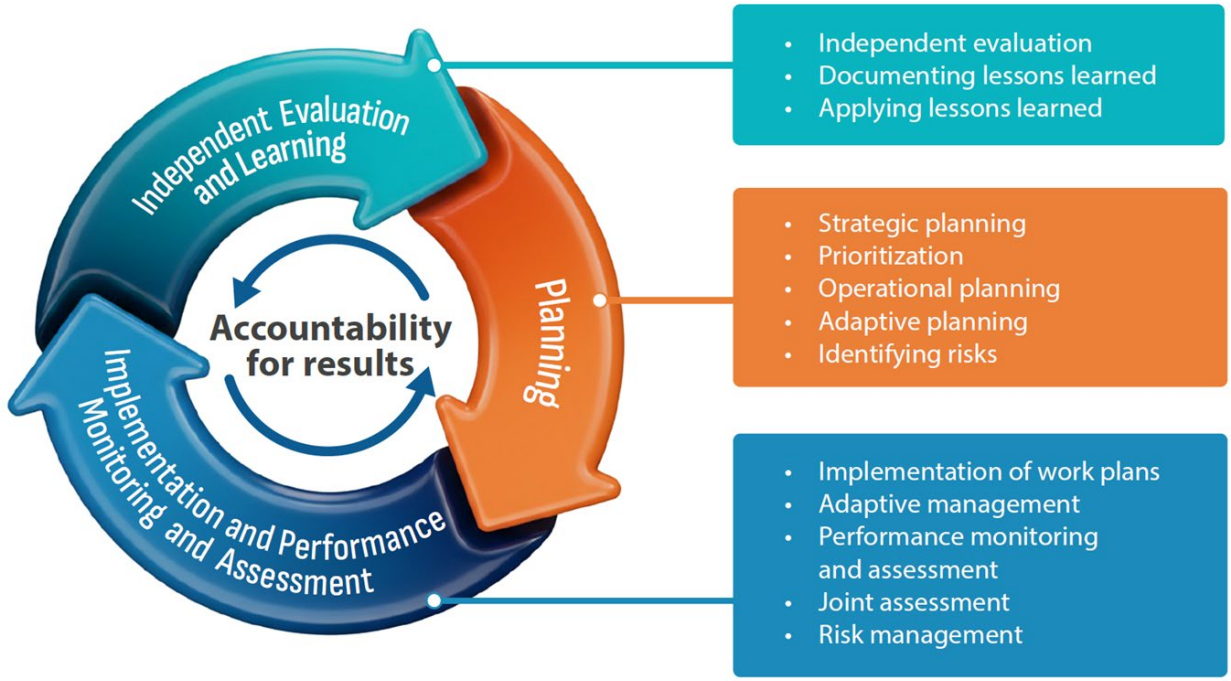


Figure 2. Updated PAHO Results-based Management Cycle



4. In the updated framework, the RBM cycle retains its core structure—planning, implementation, and performance monitoring and assessment, and independent evaluation and learning, with accountability for results at its center, as shown in **Figure 2**. It reflects an iterative, adaptive approach grounded in continuous learning, with feedback loops enabling real-time adjustments based on findings from monitoring and evaluation. Similarly, planning and monitoring are ongoing duties that are essential to effective program management. Accordingly, the cycle includes both clockwise and counterclockwise flows to reflect the dynamic nature of decision-making based on results.

5. The revised PAHO **results chain** serves as the backbone of the results framework presented in the SP26–31 and its program budget, defining each level of results—from inputs to impact—and providing a structured approach to accountability. This chain ensures that each level contributes to the achievement of strategic goals, reinforcing accountability, transparency, and alignment across the three phases of RBM. A key enhancement is the redefinition of outputs as collective deliverables of PASB that drive outcomes and impacts in countries, rather than policy changes to which the PASB contributes, improving transparency and performance monitoring (see **Table** below). This shift provides a clearer line of sight between PASB's work and the results to which it contributes. In so doing, it is expected to strengthen PASB's performance management and monitoring and increase transparency in the delivery of its technical cooperation. The change also clearly signals the role of Member States and partners in collaborating with PASB in the implementation of the SP26–31 and its program budgets.

PAHO Results Chain: definition and accountability of results

Result	Definition	Accountability
Impact	Sustainable changes in the health of populations. Such changes will be assessed through impact indicators that measure reductions in morbidity or mortality or improvements in well-being of the population (e.g., increases in people's healthy life expectancy).	Member States are primarily responsible for achieving the impact goal in collaboration with PASB and other PAHO partners through the achievement of outcomes. They can be delivered during one or more biennium across the three biennia in the Strategic Plan period.
Outcome (OCM)	Collective or individual changes in the factors that affect the health of populations. These include, but are not limited to, increased national capacity, increased service coverage or access to services, stronger health systems, and/or reduced health-related risks.	Member States are primarily responsible for achieving outcomes in collaboration with PASB and other PAHO partners through changes in national policies, strategies, plans, laws, programs, services, norms, standards, and/or guidelines, and other means. They can be delivered during one or more biennia across the three biennia in the Strategic Plan period.
Output (OPT)	PASB collective deliverables that influence, enable, and catalyze joint action by Member States and partners toward the delivery of targeted outcomes.	PASB is primarily responsible for delivering outputs in collaboration with Member States and other PAHO partners. Outputs are defined in the respective program budgets.
Product and Service	PASB entity-specific deliverables against an agreed budget that influence, enable, and catalyze joint action by Member States and partners toward the delivery of targeted outcomes.	Through Biennial Work Plans, PASB entities are directly accountable to the Director for delivering products and services, managing the completion of underlying activities, and mobilizing inputs. Expected results must be delivered within a two-year Program Budget period.
Activities	PASB entity-specific tasks and actions undertaken to accomplish products and services.	
Inputs	Financial, human, and material resources mobilized by PASB entities to complete activities.	

6. The updated PAHO RBM Framework marks a key milestone in PAHO's journey toward a culture that is ever more grounded in results. Strengthening the maturity and institutionalization of RBM in PAHO will depend on continued and enhanced implementation of six enablers: *a)* providing transformational **leadership** byPASB's Executive Management to champion results and set direction; *b)* fostering a **culture** of results by engaging all staff and more clearly defining their roles, while leveraging platforms for communication and learning; *c)* strengthening key elements of the RBM **ecosystem**, including a suite of updated policies, procedures, tools, platforms, and other components necessary to make this Framework accessible to PASB personnel, as well as clear guidance for Member States to facilitate their engagement in PAHO's RBM processes; *d)* ensuring adequate technological, human, and financial **resources**, including training and the use of innovative platforms; *e)* building **partnerships** with relevant stakeholders to enhance impact and sustainability; and *f)* conducting regular **monitoring** of progress using key performance indicators and informed by the Theory of Change. PASB remains accountable to Member States for RBM implementation through the existing monitoring, assessment, and reporting mechanisms of the SP26–31.

Appendix C: Mapping of regional and global mandates by Strategic Objective and Outcome

This appendix provides a mapping of the main regional and global mandates related to the SP26–31 Strategic Objectives and Outcomes to outline how the Strategic Plan operationalizes them. During the course of the Strategic Plan, this mapping will be updated to reflect new mandates, as well as those that are closed, as reported to the PAHO Governing Bodies.

Strategic Objective 1. Health for all, social determinants, risk factors, and environmental challenges
Outcome 1.1 Health disparities, social determinants, risk factors, and health promotion
• **Resolution WHA77.2.** – Social participation for universal health coverage, health and well-being (2024) • **Resolution WHA76.16** – Health of Indigenous Peoples (2023) • **Resolution CD61.R12** – Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2025–2030 (2024) • **Resolution WHA77.13** – Economics of health for all (2024) • **Resolution WHA76.17** – The impact of chemicals, waste and pollution on human health (2023) • **Resolution CSP30.R2** – 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) (2022) • **Resolution WHA75.19** – Well-being and health promotion (2022) • **Resolution WHA74.16** – Social Determinants of Health (2021) • **Resolution CD57.R12** – Plan of Action for the Elimination of Industrially Produced Trans-Fatty Acids 2020-2025 (Document CD57/8) (2020) • **Resolution CD57.R10** – Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10) (2019) • **Resolution CD57.R14** – Strategy and Plan of Action on Ethnicity and Health 2019-2025 (Document CD57/13, Rev. 1) (2019) • **Resolution WHA72(9)** – WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments (2019) • **Resolution CSP29.R3** – Policy on Ethnicity and Health (Document CSP29/7, Rev. 1) (2017) • **Resolution WHA69.4** – The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (2016) • **Resolution CD54.R6** – Plan of Action on Workers' Health (Document CD54/10, Rev. 1) (2015) • **Resolution WHA67.11** – Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (2015) • **Resolution CD52.R6** – Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons (Document CD52/18) (2013) • **Resolution WHA63.25** – Improvement of health through safe and environmentally sound waste management (2011) • **Resolution CD50.R8** – Health and Human Rights (Document CD50/12) (2010) • **Resolution CD48.R2** – WHO Framework Convention on Tobacco Control: Opportunities and Challenges for its Implementation in the Region of the Americas (Document CD48/12) (2008) • **Resolution CD46.R16** – PAHO Gender Equality Policy (Document CD46/12) (2005)
Outcome 1.2 Adaptation to and mitigation of health-related environmental challenges
• **Resolution WHA77.14** – Climate change and health (2024) • **Resolution CD61.R3** – Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health (Document CD61/6) (2024)

Strategic Objective 2. Resilient health systems and services based on primary health care
Outcome 2.1 Stewardship and governance for health systems based on primary health care
• **Resolution CD61.R11** – Strategy for Strengthening the Essential Public Health Functions to Accelerate Health Systems Transformation 2024–2034 (Document CD61/9) (2024) • **UN Political Declaration on Universal Health Coverage** (2024) • **Resolution CD60.R4** – Policy on the Health Workforce 2030: Strengthening Human Resources for Health to Achieve Resilient Health Systems (Document CD60/6) (2023) • **Resolution CD59.R12** – Strategy for Building Resilient Health Systems and Post-COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (Document CD59/11) (2021) • **Resolution CD56.R5** – Plan of Action on Human Resources for Universal Access to Health and Universal Health Coverage 2018–2023 (Document CD56/10, Rev. 1) (2018) • **Resolution CSP29.R15** – Strategy on Human Resources for Universal Access to Health and Universal Health Coverage (Document CSP29/10) (2017) • **Resolution CD55.R8** – Resilient Health Systems (Document CD55/9) (2016) • **Resolution CD54.R9** – Strategy on Health-related Law (Document CD54/14, Rev. 1) (2015) • **Resolution CD53.R14** – Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2) (2014)
Outcome 2.2 Person-centered care, services, and information throughout the life course
• **Resolution to be proposed** – Strategy on Health and Migration 2026–2031 (2025) • **Call for action: Zero preventable maternal deaths in the Americas** (2024) • **Resolution CD61.R8** – Policy on Long-term Care (2024) • **Resolution CD61.R9** – Strategy on Integrated Emergency, Critical and Operative Care 2025–2030 (2024) • **Resolution CSP30.R4** – Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10) (2022) • **Resolution CD57.R13** – Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025 (Document CD57/12) (2019) • **Resolution CD56.R8** – Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 (Document CD56/8) (2018) • **Resolution CD55.R13** – Health of Migrants (Document CD55/11, Rev. 1) (2016)
Outcome 2.3 Access to health technologies, innovation, and production
• **Resolution to be proposed** – Policy for Expanding Equitable Access to High-cost and High-price Health Technologies (2025) • **Resolution CSP30.R12** – Policy to Strengthen National Regulatory Systems for Medicines and Other Health Technologies (Document CSP30/11) (2022) • **Resolution CD59.R3** – Increasing Production Capacity for Essential Medicines and Health Technologies (Document CD59/8) (2021) • **Resolution CD57.R11** – Strategy and Plan of Action on Donation and Equitable Access to Organ, Tissue, and Cell Transplants 2019-2030 (Document CD57/11) (2019) • **Resolution CD55.R12** – Access and Rational Use of Strategic and High-cost Medicines and Other Health Technologies (Document CD55/10, Rev. 1) (2016) • **Resolution CD52.R5** – Principles of the Pan American Health Organization Revolving Fund for Vaccine Procurement (Document CD52/17) (2013) • **Resolution CSP28.R15** – Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards (Document CSP28/17, Rev. 1) (2012) • **Resolution CD48.R15** – Public Health, Innovation and Intellectual Property: A Regional Perspective (Document CD48/18) (2008) • **Resolution CD45.R7** – Access to Medicines (Document CD45/10) (2004)

Outcome 2.4 Digital transformation, science, and health intelligence

- **Resolution CD61.R7** – Plan of Action for Strengthening Information Systems for Health 2024–2030 (Document CD61/7) (2024)
- **Resolution CD60.R6** – Strategic Communications in Public Health for Behavior Change (Document CD60/8) (2023)
- **Resolution CD59.R1** – Roadmap for the Digital Transformation of the Health Sector in the Region of the Americas (Document CD59/6) (2021)
- **Resolution CD59.R2** – Policy on the Application of Data Science in Public Health Using Artificial Intelligence and Other Emerging Technologies (Document CD59/7) (2021)
- **Decision WHA73(28)** – Global strategy on digital health (2020)
- **Resolution CD57.R9** – Plan of Action for Strengthening Information Systems for Health 2019-2023 (Document CD57/9, Rev. 1) (2019)
- **Resolution CD49.R10** – Policy on Research for Health (Document CD49/10) (2009)

Strategic Objective 3. Disease prevention, control, and elimination

Outcome 3.1 Noncommunicable diseases, mental health conditions, violence, and injuries

- **Resolution to be proposed** – Plan of Action on Noncommunicable Disease Prevention and Control 2025–2030 (2025)
- **Resolution WHA78.6** – Reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease (2025)
- **Resolution CD60.R5** – Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults (Document CD60/7) (2023)
- **Resolution CD60.R12** – Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas (Document CD60/9) (2023)
- **Resolution CSP30.R3** – Policy for Improving Mental Health (Document CSP30/9) (2022)
- **Resolution CD56.R9** – Plan of Action for Cervical Cancer Prevention and Control 2018-2030 (Document CD56/9) (2018)
- **UN Political Declaration on Prevention and Control of NCDs** (2018)
- **Resolution CD54.R12** – Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women (Document CD54/9, Rev. 2) (2015)
- **Resolution CSP28.R13** – Strategy for the Prevention and Control of Noncommunicable Diseases (Document CSP28/9, Rev. 1) (2012)
- **Resolution CD48.R11** – Preventing Violence and Injuries and Promoting Safety: a Call for Action in the Region (Document CD48/20) (2008)

Outcome 3.2 Communicable diseases, antimicrobial resistance, and immunization

- **Resolution CD61.R6** – Strategy and Plan of Action to Decrease the Burden of Sepsis through an Integrated Approach 2025–2029 (Document CD61/5) (2024)
- **UN Political Declaration on antimicrobial resistance** (2024)
- **Resolution CSP30.R13** – Keeping the Region of the Americas Free of Polio (Document CSP30/19, Rev. 1) (2022)
- **Resolution CD59.R4** – One Health: A Comprehensive Approach for Addressing Health Threats at the Human-Animal-Environment Interface (Document CD59/9) (2021)
- **Resolution CD59.R13** – Reinvigorating Immunization as a Public Good for Universal Health (Document CD59/10) (2021)
- **Resolution WHA74.9** – Recommitting to accelerate progress towards malaria elimination (2021)
- **Resolution WHA73.5** – Strengthening efforts on food safety (2020)
- **Resolution CD57.R7** – PAHO Disease Elimination Initiative: A Policy for an Integrated Sustainable Approach to Communicable Diseases in the Americas (Document CD57/7) (2019)
- **Resolution CD56.R2** – Plan of Action on Entomology and Vector Control 2018-2023 (Document CD56/11) (2018)
- **Resolution WHA71.5** – Addressing the burden of snakebite envenoming (2018)
- **UN Political Declaration on Tuberculosis** (2018)
- **Resolution CSP29.R11** – Plan of Action for the Sustainability of Measles, Rubella, and Congenital Rubella Syndrome Elimination in the Americas 2018-2023 (Document CSP29/8) (2017)
- **Resolution CD55.R6** – Strategy for Arboviral Disease Prevention and Control (Document CD55/16) (2016)
- **Resolution CD55.R7** – Plan of Action for Malaria Elimination 2016–2020 (Document CD55/13) (2016)
- **Resolution WHA68.2** – Global technical strategy and targets for malaria 2016–2030 (2015)
- **Resolution CD52.R14** – Evidence-based Policy-making for National Immunization Programs (Document CD52/9) (2013)

- **Resolution CSP27.R15** – Dengue Prevention and Control in the Americas (2007)
- **Resolution CD44.R9** – Dengue (2003)

Strategic objective 4. Health emergencies

Outcome 4.1 Prevention, mitigation, preparedness, and readiness to respond to health emergencies

- **Resolution WHA78.1** – WHO Pandemic Agreement (2025)
- **Resolution WHA77.17** – Strengthening preparedness for and response to public health emergencies through targeted amendments to the International Health Regulations (2005) (2024)
- **Resolution CSP30.R9** – Strategy on Regional Genomic Surveillance for Epidemic and Pandemic Preparedness and Response (Documents CSP30/12) (2022)
- **International Health Regulations** – (2005)

Outcome 4.2 Rapid detection and response

- **Resolution CD61.R10** – Strategy on Epidemic Intelligence for Strengthening Early Warning of Health Emergencies 2024–2029 (Document CD61/12, Rev. 1) (2024)

Strategic Objective 5. PAHO's leadership, governance, and performance

Outcome 5.1 PAHO's leadership and governance

- **Resolution to be proposed** – Program Budget of the Pan American Health Organization 2026–2027 (2025)
- **Resolution to be proposed** – Budget Policy of the Pan American Health Organization (2025)
- **Resolution WHA77.1** – Fourteenth General Programme of Work, 2025–2028 (2024)
- **Resolution CD60.R1** – Scale of Assessed Contributions for 2024–2025 (Document CD60/5, Rev. 1) (2023)
- **Resolution CD60.R2** – Program Budget of the Pan American Health Organization 2024–2025 (Official Document 369) (2023)
- **Resolution CD60.R3** – Assessed Contributions of the Member States, Participating States, and Associate Members of the Pan American Health Organization for 2024–2025 (Official Document 369) (2023)
- **Resolution CD57.R2** – Strategic Plan of the Pan American Health Organization 2020–2025 (Official Document 358) (2022)
- **Resolution CD52.R15** – Cooperation for Health Development in the Americas (Document CD52/11) (2021)
- **Resolution CD57.R3** – PAHO Budget Policy (Document CD57/5) (2019)
- **Resolution CSP29.R2** – Sustainable Health Agenda for the Americas 2018-2030 (Documents CSP29/6, Rev. 3) (2017)
- **Resolution CD55.R2** – Methodology for the Programmatic Priorities Stratification Framework of the PAHO Strategic Plan (Document CD55/7) (2016)
- **Resolution CD55.R3** – Framework of Engagement with Non-State Actors (Document CD55/8, Rev. 1) (2016)
- **Resolution CD55.R11** – Analysis of the Mandates of the Pan American Health Organization (Document CD55/18, Rev. 1) (2016)
- **Resolution A/RES/70/1** – Transforming our world: the 2030 Agenda for Sustainable Development (2015)

Outcome 5.2 PASB's institutional capacity

- **Resolution CSP30.R10** – Amendments to the Financial Regulations and Financial Rules of PAHO (Document CSP30/14) (2022)
- **Resolution CSP28.R17** – Master Capital Investment Fund (Document CSP28/23) (2022)
- **Resolution CD49.R2** – Establishment of the Audit Committee of PAHO (Document CD49/26) (2009)

Appendix D: Glossary

This glossary provides definitions for key recurring concepts and terms related to the Strategic Plan. It is intended to be representative, rather than exhaustive, and is to be used as a point of reference.

Accelerators. Targeted high-impact interventions or initiatives, including services, tools, methodologies, policy options, must-dos, or leapfrogging opportunities, that have the potential to accelerate progress across multiple impact targets and dimensions of health development.

Accountability. The responsibility of individuals and organizations to respond for their actions, decisions, and the resulting outcomes. Accountability involves ensuring that processes and resources are used effectively, efficiently, and ethically to achieve desired goals and objectives. Accountability emphasizes the principles of transparency, integrity, and responsibility, and the commitment to delivering on PAHO's mandate to protect and promote health in the Region of the Americas.

Core functions. Ways in which PAHO provides value added in the efforts of the Region of the Americas to reach its desired health outcomes:

a) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.

b) Establishing technical cooperation, catalyzing change, and building sustainable institutional capacity.

c) Articulating ethical and evidence-based policy options.

d) Setting norms and standards and promoting and monitoring their implementation.

e) Monitoring the health situation and assessing health trends.

f) Shaping the research agenda and stimulating the generation, dissemination, and application of valuable knowledge.

Country Cooperation Strategy. Medium-term strategic framework to guide the Organization's work in and with a country.

CREAM. The acronym for a set of standard criteria (defined below) used to assess the measurability of indicators to ensure their effectiveness as measurements of progress toward results.

a) Clear: Indicators should be easily understandable and unambiguous. All stakeholders can interpret them in the same way.

b) Relevant: The indicators must be directly related to the objectives and impact goal being measured.

c) Economic: Data collection and analysis should be cost-effective.

d) Adequate: Indicators should provide enough information to assess performance, but not so much that the data becomes overwhelming or irrelevant.

e) Monitorable: Indicators must be measurable and capable of being tracked over time.

Efficiency. The ability to accomplish desired outcomes or goals with optimal use of resources, thereby maximizing productivity and minimizing waste. It involves improving processes, systems, and practices to achieve better results, enhancing performance, and utilizing resources effectively.

General Programme of Work (GPW). WHO's strategic framework, which establishes a high-level roadmap and agenda for global health and identifies WHO's priorities and strategic direction for a specified period. It also provides a framework for resource allocation and decision-making. The GPW is developed in consultation with its Member States, experts, and stakeholders for multi-year periods and is approved by the World Health Assembly. The Fourteenth General Programme of Work (GPW 14) will guide WHO's work in support of its Member States and partners for the four-year period 2025–2028.

Impact. Sustainable changes in the health of populations. Such changes will be assessed through impact indicators that measure reductions in morbidity or mortality or improvements in the well-being of the population (e.g., increases in people's healthy life expectancy). Member States are primarily responsible for achieving the impact goal in collaboration with PASB and other PAHO partners through the achievement of outcomes. They can be delivered during one or more biennia across the three biennia in the Strategic Plan period.

Indicators. Quantitative or qualitative variables that allow stakeholders to verify changes produced by a development intervention relative to what was planned. Indicators serve to measure, monitor, and assess progress toward impact, outcome, and output results.

One Health. A collaborative, multidisciplinary, and multisectoral approach that can address health threats at the human-animal-environment interface at the subnational, national, and international level, with the ultimate goal of achieving optimal health outcomes by recognizing the interconnections between people, animals, plants, and their shared environment. This approach is implemented according to national contexts and laws, as relevant.

Outcomes (OCMs). Collective or individual changes in the factors that affect the health of populations. These include, but are not limited to, increased national capacity, increased service coverage or access to services, stronger health systems, and/or the reduction of health-related risks. Member States are primarily responsible for achieving outcomes in collaboration with PASB and other PAHO partners through changes in national policies, strategies, plans, laws, programs, services, norms, standards, and/or guidelines, and other means. They can be delivered during one or more biennia across the three biennia in the Strategic Plan period.

Outputs (OPTs). PASB collective deliverables that influence, enable, and catalyze joint action by Member States and partners toward the delivery of targeted outcomes. PASB is primarily responsible for delivering outputs in collaboration with Member States and other PAHO partners. Outputs are defined in the respective program budgets.

Partnerships. Voluntary collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share the risks and responsibilities, resources, and benefits.

Primary health care (PHC). A whole-of-society approach to health aimed at ensuring the highest possible level of health and well-being for all and their fair distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care, and as close as feasible to people's everyday environment.

Program Budget. A PAHO official document that operationalizes the PAHO Strategic Plan and sets out the corporate results and targets for PAHO for the corresponding biennium. It presents the budget that PASB will require to deliver on these biennial results and support Member States in improving health outcomes while contributing to the achievement of the health targets established in regional and global frameworks.

Resilience. A system's ability to adjust its activity in order to retain its basic functionality when challenges, failures, and environmental changes occur. It is a defining property of many complex systems. **Health system resilience** refers to the ability to absorb disturbances and respond and recover with the timely delivery of needed services.

Results-based Management (RBM). A management process in which program formulation revolves around a set of predefined objectives and expected results; expected results justify resource requirements, which are derived from and linked to outputs required to achieve such results; actual performance in achieving results is measured objectively by performance indicators; and PASB managers and personnel are accountable for achieving results. They are also empowered with the tools and resources they need to achieve them.

Results chain. Forms the backbone of the results framework presented in the Strategic Plan and Program Budget. It is the causal sequence needed to achieve desired objectives, beginning with inputs and moving through activities, outputs, and outcomes and culminating in impact results.

Risk Management. The process of identifying, assessing, and prioritizing risks and identifying mitigation measures to minimize, monitor, and control the probability and/or impact of negative events while maximizing opportunities.

Social determinants of health. Non-medical factors and underlying social conditions that influence health outcomes and limit access to health services. They include the conditions in which people are born, grow, work, live, and age, as well as the broader set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies, development agendas, social norms, social policies, and political systems. Addressing the social determinants of health, including the structural and intermediary determinants, can positively impact the health and well-being of the population.

Strategic objectives. High-level objective statements that serve to group related outcomes. Strategic objectives are not part of the results chain. They aim to promote directionality and strengthen political commitment to achievement of the underlying outcomes.

Theory of change. A comprehensive description and illustration of why and how desired change is expected to happen in a particular context.

Transparency. Open and accessible sharing of information, processes, decisions, and actions. Transparency involves providing clear and comprehensive information to stakeholders, including the public, about PAHO's activities, policies, and practices. It entails the disclosure of conflicts of interest, financial transactions, and decision-making processes to ensure accountability. Transparency fosters trust, facilitates informed decision-making, and encourages meaningful engagement with stakeholders.

Universal access to health and universal health coverage. This means that all people and communities have access, without any kind of discrimination, to comprehensive, appropriate, and timely quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability. Universal health is defined according to national contexts and laws, as relevant.

Appendix E: List of countries and territories with their acronyms

	Member States	Acronym
1	Antigua and Barbuda	ATG
2	Argentina	ARG
3	Bahamas	BHS
4	Barbados	BRB
5	Belize	BLZ
6	Bolivia (Plurinational State of)	BOL
7	Brazil	BRA
8	Canada	CAN
9	Chile	CHL
10	Colombia	COL
11	Costa Rica	CRI
12	Cuba	CUB
13	Dominica	DMA
14	Dominican Republic	DOM
15	Ecuador	ECU
16	El Salvador	SLV
17	Grenada	GRD
18	Guatemala	GTM
19	Guyana	GUY
20	Haiti	HTI
21	Honduras	HND
22	Jamaica	JAM
23	Mexico	MEX
24	Nicaragua	NIC
25	Panama	PAN
26	Paraguay	PRY
27	Peru	PER
28	Saint Kitts and Nevis	KNA
29	Saint Lucia	LCA
30	Saint Vincent and the Grenadines	VCT
31	Suriname	SUR
32	Trinidad and Tobago	TTO
33	United States of America	USA
34	Uruguay	URY
35	Venezuela (Bolivarian Republic of)	VEN

	Associate Members	Acronym
36	Aruba	ABW
37	Curaçao	CUW
38	Puerto Rico	PRI
39	Sint Maarten	SXM

	Participating States	Acronym
	France	
40	French Guiana	GUF
41	Guadeloupe	GLP
42	Martinique	MTQ
	Kingdom of the Netherlands	
43	Bonaire	BON
44	Saba	SAB
45	Sint Eustatius	STA
	United Kingdom of Great Britain and Northern Ireland	
46	Anguilla	AIA
47	Bermuda	BMU
48	British Virgin Islands	VGB
49	Cayman Islands	CYM
50	Montserrat	MSR
51	Turks and Caicos	TCA