

NCD Alliance Advocacy Briefing

75th Session of the Regional Committee of WHO for the Americas

25-29th September, 2023

This briefing note provides an overview of the NCD Alliance’s advocacy priorities and key messages for the Pan American Health Organization’s (PAHO) 75th session of the Regional Committee of WHO for the Americas (RCM75) to be held in Washington, D.C., USA.

RCMs present a key opportunity to encourage rapid implementation of global commitments, especially those set out in Political Declarations of the High-Level Meetings (HLMs) on Noncommunicable diseases (NCDs) and Universal Health Coverage (UHC) and those captured in NCD-related resolutions and decisions, especially those adopted by the 76th session of the World Health Assembly ([WHA76](#)) in May 2023. For the summary of NCD Alliance key messages and policy recommendations for WHA76, please refer to the [WHA76 Advocacy Briefing](#).

Official PAHO RCM75 documents can be found [here](#) and will be considered by PAHO’s Directing Council. While there are additional agenda items of relevance to NCDs, this briefing focuses on five agenda items:




- Agenda item 4.4: Policy on Prevention and Control of Noncommunicable Diseases in Children, Adolescents, and Young Adults
- Agenda item 4.5: Strategic Communications in Public Health for Behavior Change
- Agenda item 4.6: Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas
- Agenda item 8.6: Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report
- Agenda item 8.10 (D): Strategy for Universal Access to Health and Universal Health Coverage: Progress Report

Summary







The NCD community welcomes the opportunity to review strategies and progress reports at PAHO RCM75 and commends PAHO Member States for their commitment to NCD prevention and control. As NCDs continue to be the leading causes of ill health, disability, and death in the Region of the Americas, knowledge sharing and exchange on best practice is vital to achieving both regional and global commitments on NCDs.







Overall, we strongly recommend that PAHO Member States use this RCM to strengthen the proposed strategies and commit to ambitious targets. We are now just two years away from the next UN HLM on NCDs, and need concerted action at all levels, if global NCD targets are to be met by 2025 and 2030. We call on Heads of State and Government in the region to engage at the UN HLM on UHC this month and act to meet the needs of people living with NCDs in their UHC benefits packages.




Throughout this briefing, our recommendations are classified as:

 We applaud	The NCD community welcomes and aligns with current text and associated action.
 We express caution/concern	The NCD community is concerned with the current text and would recommend caution and alternation of the text and associated action.
 We recommend	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).

Summary of NCD A’s key messages and recommendations

Technical documents	
<p>Item 4.4: (Document CD60/7) Policy on prevention and control of noncommunicable diseases in children, adolescents, and young adults (and Resolution CE172.R6)</p>	<p> We applaud PAHO for highlighting the need for early lifecourse interventions to reduce the region’s high NCD burden. We strongly support the policy’s emphasis on the recently updated NCD 'best buys' and other recommended interventions as strategies to reduce youth exposure to NCD risk factors.</p> <p> We express concern that the policy fails to:</p> <ul style="list-style-type: none"> • Speak to the use of new nicotine-containing products (i.e. e-cigarettes) among adolescents. • Consider alcohol use among adolescents more generally. • Include air pollution as a major NCD risk factor despite links between exposure to air pollution during pregnancy and childhood impaired cognitive and motor development, childhood obesity, respiratory conditions, and certain cancers. • Address the role of the food and beverage industry in the marketing of ultra-processed foods to children and its opposition to evidence-based policies and regulations to reduce exposure of young people to unhealthy diets. <p> We recommend</p> <ul style="list-style-type: none"> • Further strengthening strategic line of action 4 by describing more concretely how existing data collection can be better integrated and/or strengthened to close data gaps for populations under 24 years of age. • That the policy address harmful marketing practices promoting unhealthy products (including nicotine-containing products) to adolescents and provide guidance to Member States on how to address interference from the tobacco, alcohol and food and beverage industries. • Replacing the flawed and outdated concept of “harmful use of alcohol”. While this terminology is still used in the Global Alcohol Action Plan 2022-2030, it is inconsistent with current scientific evidence and best practice. There is ever-stronger evidence that any level of alcohol consumption is associated with health risks. • That Member States implement the NCD ‘best buys’ not shying away from evidence-based population-wide regulatory and fiscal policies to address the commercial determinants of health. • That the policy provides guidance to Member States on how to meaningfully engage young people in NCD policy formulation, implementation and accountability to ensure a comprehensive and impactful NCD response.
<p>Item 4.5: (Document CD60/8) Strategic Communications in Public Health for Behavior Change</p>	<p> We applaud the concept paper for recognizing social participation as a fundamental component to restoring the public’s trust in public health communication and welcome the emphasis on population-wide regulatory and fiscal policies to address NCD risk factors.</p> <p> We express concern that the concept paper remains quite broad. It calls for ‘a new social and behavioural framework for action in public health’ and proposes that Member States develop corresponding policy frameworks without outlining a clear plan of action and follow-up beyond the dissemination of lessons learned and good practice.</p> <p> We recommend that Member States invest in community-driven public health messaging in order to rebuild the public’s trust and counter misinformation. We strongly encourage PAHO and Member States to collaborate with academic centres</p>

	<p>for behavioural science, and encourage social participation in the production of public health messaging.</p>
<p>Item 4.6: (Document CD60/9) Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas</p>	<p> We applaud PAHO for its efforts to rally Member States around the Sustainable Development Goals (SDG) targets related to doubling service coverage for mental health conditions and reducing suicides by one third by 2030. We welcome the emphasis on human rights and support the proposal that perspectives of people with mental health conditions and vulnerable populations inform the design and development of culturally appropriate, effective, and quality mental health services.</p> <p>We applaud the focus of the strategy on integrating mental into all policies through multisectoral collaboration, mental health promotion and prevention interventions and integration of mental health with primary health care services.</p> <p> We express concern that the Region has the highest prevalence rate of anxiety disorders and the second-highest rate of depressive disorders of all WHO regions.</p> <p> We recommend that the strategy, in strategic line of action 2, mention the WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions, to ensure their participation in the design, implementation, and evaluation of mental health policies, programmes and services.</p> <p>We recommend that Member States invest in national multisectoral strategies to expand access to mental health services through community-based services, integrate mental health in all relevant health services across the lifecourse and throughout the continuum of care, and implement actions to destigmatize people living with mental health conditions.</p> <p>We recommend that Member States commit adequate domestic finance (e.g. by including mental health in national health insurance and other UHC financing schemes) to ensure that a basic package of essential mental health services is accessible to all, particularly vulnerable groups, without financial hardship.</p> <p>We urge Member States to establish independent accountability mechanisms to monitor the alignment of national mental health legislation, policies and services with international obligations, including, but not limited to, the Rights of Persons with Disabilities, the Covenant on Social, Economic, and Cultural Rights, and the Universal Declaration of Human Rights, and to repeal outdated legislation.</p>
<p>Information documents</p>	
<p>Item 8.6: (Document CD60/INF/6): Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report</p>	<p> We applaud the efforts of PAHO and committed Member States to fully implement the FCTC in the region of the Americas and welcome South America becoming the first sub-region to be smoke-free in indoor public places and workplaces.</p> <p>We welcome PAHO’s commitment to continue to strengthen measures to protect tobacco control policies from commercial and other vested interests of the tobacco industry and those who defend it.</p> <p> We are concerned that 20 years after the adoption of the FCTC this progress report shows that the region falls significantly short of the targets it set itself for 2022.</p> <p> We recommend that Member States redouble efforts to implement tobacco taxes, neutral packaging, and bans on advertising, promotion, and sponsorship of tobacco products, as well as restrictions on digital commerce. We call on Member States who</p>

	<p>are not party to the FCTC to ratify the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products.</p> <p>We urge WHO and PAHO to provide guidance to Member States on regulating novel and emerging nicotine and tobacco products, such as nicotine-containing e-cigarettes and heated tobacco products, based on FCTC Article 5.2(b).</p>
<p>Item 8.10 (D): (Document CD60/INF/10) Strategy for Universal Access to Health and Universal Health Coverage: Progress Report</p>	<p> We applaud efforts to increase public expenditure for health and eliminate out-of-pocket payments through the implementation of equitable financing strategies.</p> <p> We express concern that since the COVID-19 pandemic, progress on the achievement UHC has been reversed, exposing and exacerbating structural weaknesses in health systems and inequalities in health.</p> <p> We recommend that in the context of the report’s call to redouble efforts to advance towards universal health in the Region, Member States commit to:</p> <ul style="list-style-type: none"> • INVESTING in essential NCD services through adequate, predictable, and sustained resources for UHC. We urge countries to prioritize health in national budgets and move towards public expenditure on health equivalent to 6% of their gross domestic product. • ACCELERATING UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages, including by drawing on the NCD “best buys”, which provides a menu of cost-effective policies to prevent and manage NCDs. • ALIGNING development and health priorities to achieve UHC, breaking down siloed approaches to funding and implementation coordinated by whole-of-government, top-level leadership. • ENGAGING people living with NCDs in the design and implementation of people-centred primary health care, including by considering the WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions.

Technical documents

Item 4.4 (Document [CD60/7](#)): Policy on prevention and control of noncommunicable diseases in children, adolescents, and young adults (and Resolution CE172.R6)

Background

NCDs continue to be the leading causes of ill health, disability, and death in the Region of the Americas, responsible for 5.8 million deaths (81% of total deaths) each year. NCDs are often considered “older adult illnesses” while the youth population is commonly thought of as healthy. Yet much of the burden of NCDs in adulthood is related to modifiable risk factors early in life. In order to address the social and environmental determinants of NCDs exposing and affecting children and young people, the proposed policy provides strategic and technical guidance to PAHO Member States for the development and implementation of NCD interventions for children, adolescents, and young adults. It takes a child- and family-based approach incorporating scientific evidence from socio-cultural research that complements the epidemiological evidence.

The policy's **situational analysis** highlights the low rates of exclusive breastfeeding and physical activity, and the high prevalence of childhood overweight and obesity, tobacco use and heavy episodic drinking among adolescents, increasing rates of type 1 and 2 diabetes; inequities in access to childhood cancer services; as well as absolute and relative measures of inequality and their impact on health-related behaviours and health outcomes among children, adolescents, and young adults in the region.

Strategy

The policy draws on the recently updated set of cost-effective and evidence-based NCD interventions (the [NCD 'best buys' and other recommended interventions](#)) and on recommendations from [The Lancet Commission on Adolescent Health and Well-being](#). It outlines **four strategic lines of actions**:

Strategic Line of Action 1: Integrate NCD prevention and control strategies into health programs for children, adolescents, and young adults, including:

- Promotion of exclusive breastfeeding/chestfeeding, followed by optimal nutrition in childhood and adolescence.
- Integration of prevention, screening, and early detection of NCDs into maternal and child health programs.

Strategic Line of Action 2: Develop multisectoral actions and policies to improve health promotion, NCD prevention, and NCD risk factor reduction among children, adolescents, and young adults adopting:

- A Health in All Policies approach implementing culturally appropriate, age-appropriate, and gender-appropriate public policies that reduce tobacco use and harmful use of alcohol and support healthy diet and physical activity.
- The updated set of cost-effective NCD interventions as approved at WHA76 in May 2023. Children and adolescents should receive nutrition education and quality physical education in school settings, school environments should be smoke-free, and only healthy foods low in fats, sugars, and salt should be available and promoted. Healthy food environments along with green zones and transportation opportunities that facilitate walking and cycling to help children meet the WHO recommendation of at least 60 minutes of moderate-intensity physical activity per day are also suggested.

Strategic Line of Action 3: Strengthen primary health care services that incorporate digital health solutions for NCD diagnosis and treatment among children, adolescents, and young adults

- Reorientation of health services to strengthen primary health care as the central pillar for NCD management. Appropriate health services for children, adolescents, and young adults need to be developed to ensure timely diagnosis, treatment, and follow-up care for common NCDs occurring in this age group (24 years and younger).
- The use of digital health technologies is recommended as a strategy to extend the coverage and reach of services, improve clinical management and monitoring, and help people living with NCDs to manage their condition.

Strategic Line of Action 4: Strengthen capacity for NCD and risk factor surveillance to provide more timely and complete information on the status of NCDs, risk factors, and their determinants among children, adolescents, and young adults

- NCD and risk factor surveillance has historically focused on adults, with large data gaps for populations under 24 years of age and especially for those 6–12 years of age. The strategy proposed that disaggregated data should be collected from all relevant existing sources and settings, including schools and youth organizations, and should include data on determinants of health and equity.

Monitoring and evaluation

Monitoring and evaluation of this policy will make use of data and information routinely provided by Member States to PAHO, publicly available information on NCD risk factor prevalence from population-based surveys and country surveillance systems, and information on how Member States are applying this policy in their health programs. A **progress report** will be presented to the Governing Bodies of PAHO in **2027**, followed by a **final report in 2031** to document the status of NCD and risk factor policies, prevalence, and mortality in the youth population.

Actions proposed: The Directing Council is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the **proposed resolution presented in Annex A**.

Key messages



We applaud PAHO for highlighting the need for early lifecourse interventions to reduce the region's high NCD burden. We strongly support the policy's emphasis on the recently updated [NCD 'best buys' and other recommended interventions](#) as strategies to reduce youth exposure to NCD risk factors.



We express concern that the policy fails to address the use of new nicotine-containing products (i.e. e-cigarettes) among adolescents, including the marketing and sales of these products to youth, despite the Framework Convention on Tobacco Control's (FCTC) Article 5.2(b). Furthermore, we observe that alcohol use among adolescents is only considered in the context of heavy episodic drinking despite evidence showing that there is no safe level of alcohol consumption. The policy would benefit from addressing alcohol use among adolescents as an opportunity to de-normalize consumption of alcohol during this critical age period.

We are concerned that the proposed policy does not address [air pollution as a major NCD risk factor](#). The impact of exposure to air pollution during pregnancy and childhood can be 'devastating'¹, with links to impaired cognitive and motor development, childhood obesity, respiratory conditions, and certain cancers. Air pollution is associated with increased risk of infant mortality, and of developing NCDs in later life. We recommend consulting the [Compendium of WHO and other UN guidance on health and environment](#) for recommendations on how to better protect youth from the impacts of air pollution.

We are equally concerned that the policy does not address the commercial dimension of the social determinants of health including the role of the food and beverage industry in the marketing of ultra-processed foods to children and adolescents and its opposition to evidence-based policies and regulations to reduce exposure of young people to unhealthy diets.



We recommend further strengthening strategic line of action 4 by describing more concretely how existing data collection can be better integrated and/or strengthened to close data gaps for populations under 24 years of age, especially for those 6–12 years of age.

We recommend that the policy address harmful marketing practices promoting unhealthy products (including nicotine-containing products) to adolescents and provide guidance to Member States on how to address interference from the tobacco, alcohol and food and beverage industries with policymaking to protect children and adolescents from exposure to NCD risk factors.

¹ Air pollution and child health: prescribing clean air. World Health Organization, 2018 ([online](#))

We strongly recommend replacing the flawed and outdated concept of “harmful use of alcohol”. While this terminology is still used in the Global Alcohol Action Plan 2022-2030, it is inconsistent with current scientific evidence and best practice. There is ever-stronger evidence that any level of alcohol consumption is associated with health risks.

We recommend that Member States make investments in the health of children, adolescents and young adults central to their social and economic policies. We urge Member States to implement the NCD ‘best buys’ and to not shy away from evidence-based population-wide regulatory and fiscal policies to address the commercial determinants of health. We strongly recommend that the policy provides guidance to Member States on how to meaningfully engage young people in NCD policy formulation, implementation and accountability to ensure a comprehensive and impactful NCD response.

Item 4.5 (Document [CD60/8](#)): Strategic Communications in Public Health for Behavior Change

Background

The need to translate evidence into strategic communications and public information aimed at supporting the advancement of health has become more pressing than ever. This concept note finds that, in order to address public health challenges, Member States need to increasingly invest in creative approaches to understand and address social behaviours in their communities. The need to develop customized policies, interventions, and communication strategies that can positively encourage and sustain healthier decisions and actions, is positioned against a complex environment overwhelmed by information—accurate and false—produced by traditional news and information sources, including a growing number of social influencers. The purpose of the document is to present a conceptual proposal on strategic communications to promote behaviour change in public health along six lines of action for implementing technical cooperation activities at PAHO regional and country levels.

The situational analysis describes how Member States need to invest in policies, interventions and strategic communication which

- a) address NCD risk factors through the use of regulatory policies to reduce tobacco and alcohol use and enable healthier food choices (e.g., via front-of-package labelling, fiscal policies, marketing restrictions, and school food standards);
- b) promote policies and environments that make the healthiest choices the easiest ones, facilitating more active lifestyles through urban planning, active transportation, exercise, and diet; and
- c) improve reliance on timely and accurate information and data in support of individual and family decisions to improve health, especially during public health emergencies and disasters.

The concept paper proposes a new social and behavioural framework for action in public health that is culturally appropriate and equity-focused, with gender, age, education level, and other social variables as cross-cutting priorities. The framework intends to cover:

- **Big data analytics** to improve the self-care of patients and to move toward predictive, preventive, personalized, and participative medicine (such as precision and personalized medicine).
- **Online social behaviour analysis** to enable researchers analyse risk-taking behaviours by individuals and communities, better anticipate behaviours, and help health organizations and other health promoters navigate digital spaces effectively.
- **Infodemic management** to respond to large and rapid increases in the volume of information, both accurate and false, on a specific topic, e.g. as was the case with the COVID-19 pandemic.

- **Scientific communications** which translate technical and scientific information on evidence-based topics into understandable messages that are accessible to non-specialists, often including contextualized stories for public consumption.
- **Health information management** to provide critically important data about specific population health needs and effective interventions to public health practitioners and patient care providers.
- **Public information** to be prepared and disseminated in ways that are appropriate to local contexts within the framework of a multilingual, multicultural, and digitally interconnected society.
- **Risk communications** as a critical component of public health emergency preparedness and response and in the implementation of strategies and plans for behaviour change.
- **Digital literacy** requires continuous training in the use of digital solutions, both simple (such as the use of telehealth services and applications) and complex (such as the use of artificial intelligence for the establishment of predictive models and other purposes).
- **Experimentation** to evaluate interventions and policies geared to behaviour change in public health.

Proposed lines of action for Member States include:

- a) **Develop a conceptual architecture and policy framework** that creates a path in addressing and improving strategic communications as an important element in promoting behaviour change in public health in the Region, while considering other elements related to social and environmental barriers.
- b) **Reinforce and prioritize the concept of behaviour change**, with the understanding that behaviours respond to social constructs, as a cornerstone of public health interventions, incorporating it in health plans and policies at regional, subregional, national, and local levels.
- c) **Facilitate the development of efficient, equitable, multi-stakeholder, interdisciplinary, and participatory mechanisms** to improve the understanding of how behaviour affects public health and to develop strategic communications, informed by the behavioural sciences, that promote healthy behaviours.
- d) **Review and improve the health components of behavioural science programs** —especially Big Data analytics, online social behaviour, infodemic management, scientific communications, health information management, public information dissemination (including through social media), risk communications, digital literacy, and experimentation—and facilitate their integration into the implementation of public health policies, while incorporating health promotion approaches such as social participation and empowerment, health assets, health education, and healthy settings.
- e) **Create a monitoring and evaluation framework** for measuring progress and developments related to behaviour change in public health.
- f) **Utilize multi-stakeholder and interdisciplinary mechanisms** to share lessons learned and good practices in strategic communications and infodemic management programs implemented by governments and institutions throughout the Region, in particular during the COVID-19 pandemic.

Actions proposed: The Directing Council is invited to review the document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Key messages



We applaud the concept paper for recognizing social participation as a fundamental component to restoring the public's trust in public health communication. We strongly support equitable, multi-stakeholder, interdisciplinary, and participatory mechanisms to improve public health agencies' understanding of how behaviour affects public health and to develop effective, strategic communications.

We applaud the emphasis on population-wide regulatory and fiscal policies to address NCD risk factors, making healthy choices the easiest choices and promoting health equity. We encourage Member States to produce accompanying public health messaging that is sensitive to the social, economic and cultural background of its audience and to use the latest evidence from behavioural science.



We express concern about the amount of misinformation that is propagated through both traditional and social media, including messaging driven by ignorance and messaging pushed by industries interested in perpetuating confusion among the public with regards to (un-)healthy behaviours, often misplacing the responsibility to seek accurate information on consumers.

We are concerned that the concept paper remains quite broad. It calls for “a new social and behavioural framework for action in public health” and proposes that Member States develop corresponding policy frameworks without outlining a clear plan of action and follow-up beyond the dissemination of lessons learned and good practices for strategic communications for behaviour change in public health in OP3 of the accompanying resolution.



We recommend that Member States invest in community-driven public health messaging in order to rebuild the public’s trust and counter misinformation. We strongly encourage PAHO and Member States to collaborate with academic centres for behavioural science, communications agencies, and encourage social participation in the production of public health messaging.

Item 4.6: (Document [CD60/9](#)) Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas

Background

Responding to a high burden of mental health conditions, low treatment coverage, and rising suicide rates, the 30th Pan American Sanitary Conference adopted the Policy for Improving Mental Health in 2022. In order to cooperate in the implementation of the policy, PAHO developed the Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas, intended to guide and assist Member States in efforts to improve mental health and suicide prevention, using an equity- and rights-based approach and considering national contexts, needs, and priorities.

Strategic lines of action

The strategy outlines six strategic lines of action to be implemented over a seven-year time frame (2024–2030):

- **Strategic Line of Action 1:** Build mental health leadership, governance, and multisectoral partnerships, and integrate mental health in all policies
 - This line of action recognizes the need for multisectoral collaboration and emphasizes the need for integration of mental health with other services, as well as access to the full range of quality health services as part of UHC. It calls for an increase in financial resources allocated to mental health. It also encourages Member States to replace outdated legislation that is not aligned with international human rights standards and calls for the establishment of independent accountability mechanisms to monitor human rights violations.
- **Strategic Line of Action 2:** Improve the availability, accessibility, and quality of community-based services for mental health conditions, and support the advance of deinstitutionalization

- In order to achieve the global target of doubling service coverage for mental health conditions by 2030, the strategy proposes to expand the availability and accessibility of community-based services highlighting the WHO Quality Rights Initiative.
- It highlights the WHO Mental Health Gap Action Programme (mhGAP) as an evidence-based tool for integrating mental health into primary health care. Digital health solutions, including telehealth, established during the COVID-19 pandemic should be expanded.
- Importantly, the perspectives of people with mental health conditions and vulnerable populations should inform the design and development of culturally appropriate, effective, and quality mental health services.
- **Strategic Line of Action 3:** Advance mental health promotion and prevention strategies and activities throughout the life course
 - This line of action addresses school and workplace interventions, highlights the need to act early in life to prevent and/or treat mental health conditions, detect and respond to child abuse, and address postnatal depression.
- **Strategic Line of Action 4:** Reinforce the integration of mental health and psychosocial support in emergency contexts
 - Mental health and psychosocial support (MHPSS) should be integrated into national disaster preparedness, response, and recovery plans, and MHPSS coordination mechanisms established or strengthened.
- **Strategic Line of Action 5:** Strengthen data, evidence, and research
 - The strategy proposes that a minimum set of mental health indicators should be included in national health information systems and integrated into routine data collection efforts with data disaggregated by gender (using a nonbinary approach), sex, age, education, income/economic status and related measures (e.g., housing status, food security), race or ethnic group, national origin, geographic location, disability status, sexual orientation, and other social, economic, and environmental determinants of health, where possible.
- **Strategic Line of Action 6:** Make suicide prevention a national whole-of-government priority and build multisectoral capacity to respond to people affected by suicidal behaviours
 - This line of action highlights the need for national suicide prevention strategies and plans and the development and strengthening of national self-harm and suicide surveillance systems, in order to reduce suicides by one third by 2030, in line with Sustainable Development Goal target 3.4.

Monitoring and evaluation: In parallel with reporting on the Policy for Improving Mental Health (Document CSP30/9), a midterm review will be presented to PAHO Governing Bodies in 2027 and a final report in 2031.

Actions proposed: The Directing Council is invited to review the information presented, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Key messages



We applaud PAHO for its efforts to rally Member States around the Sustainable Development Goals (SDG) targets related to doubling service coverage for mental health conditions and reducing suicides by one third by 2030. We welcome the emphasis on human rights and strongly support the proposal

that perspectives of people with mental health conditions and vulnerable populations inform the design and development of culturally appropriate, effective, and quality mental health services.

We applaud the focus of the strategy on integrating mental health into all policies through an all-of-government to improve access to mental health care. We welcome the strong focus of the strategy on mental health promotion and prevention interventions across the lifecourse and integration of mental health with primary health care services. We encourage PAHO to expand on these points and further reinforce the importance of integrating mental health in all relevant health services and interventions across the continuum of care.

We applaud the call to strengthen national mental health legislation and to repeal outdated legislation that is not aligned with international human rights standards. We strongly support the establishment of independent accountability mechanisms that monitor human rights violations in mental health legislation, policies, institutions and services.



We express concern that the Region has the highest prevalence rate of anxiety disorders and the second-highest rate of depressive disorders of all WHO regions.



We recommend that the strategy refers to and encourage Member States to consider the [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#) in strategic line of action 2, to ensure their participation in the design, implementation, evaluation of NCD and mental health policies, programmes and services.

We recommend that Member States approve the strategy and invest in national multisectoral strategies and plans to take concerted actions to expand access to mental health services by investing in community-based services, integrate mental health in all relevant health services across the lifecourse and throughout the continuum of care, and implement actions to destigmatize people living with mental health conditions.

We recommend that Member States commit adequate domestic finance (e.g. by including mental health in national health insurance and other UHC financing schemes) to ensure that a basic package of essential mental health services is accessible to all – particularly vulnerable groups such as children, adolescents and their caregivers, and people living with a health condition – without financial hardship.

We urge Member States to establish independent accountability mechanisms to monitor the alignment of national mental health legislation, policies and services with international obligations, including, but not limited to, the Rights of Persons with Disabilities, the Covenant on Social, Economic, and Cultural Rights, and the Universal Declaration of Human Rights, and to repeal outdated legislation.

Information documents

Item 8.6: (Document [CD60/INF/6](#)): Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022: Final Report

Background

The report presents progress against the four lines of action and ten indicators of the Strategy and Plan of Action to Strengthen Tobacco Control in the Region of the Americas 2018–2022. The objective of this strategy

was to mobilize the region for the implementation of the measures contained in WHO's Framework Convention on Tobacco Control (FCTC), regardless of whether or not countries were Parties to the Convention.

Progress made against the strategy's lines of actions

According to the 9th WHO Report on the Global Tobacco Epidemic, as well as the 2021 global progress report on implementation of the WHO FCTC, regional progress in the implementation of the Plan of Action was as follows:

Strategic Line of Action 1: Implementation of measures for the creation of completely smoke-free environments and the adoption of effective measures on the packaging and labelling of tobacco products

- **Objective 1.1:** Enact smoke-free environment legislation throughout the Region of the Americas – PARTIALLY ACHIEVED
- **Objective 1.2:** Include health warnings on the packaging of tobacco products – PARTIALLY ACHIEVED

Strategic Line of Action 2: Implementation of a ban on the advertising, promotion, and sponsorship of tobacco products and the adoption of measures to reduce their affordability

- **Objective 2.1:** Impose a total ban on the advertising, promotion, and sponsorship of tobacco products – PARTIALLY ACHIEVED
- **Objective 2.2:** Reduce the affordability of tobacco products by increasing excise taxes on tobacco – PARTIALLY ACHIEVED

Strategic Line of Action 3: Ratification of the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products by Member States that have not yet done so

- **Objective 3.1:** Achieve ratification of the FCTC – NOT ACHIEVED
- **Objective 3.2:** Achieve ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products – PARTIALLY ACHIEVED

Strategic Line of Action 4: Strengthening of Member States' capacity in terms of public health policies to counter attempts at interference by the tobacco industry and those who work to further its interests
Next steps outlined for Member States, WHO and partners

- **Objective 4.1:** Establish effective mechanisms to prevent interference by the tobacco industry and those who work to further its interests – ACHIEVED

Actions proposed: The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

Key messages



We applaud the efforts of PAHO and committed Member States to fully implement the FCTC in the region of the Americas and welcome South America becoming the first sub-region to be smoke-free in indoor public places and workplaces.

We welcome PAHO's commitment to continue to strengthen measures to protect tobacco control policies from commercial and other vested interests of the tobacco industry and those who defend it.



We express concern that 20 years after the adoption of the FCTC by WHA this progress report shows that the region falls significantly short of the targets it set itself for 2022.



We recommend that Member States redouble efforts to implement tobacco taxes, neutral packaging, and bans on advertising, promotion, and sponsorship of tobacco products, as well as restrictions on digital commerce. We also call on Member States who are not party to the FCTC to strengthen efforts to ratify the FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products.

We urge WHO and PAHO to provide guidance to Member States on regulating novel and emerging nicotine and tobacco products, such as nicotine-containing e-cigarettes and heated tobacco products, based on FCTC Article 5.2(b) and preventing their promotion to non-tobacco users, especially youth, including by proactively countering marketing and misinformation by the tobacco industry on these products.

Item 8.10 (D): (Document [CD60/INF/10](#)) Strategy for Universal Access to Health and Universal Health Coverage: Progress Report

Background

As the countries of the Region of the Americas are rebuilding their health systems following the impact of the COVID-19 pandemic, this report presents progress on the implementation of the Strategy for Universal Access to Health and Universal Health Coverage. The Strategy was adopted in 2014 with the aim of ensuring that all people and communities have access to the comprehensive health services they need.

Progress achieved

Strategic Line of Action 1: Expanding equitable access to comprehensive, quality, people- and community-centred health services

- 34 Member States are implementing or planning to implement strategies and plans of action to increase response capacity at the first level of care. 18 countries have strengthened integrated health service delivery networks.
- With the support of the Pan American Sanitary Bureau (PASB), at least 10 countries implemented capacity assessment tools at the first level of care, including the methodology for the assessment of essential conditions.
- At least 10 countries allocated additional funding for health system recovery, while some implemented targeted interventions to improve access to essential health services.
- Despite improvements in availability and distribution, it is estimated that by 2030 the Region will have a deficit of at least 600,000 health professionals.

Strategic Line of Action 2: Strengthening stewardship and governance

- Several countries in the Region have developed governance models that promote people- and community-centered models of care based on an integrated service network approach.
- PASB published the Monitoring Framework for Universal Health in the Americas. Since this publication, many countries have prioritized updating information on the conditions of access to health services.
- To support the evaluation of health authorities and to build their capacities, PASB published "The Essential Public Health Functions in the Americas". Since the presentation of the conceptual framework, 13 countries have conducted assessments of access barriers and public health capacities with a view to developing action plans to strengthen their EPHFs. As a result, several countries worked to strengthen their basic legal framework, guided by the EPHFs, and developed action plans closely linked to national health and development plans.

Strategic Line of Action 3: Increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service

- The strategy proposes that countries move towards public expenditure on health equivalent to 6% of gross domestic product. Six Member States have reached this target and the average for this indicator rose one percentage point from 3.7 to 4.7.
- With regard to the elimination of out-of-pocket payment, the macro indicator of out-of-pocket expenditure on health as a percentage of current expenditure on health has fallen by more than three percentage points (almost 10%) from a simple average of 32.6% to 29.3%. However, the proportion of people living in households in which out-of-pocket expenditure on health accounts for more than 10% of total spending has decreased in only four Member States since the adoption of the strategy.
- At least 10 Member States are now implementing or plan to implement equitable financing strategies and reforms to sustain progress towards universal health. In addition, at least seven Member States are implementing or plan to implement specific strategies to eliminate out-of-pocket payment for health services.
- In 2020, current per capita public expenditure on health increased by almost 10%, on average. In addition, the financial support from the main multilateral organizations in Latin America and the Caribbean totalled more than US\$8 billion (2020–2022). As the acute phase of the pandemic gradually passes, a decrease in support from these agencies is beginning to be observed, and it is expected that health will become less of a priority in national budgets.

Strategic Line of Action 4: Strengthening intersectoral coordination to address the social determinants of health

- The strategy establishes recommendations to move towards universal health, understanding that not all determinants of health are within the sphere of action of health systems and health policies. From the beginning of the pandemic to mid-2021, 33 Member States adopted about 430 such measures.
- Based on the exercises in which the evaluation instrument of the new EPHF framework was applied in the Region, it was determined that in most of the evaluated Member States, there is a gap in their programs and goals to reduce inequalities, namely, a lack of integration between institutions in the health sector and other government sectors, both at national and subnational levels.

Actions proposed: The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

Key messages



We applaud efforts to increase public expenditure for health and eliminate out-of-pocket payments through the implementation of equitable financing strategies.



We are concerned that while before the COVID-19 pandemic, the Region of the Americas was making progress toward the achievement of UHC, since the pandemic, this progress has been reversed, exposing and exacerbating structural weaknesses in health systems and inequalities in health.



We recommend that in the context of the report's call to redouble efforts to advance towards universal health in the Region, Member States commit to:

- INVESTING in essential NCD services through adequate, predictable, and sustained resources for UHC – including through fiscal measures and pro-health taxes on unhealthy commodities such as tobacco, alcohol, unhealthy foods and fossil fuels, which reduce consumption and represent potential revenue stream for UHC. We urge countries to prioritize health in national budgets and move towards public expenditure on health equivalent to 6% of their gross domestic product.

- ACCELERATING UHC implementation by including quality NCD prevention and care services in country UHC health benefit packages, including by drawing on the guidance contained in Appendix 3 of the WHO Global NCD Action Plan, also known as the NCD “best buys” and other recommended interventions, which provides a menu of cost-effective policies to prevent and manage NCDs.
- ALIGNING development and health priorities to achieve UHC, breaking down siloed approaches to funding and implementation coordinated by whole-of-government, top-level leadership.
- ENGAGING people living with NCDs in the design and implementation of people-centred primary health care, including by formalising opportunities for meaningful involvement of civil society in governance and decision-making. We therefore encourage Member States and WHO Regional Offices to consider the [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#).