



# Joint PAHO/WHO-CARICOM Subregional Cooperation Strategy 2025–2029

Advancing health and  
equity in the Caribbean

**PAHO**





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Advancing health and  
equity in the Caribbean

Washington, D.C., 2025

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# Director's foreword



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The Pan American Health Organization/World Health Organization (PAHO/WHO) is proud to present the Joint PAHO/WHO-CARICOM Subregional Cooperation Strategy (SCS) 2025–2029, a product of close collaboration and shared vision with the Caribbean

Community (CARICOM). This Strategy marks an important milestone in our long-standing partnership, reaffirming our mutual commitment to strengthening health systems and advancing health equity across the Caribbean.

The Caribbean subregion, comprising predominantly Small Island Developing States, faces a complex and evolving set of public health challenges – ranging from the high burden of noncommunicable diseases and the persistent threat of emerging infectious diseases to the vulnerabilities associated with climate change and disasters. These issues transcend national boundaries and require collective action and sustained cooperation.

The SCS 2025–2029 reflects the spirit and strength of subregional solidarity. It represents a shared agenda shaped by the priorities of Caribbean countries and aligned with the Caribbean Cooperation in Health, the PAHO Strategic Plan, and the Sustainable Development Goals. In doing so, it ensures that our technical cooperation continues to be relevant, responsive, impactful, and grounded in the needs and aspirations of Caribbean peoples.

Central to the implementation of this Strategy are PAHO's three functional levels, which play a pivotal role in delivering subregional common public health

goods – which benefit all countries across the subregion. These include collaborative mechanisms for disease surveillance, health workforce development, pharmaceutical regulation, and health information systems, among others. These efforts are supported by an integrated PAHO/WHO structure.

The SCS 2025–2029 also reinforces the critical role of partnerships – with CARICOM institutions such as the Caribbean Public Health Agency, the Council for Human and Social Development, development partners, and civil society organizations. Together, we aim to build resilient, inclusive, and people-centered health systems that can meet current demands and adapt to future challenges.

As we embark on this new cycle of strategic cooperation, PAHO/WHO remains fully committed to supporting CARICOM and its Member States in achieving universal health coverage and ensuring health and well-being for all in the Caribbean. Let us continue to work together – with governments, partners, and communities – to advance the collective health and prosperity of the subregion.

**Jarbas Barbosa da Silva Jr.**  
**Director**  
**Pan American Health Organization**

# Secretary-General's foreword



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The Joint PAHO/WHO-CARICOM Subregional Cooperation Strategy 2025–2029 represents a significant step toward achieving health equity and improving the quality of life for all individuals within the Caribbean Community (CARICOM). Central to this Strategy is the

commitment to enhance primary health care service, address the social determinants of health, and develop robust policies to address existential threats. By focusing on prevention, early interventions, and health promotion, the Strategy aims to reduce the burden of noncommunicable and communicable diseases (including HIV/AIDS and neglected diseases), which supports more efficient, integrated, and people-centred health care. It has also prioritised strengthening health systems to ensure resilience in the face of emerging and reemerging public health threats, including pandemics, outbreaks of vaccine-preventable diseases, and natural disasters related to climate change.

The Pan American Health Organization (PAHO), a longstanding and unwavering partner in technical and functional cooperation in several areas, has provided support to CARICOM in advancing its regional health agenda. This has been expressed through cooperation strategies developed at both the national and regional levels that serve to guide collaborative efforts with PAHO. Through an integrated resilience model, and in partnership with our regional institutions and partners, the Community is working toward an improved quality of life for all through improved equitable access to health, and reduced mortality due to HIV and noncommunicable diseases.

The process of drafting this Strategy included extensive consultations with health professionals, policymakers, and community representatives across the region. Their invaluable insights and expertise have shaped the direction of this document, ensuring that it reflects the unique needs and priorities of CARICOM Member States, and alignment with existing regional strategies, including the Caribbean Cooperation in Health Phase IV, the CARICOM Strategic Plan 2022–2030, and Sustainable Development Goal Framework 3 – Ensure healthy lives and promote well-being for all at all ages. This builds on the foundation of collaboration, recognising that collective efforts are essential for the successful implementation of the outlined initiatives.

The Strategy emphasises the importance of investing in health research, development, and the utilisation of technological advancements. By fostering innovation and supporting the development of a skilled health workforce, there can be momentum toward ensuring sustainable health outcomes. Our vision is to create a region where every individual has access to quality health care, regardless of socioeconomic status or geographical location.

This Joint Subregional Cooperation Strategy is testament to the region's unwavering commitment to advancing health and well-being. It is a call to action for all stakeholders to unite in pursuit of a common goal – a healthier, more resilient Caribbean Community.

**Dr. Carla Barnett**  
**Secretary-General**  
**Caribbean Community**

# Acknowledgments

The Pan American Health Organization/World Health Organization (PAHO/WHO) and the Caribbean Community (CARICOM) express their heartfelt gratitude to the individuals, organizations, and agencies that contributed invaluable support and expertise to the development of this joint Subregional Cooperation Strategy 2025–2029.

Sincere thanks are extended to:

- The CARICOM Secretary-General for offering support for hosting and providing other logistics for the planning meeting convened in Guyana.
- The Council for Human and Social Development (Health) and the ministries of health in Caribbean countries, whose insights and leadership were pivotal in shaping the strategy.
- The CARICOM Secretariat, through the Health Sector Development Programme, for their valid contribution, unwavering support and collaboration.
- The Caribbean Public Health Agency (CARPHA) for its technical guidance and partnership in addressing health priorities.
- United Nations agencies, funds, and programs operating in the Caribbean, whose cooperation has been instrumental in aligning the strategy with global health goals.
- Key development partners, including the European Union (EU), Inter-American Development Bank (IDB), and the Healthy Caribbean Coalition (HCC), for their financial and technical support in advancing the Caribbean health agenda.
- The PAHO/WHO Caribbean Subregional Program Coordination (SPC-CRB) technical and administrative teams, whose dedication and expertise ensured the successful coordination of this initiative.
- PAHO/WHO representatives and country teams in the Caribbean, for their tireless efforts in providing country-specific insights and support.
- Entities at PAHO Headquarters, including the Office of Country and Subregional Coordination, the technical departments, and the Office of the Director, for their guidance and assistance in aligning the strategy with regional and global frameworks.
- Representatives of Member States who dedicated their time to ensure adequate relevance of the strategy to the public health needs of the subregion.

# Abbreviations and acronyms

<b>AI</b>	artificial intelligence
<b>CARICOM</b>	Caribbean Community
<b>CARPHA</b>	Caribbean Public Health Agency
<b>CCH</b>	Caribbean Cooperation in Health
<b>CDB</b>	Caribbean Development Bank
<b>CDEMA</b>	Caribbean Disaster Emergency Management Agency
<b>COHSOD</b>	Council for Human and Social Development
<b>ECLAC</b>	Economic Commission for Latin America and the Caribbean
<b>EU</b>	European Union
<b>GDP</b>	gross domestic product
<b>GPW</b>	General Programme of Work (WHO)
<b>HIV</b>	human immunodeficiency virus
<b>HPV</b>	human papillomavirus
<b>HRH</b>	human resources for health
<b>IDB</b>	Inter-American Development Bank
<b>IHR</b>	International Health Regulations
<b>JSCS</b>	Joint Subregional Cooperation Strategy
<b>MEAL</b>	Monitoring, Evaluation, Accountability and Learning
<b>MTCT</b>	mother-to-child transmission
<b>M&amp;E</b>	monitoring and evaluation
<b>NCD</b>	noncommunicable disease
<b>NGO</b>	nongovernmental organization
<b>OOP</b>	out-of-pocket
<b>PAHO</b>	Pan American Health Organization
<b>PMA</b>	Performance Monitoring and Assessment
<b>SCS</b>	Subregional Cooperation Strategy
<b>SDG</b>	Sustainable Development Goal
<b>SHAA</b>	Sustainable Health Agenda for the Americas
<b>SIDS</b>	small island developing states
<b>SPC-CRB</b>	Caribbean Subregional Program Coordination
<b>TC</b>	technical cooperation
<b>UHC</b>	universal health coverage
<b>UN</b>	United Nations
<b>UWI</b>	University of the West Indies
<b>WHO</b>	World Health Organization

# Executive summary

The Pan American Health Organization/World Health Organization–Caribbean Community (PAHO/WHO-CARICOM) Joint Subregional Cooperation Strategy (JSCS) 2025–2029 is a high-level and medium-term comprehensive framework to advance health equity, strengthen resilience, and address persistent and emerging health challenges in the Caribbean. This strategy builds on the achievements and lessons learned from previous cycles, aligning with global and regional priorities such as the Caribbean Cooperation in Health IV (CCH IV), the PAHO Strategic Plan 2020–2025 and the new PAHO Strategic Plan framework 2026–2031, the CARICOM Strategic Plan 2022–2030, and the United Nations Sustainable Development Goals (SDGs). The JSCS 2025–2029 reflects a commitment to integrated, multisectoral approaches that prioritize equity, sustainability, and resilience in health systems across the Caribbean subregion, focusing on common health challenges.

The Caribbean faces unique health challenges due to its geographical, social, and economic characteristics. These include high vulnerability to climate change and natural disasters, the increasing burden of noncommunicable diseases (NCDs), the ongoing threat of communicable diseases and emerging diseases, and health inequities exacerbated by limited resources and migration of healthcare professionals. The COVID-19 pandemic further highlighted the fragility of health systems and underscored the need for strengthened collaboration and investment in health resilience.

The JSCS 2025–2029 acknowledges persistent challenges, such as health workforce shortages, high out-of-pocket healthcare costs, and vulnerabilities to climate change. These challenges require targeted interventions, including workforce development policies, investment in health infrastructure, and integration of climate adaptation strategies. Opportunities for innovation, such as digital health

transformation and community-based care models, are integral to the strategy's implementation.

The JSCS 2025–2029 aligns with regional and global health frameworks, ensuring coherence with the CCH framework, SDGs, and PAHO's broader strategic objectives. By addressing structural challenges and leveraging opportunities for innovation and partnership, the strategy aims to contribute to equitable and sustainable health outcomes for the Caribbean population. The strategy emphasizes a life course approach, addressing health needs from birth to old age, and integrates cross-cutting themes such as equity, human rights, gender, and sustainability.

The JSCS 2025–2029 is structured around five strategic priorities, each with specific deliverables designed to address the subregion's health challenges and opportunities (the detailed Strategic Agenda is in Chapter 3):

## **Strategic Priority 1: Enhancing resilience of primary health care-based health systems.**

- 1.1 Strengthen monitoring, evaluation, surveillance, and research to support evidence-based decision-making.
- 1.2 Support the development of workforce policies, plans, and training programs to enhance recruitment, retention, and rationalization of skills mix to ensure a resilient health workforce that can adapt to future health needs.
- 1.3 Support the adaptation and development of a digital transformation policy and standards with focus on information systems for health including interoperability, digital literacy, health information exchange, and adoption of emerging technologies (e.g., AI).

- 1.4 Promote availability and access to quality, effective, and affordable medicines, vaccines, and other technologies and services.

**Strategic Priority 2: Advancing climate adaptation, mitigation, disaster preparedness and response to enhance environmental sustainability, and health security.**

- 2.1 Develop and support implementation of climate adaptation strategies to enhance health sector resilience, including the integration of sustainable policies, practices, and standards for climate-smart health infrastructure.
- 2.2 Integrate environmental health considerations into subregional public health policies and programs.
- 2.3 Strengthen all-hazard emergency preparedness, readiness, coordination, and response capacities to fulfill responsibilities under the International Health Regulations (IHR).

**Strategic Priority 3: Strengthen multisectoral action toward the surveillance, prevention, and control of NCDs, violence, injuries, mental health conditions, and their risk factors.**

- 3.1 Advance the development and adoption of subregional policies and standards to address NCD risk factors and commercial determinants of health.
- 3.2 Accelerate the implementation of initiatives for the integrated and comprehensive management of NCDs such as Better Care for NCDs (including HEARTS), and cervical cancer elimination initiatives, among others. Also the implementation of policy recommendations from Council meetings and the United Nations (UN) high-level meeting.
- 3.3 Advocate for and support policy development to accelerate the transition to community-based mental health care and strengthen evidence-based intersectoral suicide prevention strategies.

- 3.4 Advocate for and support the scaling-up of evidence-based policies to address violence as a public health concern.

**Strategic Priority 4: Advancing the prevention, control, and elimination of priority communicable diseases through subregional coordination with the One Health approach.**

- 4.1 Advocate for and facilitate the strengthening of policies and legislation to promote and protect vaccination as a public good and support the development and implementation of electronic immunization registries, as well as strategies to address vaccine hesitancy.
- 4.2 Enhance robust integrated surveillance and early-warning systems through the IHR framework to monitor, detect, and respond quickly to outbreaks of communicable diseases.
- 4.3 Accelerate the elimination and strengthen control of priority communicable and neglected diseases through innovative and evidence-based approaches.

**Strategic Priority 5: Enhancing technical cooperation through partnerships, resource mobilization, and advocacy.**

- 5.1 Develop a subregional framework to enhance resource mobilization in partnership with CARICOM in support of Member States to address priority health challenges.
- 5.2 Strengthen policy communication and engagement with decision-makers and enhance advocacy in partnership with key stakeholders to address priority health issues.

The monitoring and evaluation (M&E) framework for the JSCS 2025–2029 is anchored both in the PAHO Performance Monitoring and Assessment (PMA) system and the CARICOM Monitoring, Evaluation, Accountability and Learning (MEAL) framework. This will allow each partner to ensure accountability, track

progress, and support adaptive management. Mid-term and end-term reviews will assess the strategy's impact, providing opportunities for course corrections and alignment with emerging health priorities. Regular reporting to the CARICOM Council for Human and Social Development (COHSOD) Health will facilitate transparency and stakeholder engagement, ensuring that health priorities remain integrated within the broader development agenda.

Partnerships are central to the success of the JSCS 2025–2029. Collaboration with entities such as CARICOM Secretariat, Caribbean Public Health Agency (CARPHA), and international development partners enhances the pooling of expertise and resources to address shared challenges. The strategy emphasizes the need for innovative resource

mobilization approaches, including leveraging digital health solutions and fostering public–private partnerships. By strengthening subregional and international cooperation, the JSCS aims to address funding gaps and build sustainable health systems.

The JSCS 2025–2029 provides a comprehensive road map to advance health equity and resilience in the Caribbean. By addressing critical health challenges, leveraging partnerships, and promoting sustainability, the strategy aims to achieve transformative health outcomes. Through the implementation of the JSCS 2025–2029, PAHO and CARICOM reaffirm their joint commitment to supporting the Caribbean in building healthier, more equitable, and resilient societies.

# Introduction

The Pan American Health Organization (PAHO) is the specialized international public health agency of the Inter-American System, established to promote health and well-being in the Americas, and also serves as the Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations. PAHO works to improve health equity and the quality of life across Member States (1). It serves as a bridge between global health initiatives and regional public health systems, helping to address critical health issues, respond to emergencies, and guide countries toward achieving universal health coverage in collaboration with key partners like the Caribbean Community (CARICOM).

CARICOM, established in 1973, is a political and economic union comprising 15 Member States and 6 Associate Members. Its primary goals are to promote economic integration, cooperation, and social and cultural solidarity among its members. CARICOM operates through various organs and bodies defined by the Revised Treaty of Chaguaramas, which supports decision-making and policy implementation. Institutions such as the Caribbean Public Health Agency (CARPHA) assist in advancing CARICOM's strategic objectives.

The CARICOM Secretariat Strategic Plan 2022–2030 outlines a vision of a unified, inclusive, and resilient Caribbean Community, one that is driven by innovation, knowledge, productivity, and a commitment to human rights and social justice. The plan aligns with global frameworks like the United Nations Sustainable Development Goals (SDGs) and adopts a comprehensive approach to health and development. CARICOM emphasizes the value of partnerships with international organizations such as PAHO and WHO, using these collaborations to address key regional challenges including noncommunicable diseases (NCDs), infectious disease outbreaks, and the health effects of climate change.

PAHO executes its primary function by delivering technical cooperation (TC), through a network of offices at the national, regional, and subregional levels, as well as partnerships with local stakeholders and international organizations. PAHO's TC is tailored to meet the specific needs of each country or subregion. At the subregional level PAHO provides coordinated TC across groups of countries within the designated subregions that have shared health challenges, allowing for more efficient use of resources and the development of subregional public health goods, focusing on areas such as health systems strengthening, disease prevention, and health promotion. Additionally, PAHO facilitates capacity-building through training, research, and the provision of technical tools, and setting norms and standards that empower countries to address their public health challenges independently. CARICOM, through its Member States and regional institutions, supports strategic priorities in alignment with its strategic plan and policy mandates.

PAHO recognizes four subregions in the Americas: the Caribbean, Central America, North America, and South America. PAHO provides its TC to the subregion of the Caribbean through a dedicated team of professionals working in an integrated manner with the national and regional levels.

The subregional team provides leadership in facilitating collaboration among the Caribbean nations, focusing on shared health priorities and challenges that require a unified approach. Through the subregional level of TC, PAHO enhances the capacity of countries to address health issues more effectively by pooling resources, knowledge, and expertise, thereby optimizing outcomes and supporting the broader health development agenda in the Caribbean. This includes fostering partnerships with key stakeholders like CARICOM, CARPHA, and other regional institutions to strengthen health systems and address shared health priorities.



Participants at the multisectoral stakeholder consultation for the JSCS strategy hosted at the CARICOM Secretariat, in Georgetown, Guyana, in November 2024.

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For the coming five-year period, the PAHO subregional TC will be guided by the PAHO/WHO-CARICOM Joint Subregional Cooperation Strategy (JSCS). The JSCS is a medium-term strategic framework that outlines PAHO's approach to TC with CARICOM, its entities, and subregional and international partners. It aims to address the Caribbean's common health challenges in a coordinated and integrated manner over a five-year period. The JSCS defines strategic priorities and deliverables that align with the subregion's health needs, with the goal of improving public health outcomes and advancing health equity across the Caribbean.

The development of the strategic priorities within the JSCS is informed by several critical frameworks, including:

- The **PAHO Strategic Plan 2020–2025 (2)** and the **PAHO Strategic Plan 2026–2031**: Provide overarching guidance for PAHO's work across the Americas.
- **The Sustainable Health Agenda for the Americas (SHAA) 2030 (3)**: Represents the health sector response to commitments endorsed by PAHO Member States in the 2030 Agenda for Sustainable Development.
- The **Caribbean Cooperation in Health (CCH IV) (4)**: Focuses on the specific health priorities of the Caribbean.

- The **CARICOM Secretariat Strategic Plan 2022–2030 (5)**: A blueprint for development that emphasizes health as a key pillar.
- The **WHO General Programme of Work (GPW 13/14) (6)**: Outlines global health goals, including SDG 3 on good health and well-being.
- The **United Nations Sustainable Development Goals (SDGs) (7)**: A comprehensive framework for achieving sustainable development, with health as a central objective.
- The **PAHO Forward initiative (8)**.
- Other subregional framework documents.

The proposal for the development of the JSCS was mandated by the PAHO Director and endorsed by the CARICOM 47th Council for Human and Social Development (COHSOD) Health, held on 27–28 September 2024. Its timing is critical, as it coincides with the conclusion of the PAHO Strategic Plan 2020–2025 and CCH IV, both of which are transitioning into their next phases. The JSCS anchors its priority interventions on the overarching CARICOM strategy for delivering results for the Community in health and well-being, and is guided by the WHO Country Cooperation Strategy (CCS) Guide 2023 and PAHO's adaptation and orientation of this document.

## CHAPTER 1

# Caribbean subregional context

### Health and development situation

#### Political structure and integration mechanisms in the Caribbean

The Caribbean subregion is a politically diverse group comprising independent states, overseas territories, and dependencies. While each has its governance system, they share common historical, social, and economic challenges. To address these challenges, the Caribbean countries participate in several intergovernmental mechanisms that promote regional integration, sustainable development, and health improvements. These mechanisms include CARICOM, the Organisation of Eastern Caribbean States (OECS), and the Association of Caribbean States (ACS).

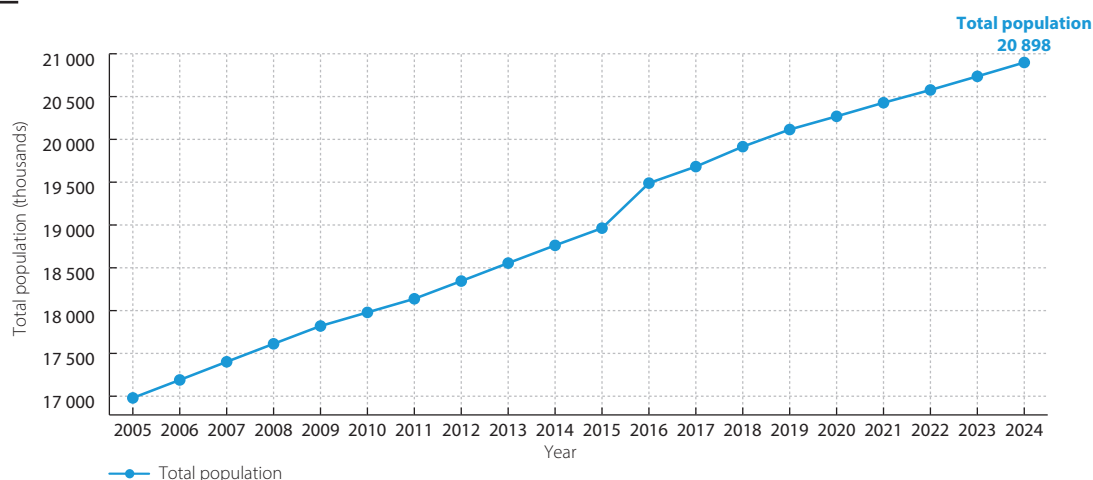
These organizations work together with health affiliated institutions and agencies to improve health

outcomes across the Caribbean by facilitating shared knowledge, pooling resources, and harmonizing health policies. They also advocate for international support and funding, helping to address health disparities and promote access to health care across the subregion.

#### Demographics

The non-Latin Caribbean countries<sup>1</sup> are undergoing significant demographic changes characterized by slowing population growth, declining fertility rates, increasing life expectancy, and the ongoing effects of migration (9). The total population currently stands at 20 898 000 in 2024, reflecting steady growth from 2005 (Figure 1). However, recent years have seen a slowing of this growth, a trend expected to continue in the coming years due to a combination of demographic factors (10).

**FIGURE 1** Total population for non-Latin Caribbean countries, 2005–2024



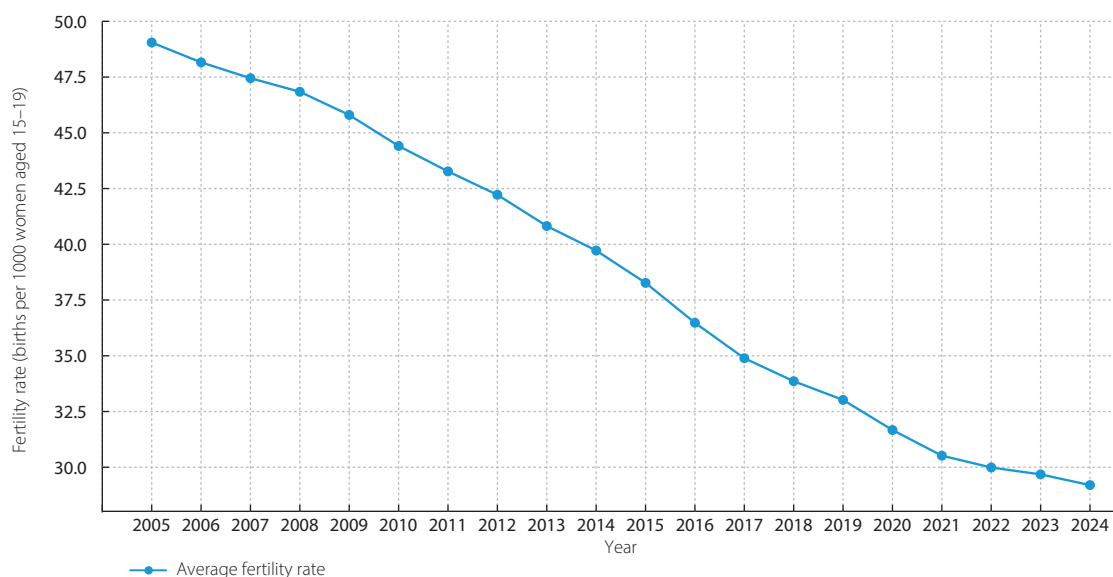
Source: Compiled from PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

<sup>1</sup> Non-Latin Caribbean countries include countries in the Caribbean subregion whose primary languages and colonial influences are Anglophone (English-speaking) or Dutch-speaking, rather than Latin-based languages such as Spanish or French, but data presented in this JSCS include French-speaking Haiti, Guadeloupe, and Martinique.

Fertility rates in the non-Latin Caribbean countries have declined substantially, with adolescent fertility dropping from 49 births per 1000 women aged 15–19 in 2005 to just over 29 births per 1000 women in 2024 (Figure 2). This trend is also seen in the total fertility rate (Figure 3), which decreased from 2.13 to 1.7 live births per woman during the same period. This

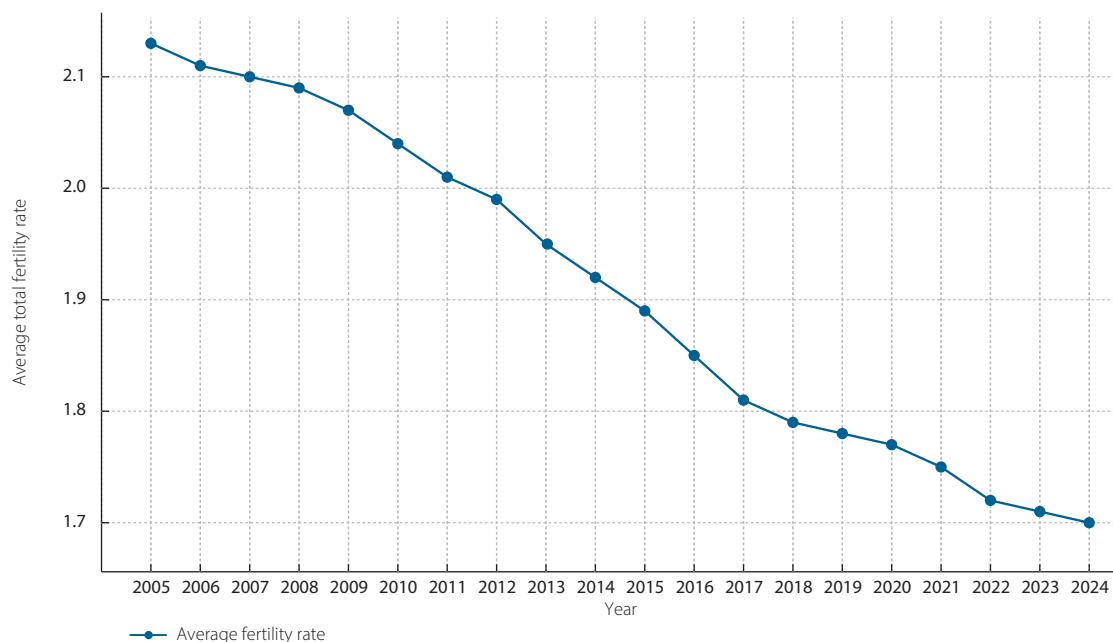
decrease highlights improved access to education, reproductive health care, and shifts in societal norms that delay childbearing. With fertility rates now below replacement levels, younger age cohorts are becoming relatively smaller, and, if these trends persist, older age cohorts will soon outnumber younger ones (9).

**FIGURE 2** Adolescent fertility rate for non-Latin Caribbean countries, 2005–2024



Source: Compiled from PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

**FIGURE 3** Average total fertility rate for non-Latin Caribbean countries, 2005–2024



Source: Compiled from PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

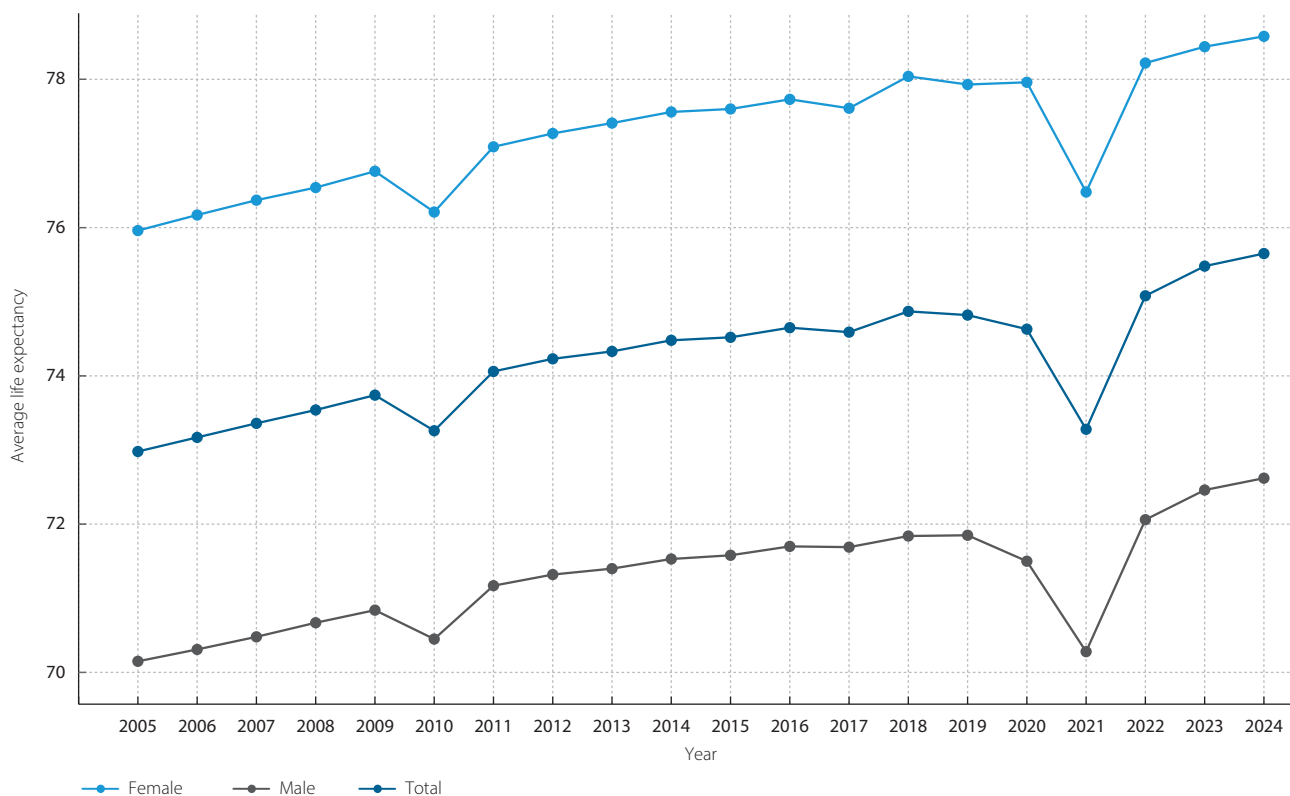
The graph in Figure 4 shows a steady rise in life expectancy for non-Latin Caribbean countries, from 72.98 years in 2005 to 75.65 years in 2024. This progress reflects advancements in health care, socioeconomic conditions, and access to health services. However, life expectancy saw notable declines in 2010 and 2020–2021, with the sharp drop in 2020–2021 linked to the COVID-19 pandemic, which strained healthcare systems and increased mortality, especially among vulnerable groups. These setbacks emphasize the need for resilient healthcare infrastructure to handle future crises.

Figure 4 also highlights a consistent life expectancy gap of 5–6 years between females and males, with females living longer. This global trend points to disparities such as higher occupational risks, lifestyle factors, and delayed health care among men. Addressing these disparities calls for gender-sensitive health policies.

Despite temporary setbacks, the rise in life expectancy reflects a demographic transition. An aging population will increasingly strain social systems like health care, pensions, and elder care. Preparing for these demands and ensuring equitable resource access will be essential to sustain progress and societal well-being.

Outward migration remains another critical factor affecting population dynamics. While emigration rates have declined compared to previous decades, they still exceed immigration levels. The “brain drain,” particularly the loss of health professionals, continues to negatively impact healthcare delivery and services. This outflow of skilled labor not only diminishes the capacity to support an aging population but also compounds the challenges posed by declining fertility rates and a shrinking younger workforce.

**FIGURE 4** Average life expectancy for non-Latin Caribbean countries, 2005–2024



Source: Compiled from PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

## Macroeconomics

The Caribbean economies are highly dependent on tourism, which constitutes a significant portion of gross domestic product (GDP) and employment in many countries, such as Antigua and Barbuda, Barbados, and Saint Lucia (11). The COVID-19 pandemic, however, exposed the vulnerability of this reliance, with severe contractions in GDP and rising unemployment. This heavy reliance on tourism makes Caribbean economies susceptible to external shocks such as global economic downturns and natural disasters.

Efforts are being made to diversify economic activities by focusing on sustainable tourism and strengthening infrastructure, but significant challenges remain, including high debt-to-GDP ratios and low economic growth (11, 12). The Caribbean's economic volatility is exacerbated by weak export growth, high debt levels, and vulnerability to climate change, which disrupts infrastructure and damages critical industries like agriculture.

Despite these challenges, the Caribbean Development Bank (CDB) and the Inter-American Development Bank (IDB) are working to support economic resilience through sustainable finance initiatives, climate adaptation projects, and health financing reforms (11, 13). Health spending remains a key concern, with several Caribbean countries struggling to meet health financing targets.

## Social situation and determinants of health in the Caribbean

The non-Latin Caribbean faces a complex interplay of socioeconomic, health, and environmental challenges that shape development and well-being. Issues such as poverty, youth unemployment, food insecurity, climate change, and environmental pressures create a unique set of vulnerabilities that demand urgent and integrated action (13).

Poverty remains a pervasive issue (11). The prevalence of out-of-pocket (OOP) health expenditures further compounds this issue, disproportionately affecting the most vulnerable. Without adequate financial risk

protection, many individuals are unable to access equitable health care, driving them deeper into poverty and exacerbating health disparities (14, 15). Small island developing states (SIDS) face additional challenges, as their reliance on tourism and agriculture creates fragile economies that struggle to provide comprehensive health care and social support systems (13). Addressing these inequities requires expanding financial protection and improving access to health care for all.

In the Caribbean, over 60% of its inhabitants are under the age of 30 (16). High rates of unemployment, more than three times the adult average, is another critical challenge, with rates exceeding 30% in some countries (11) for young women under 30. This lack of opportunities pushes young people into informal jobs without social protection, perpetuating poverty and social instability (17). The high rates of youth unemployment are closely linked to increased levels of youth violence, crime, and intentional injuries, undermining social cohesion and public safety. To counter these trends, investments in education, skills training, and job creation tailored to the needs of the subregion are essential for empowering young people and fostering long-term stability. Unemployment may also affect the mental health status of Caribbean youth, manifesting as anxiety and depression (18).

Food security is a pressing issue in the Caribbean countries, driven by the heavy reliance on imported foods, climate change, rising food costs, and declining agricultural productivity (19). These vulnerabilities are compounded by the impacts of climate change, which disrupt local food production and threaten the livelihoods of agricultural communities (11). Malnutrition, coupled with the increasing prevalence of NCDs such as diabetes and hypertension, highlights the urgent need for sustainable agricultural practices and resilient food systems. Promoting locally grown, nutritious foods and reducing dependence on imports will be key to enhancing food security and public health. CARICOM has committed to reducing its food import bill by 25% in 2025. Significant progress was reported at the 48th Regular Meeting of the

Conference of Heads of Government of CARICOM in Barbados, and the initiative has been extended to 2030 (20).

The issue of school nutrition policies has been receiving attention from Member States (21, 22). At the 43rd Meeting of the Council for Human and Social Development (COHSOD) Health, which took place virtually in October 2021 (23), Member States were urged to develop and implement a national school nutrition policy by 2025.

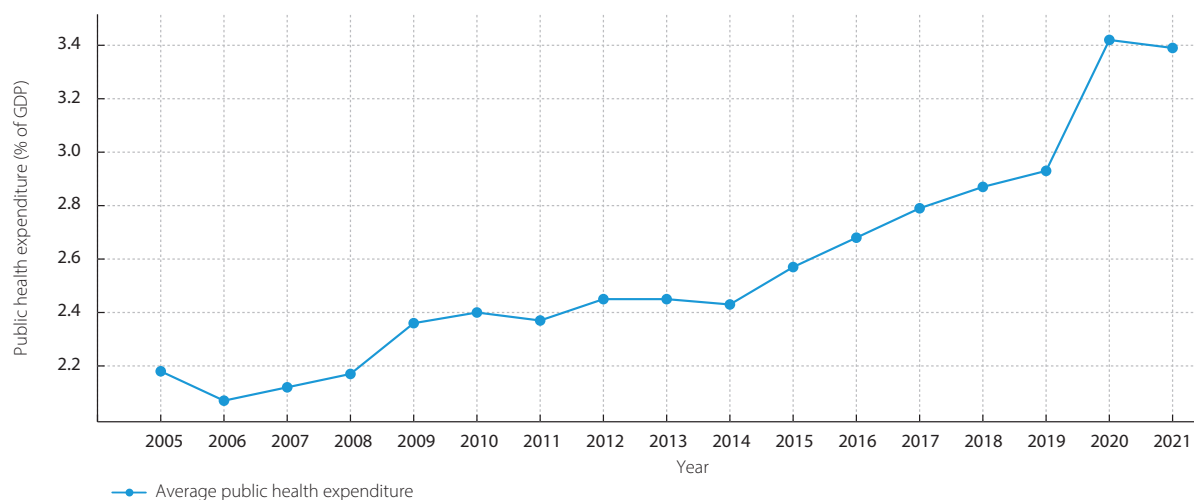
Climate change poses a particularly severe threat such as rising sea levels, more frequent hurricanes, and higher temperatures exacerbating existing vulnerabilities (24). These environmental shifts have led to an increase in vector-borne diseases such as dengue and Zika virus disease, which thrive in warmer climates, as well as more frequent climate-related disasters that cause widespread infrastructural damage. The inequity faced by SIDS is stark – they contribute the least to global greenhouse gas emissions but bear the brunt of its consequences. This inequity is further compounded by reduced access to international donor funding, as higher GDP per capita often masks the vulnerabilities of these nations. Strengthening disaster preparedness, building resilient health systems, and advocating for equitable climate financing are critical steps to address these challenges.

The non-Latin Caribbean stands at a crossroads, facing interconnected challenges that require integrated and multisectoral solutions. By addressing poverty, unemployment, food insecurity, climate change, and environmental threats holistically, the Caribbean can build a more equitable, resilient, and sustainable future for its populations. Empowering the most vulnerable, promoting economic opportunities, and investing in climate adaptation will be critical to overcoming these challenges and ensuring a healthier and more prosperous Caribbean.

### Health systems

WHO recommends that governments increase public health spending to at least 5–6% of the country’s GDP to achieve universal health coverage (25). The trend in average public health expenditure as a percentage of GDP for independent non-Latin Caribbean countries reflects steady growth from 2005 to 2021, with a notable increase during health crises and global challenges (Figure 5). The expenditure rose from 2.18% in 2005 to 3.39% in 2021, demonstrating a commitment to health investment, especially in response to the COVID-19 pandemic. Key drivers include the reprioritization of health within national budgets and an acknowledgment of health as a cornerstone of socioeconomic development.

**FIGURE 5** Average public health expenditure as a percentage of gross domestic product for independent non-Latin Caribbean countries, 2005–2021



Source: Compiled from PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

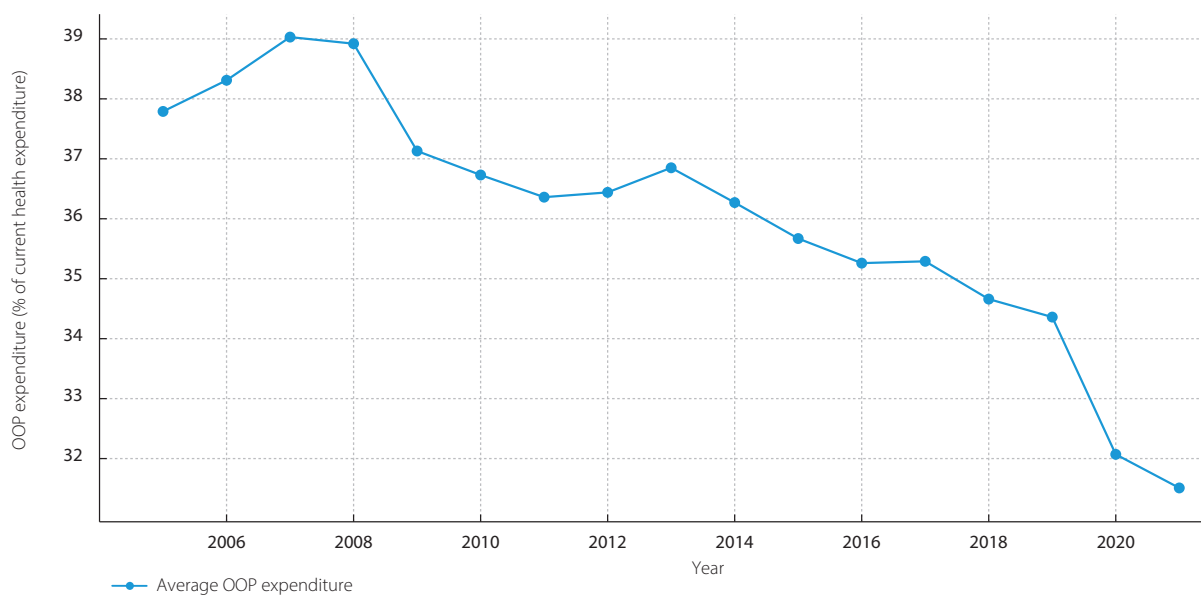
However, PAHO emphasized that countries that have made the most progress toward universal health coverage have public expenditure in health of at least 6% of GDP. The gradual increase in public expenditure in health in the independent non-Latin Caribbean countries aligns with PAHO’s regional goals for achieving universal health (26). However, challenges persist. Many countries fall short of the benchmark due to limited fiscal space, inefficiencies in resource allocation, and external economic pressures.

Investment in public health systems is further complicated by competition for fiscal resources, yet remains essential for combating health inequities, improving resilience against climate-related health impacts, and addressing the dual burden of infectious diseases and NCDs. Efforts to bolster public health financing must incorporate strategies to improve

efficiency, increase fiscal capacity, and ensure sustained political commitment.

OOP health expenditure in independent non-Latin Caribbean countries has shown a gradual decline over the past 15 years (Figure 6). Nevertheless, it remained high at an average of 31.51% in 2021, and in some countries, it was as high as 54% (10). This decline highlights improvements in healthcare financing mechanisms, such as increased public health spending, enhanced social protection schemes, and reduced reliance on direct payments by individuals. Overall, this reflects progress toward financial risk protection and equity in healthcare access, but it is still above the WHO recommended 15–20% benchmark (27). CARICOM continues to advocate for improved healthcare packages and increased safety networks for older persons and those in situations of greatest vulnerability.

**FIGURE 6** Out-of-pocket (OOP) health expenditure for independent non-Latin Caribbean countries, 2005–2021



Source: PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

The non-Latin Caribbean faces significant challenges in meeting global benchmarks for human resources for health (HRH), critical for achieving universal health coverage (UHC). The Caribbean experiences acute

shortages and inequitable distribution of healthcare workers, undermining healthcare delivery (28).

By 2030, Latin America and the Caribbean are projected to face a shortage of 600 000 health professionals, against a target of 44.5 medical, nursing, and midwifery professionals per 10 000 population (29). To achieve 80% effective coverage on the UHC index, 20.7 physicians, 70.6 nurses and midwives, 8.2 dentistry professionals, and 9.4 pharmaceutical professionals per 10 000 are needed. However, 66.7% of countries in Latin America and the Caribbean, including the non-Latin Caribbean, fall below these benchmarks.

In the non-Latin Caribbean, physician densities range from 41.9 per 10 000 in Trinidad and Tobago to 5.5 in Jamaica and 2.4 in Haiti. Only Antigua and Barbuda, Barbados, and Trinidad and Tobago meet the physician benchmark. Similarly, Saint Vincent and the Grenadines, with 73.4 nurses per 10 000 in 2018, is the only country meeting the nursing benchmark, yet it remains below the average for the Region of the Americas of 92.6 (10).

Migration further exacerbates HRH shortages, with many health workers leaving for better opportunities abroad. Surveys indicate that 92% of health professionals in the Caribbean would reconsider migration if career advancement opportunities existed locally (29). These HRH gaps hinder progress toward UHC, leaving many countries unable to provide equitable healthcare services and address their populations' needs effectively. A policy to address migration of healthcare personnel has been developed in collaboration with CARICOM in an effort to encourage retention strategies.

Access to essential medicines in non-Latin Caribbean countries is supported by public funding for drugs on the WHO Model List of Essential Medicines, often provided free in public hospitals (26, 28). However, OOP payments remain a major financing source, creating barriers to access and leading to irrational use of medicines. High costs, particularly for nonessential drugs, further exacerbate these issues. Inefficiencies in health technology assessments and a lack of standard treatment guidelines limit the rational use of medicines. Addressing these challenges requires drug price regulation, timely reimbursement in private

plans, and improved guidelines to enhance affordability and equitable access. CARICOM should pursue the implementation plan for the memorandum of understanding with Health Development Partnership for Africa and the Caribbean (HeDPAC) that will address some of these issues.

### **Emergency preparedness and response**

The Caribbean is highly vulnerable to natural disasters, and ensuring the resilience of health systems is critical to maintaining healthcare services during emergencies. PAHO has been at the forefront of disaster preparedness and response efforts in the efforts, implementing initiatives such as the Smart Hospitals program, which retrofits health facilities to withstand natural disasters and improve energy efficiency (30).

Emergency Medical Teams have been established to provide rapid healthcare services during disasters, and training programs for healthcare workers ensure they are prepared to respond effectively to emergencies (31). However, further investments are needed to enhance the resilience of health infrastructure, particularly in small island states vulnerable to hurricanes and other climate-related events.

### **Promoting a healthier population**

#### **Noncommunicable diseases**

NCDs account for over 70% of deaths in the non-Latin Caribbean, highlighting a critical public health crisis (32). Conditions like heart disease, stroke, diabetes, and cancer contribute to 39–67% of mortality in countries such as Guyana and Haiti. These outcomes are linked to risk factors like physical inactivity, unhealthy diets, tobacco use, and alcohol consumption, which are widespread.

The rising prevalence of childhood obesity, exceeding 30% in some countries, poses a significant threat to future generations' health. This issue, coupled with increasing physical inactivity among youth, contributes to early-onset NCDs, driving healthcare costs and reducing workforce productivity. Health inequities further exacerbate the NCD burden, as economic,

social, and geographical disparities limit access to health care. Vulnerable populations, including rural communities and ethnic minorities, face greater challenges due to poverty, unemployment, and inadequate public health infrastructure (33). NCDs were the top seven causes of death in the non-Latin Caribbean countries in 2019 (Figure 7).

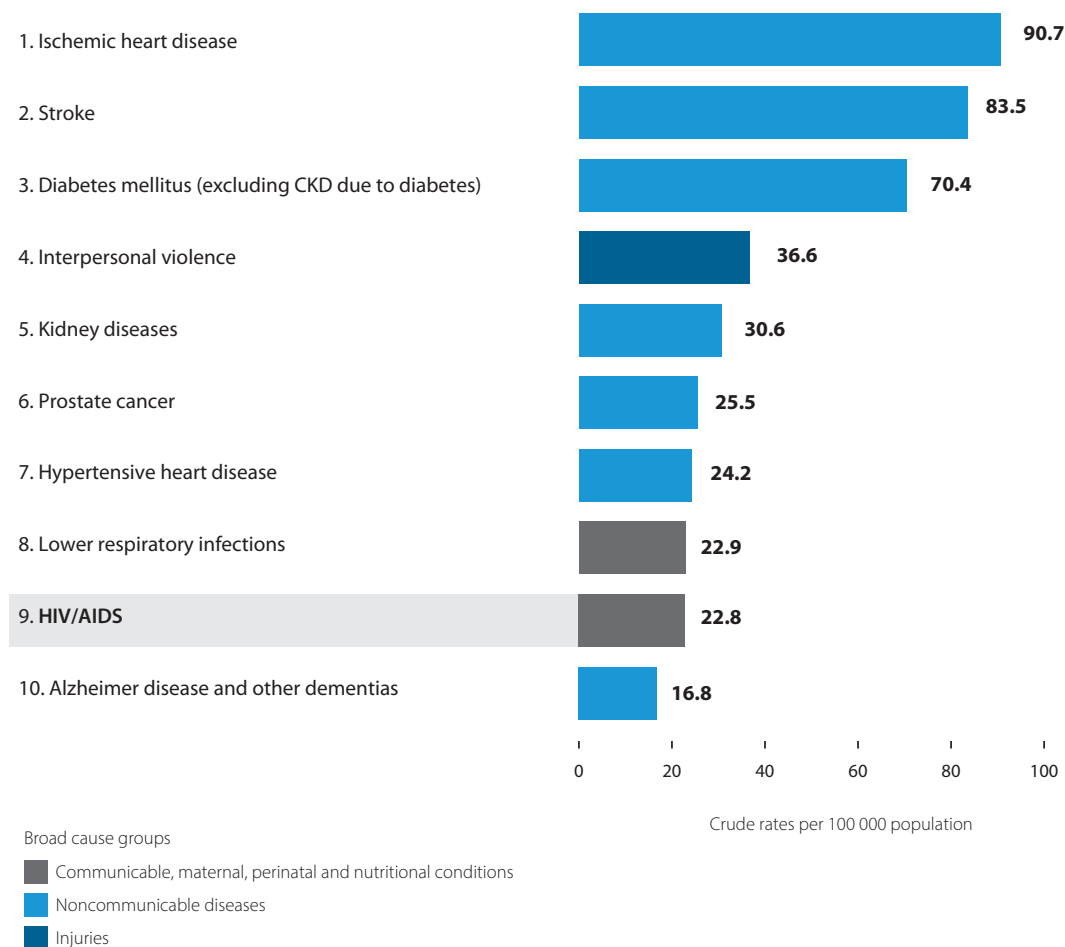
Despite efforts like the 2007 Declaration of Port of Spain and subsequent United Nations High-Level Meetings on NCDs, progress has been slow. Between 2000 and 2019, NCD mortality decreased by a modest 12.8%, with the rate of decline stagnating after 2013 (Figure 8), indicating the need for sustained

or intensified policy and healthcare interventions to continue reducing mortality rates from NCDs.

Insufficient progress in addressing risk factors such as tobacco use, alcohol consumption, poor diet, and physical inactivity threatens the Caribbean’s ability to meet the SDG of reducing NCD mortality by one-third by 2030 (32, 33).

The Better Care for NCDs Initiative aims to enhance the integration of NCD management into primary care, addressing gaps in prevention and treatment and improving outcomes for affected populations (34).

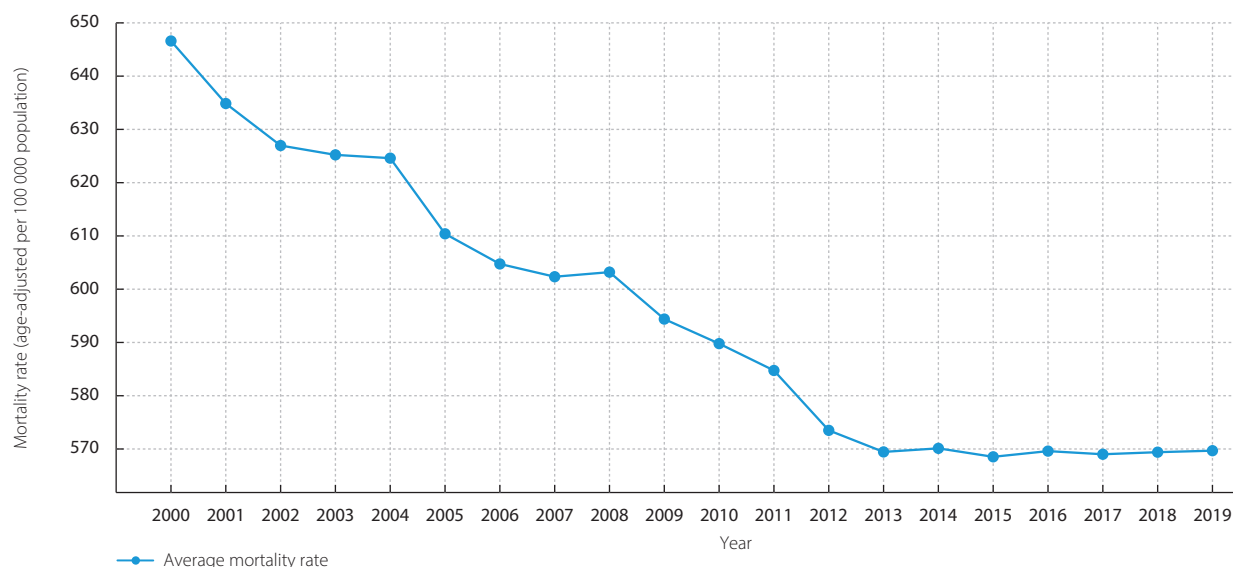
**FIGURE 7** Crude death rates per 100 000 population, total population, non-Latin Caribbean, 2019



Note: CKD: chronic kidney disease.

Source: World Health Organization. Global Health Estimates 2019. Geneva: WHO; 2020.

**FIGURE 8** Average noncommunicable disease mortality rate for independent non-Latin Caribbean countries, 2000–2019



Source: PAHO Core Indicators 2024 – <https://opendata.paho.org/en/core-indicators>.

### Communicable diseases and the Elimination Agenda

The Caribbean countries have made notable progress in combating communicable diseases, particularly through initiatives such as the PAHO Disease Elimination Initiative (35). This initiative focuses on diseases like HIV, syphilis, and hepatitis B, with remarkable success in eliminating mother-to-child transmission (MTCT) of HIV and syphilis. Ten countries and territories in the Caribbean subregion – Anguilla, Antigua and Barbuda, Belize, Bermuda, Cayman Islands, Dominica, Jamaica, Saint Kitts and Nevis, and Saint Vincent and the Grenadines – have achieved WHO certification for eliminating MTCT, driven by improved prenatal screening and treatment protocols (36).

HIV remains a major focus of public health efforts. Between 2010 and 2023, the Caribbean achieved a 22% reduction in new HIV infections, with cases decreasing from 19 000 to 15 000 annually (37). By 2023, an estimated 240 000 people living with HIV in the Caribbean were receiving antiretroviral therapy, achieving 70% coverage among those diagnosed.

These efforts highlight the strides made in providing treatment and reducing transmission.

Vaccination continues to play a critical role in controlling vaccine-preventable diseases such as measles, rubella, and polio. However, recent challenges, including vaccine hesitancy and disruptions caused by the COVID-19 pandemic, have led to declines in immunization coverage (38). Maintaining and strengthening vaccination programs is essential to preserving the region's achievements in disease elimination.

Globally, the percentage of 15-year-old girls who received the recommended doses of human papillomavirus (HPV) vaccine increased by 18 percentage points to 20% coverage between 2010 and 2023 (39). In the Caribbean there is hesitancy around HPV vaccination, mainly due to knowledge gap in both the public and among healthcare workers. This is evident in the varied HPV coverage rates ranging from 1% to 81% in Caribbean countries in girls up to 15 years in 2023.



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Despite progress, challenges remain, such as sustaining antiretroviral therapy coverage and rebuilding public confidence in vaccines. Continued investment in healthcare systems and public health education will be vital to ensuring long-term success in combating communicable diseases across the non-Latin Caribbean.

### **Development partners**

PAHO collaborates with an extensive network of development partners to improve public health and strengthen healthcare systems across the Caribbean. These partnerships are essential in addressing pressing health challenges, including communicable and noncommunicable diseases, disaster preparedness, climate resilience, and the pursuit of UHC. PAHO's TC is reinforced by the expertise and contributions of subregional organizations, nongovernmental organizations (NGOs), and international agencies. Together, these partnerships play a critical role in advancing the health agenda.

Among PAHO's key collaborators are CARICOM and its associated institutions. CARPHA consolidates public

health efforts, focusing on disease prevention, health security, and public health emergencies. CARPHA's contributions are pivotal in managing communicable diseases and advancing the control of NCDs. Similarly, the CDB complements PAHO's initiatives by providing financial and technical assistance for healthcare projects. This support promotes climate resilience and strengthens health infrastructure in the Caribbean.

The Caribbean Disaster Emergency Management Agency (CDEMA) is instrumental in disaster risk reduction and preparedness, working closely with PAHO to ensure that health systems remain operational during emergencies. Their collaborative efforts focus on reinforcing healthcare facilities to withstand climate-related disasters. As a leading academic institution, the University of the West Indies (UWI) partners with PAHO to enhance HRH through training, education, and research. UWI's research programs support evidence-based approaches to managing NCDs and infectious diseases.

The Caribbean Regional Organization for Standards and Quality (CROSQ) plays a vital role in ensuring that health technologies and medicines meet international standards. In partnership with PAHO, CROSQ develops regulatory frameworks to improve access to quality medicines, benefiting populations in situations of vulnerability. The Pan Caribbean Partnership Against HIV/AIDS (PANCAP) collaborates with PAHO to strengthen strategies for HIV and syphilis elimination, while addressing stigma and discrimination that hinder access to health care for people living with HIV. Additionally, the Caribbean Community Climate Change Centre and PAHO work together to address the health impacts of climate change, particularly for populations in situations of vulnerability such as older persons and those with chronic diseases.

Other significant collaborations include the Regional Nursing Body, which addresses nursing workforce issues, and the Caribbean Association of Medical Councils, which focuses on improving medical education and professional licensing. CARIFORUM, within the context of the development partnership of the European Union (EU), collaborates with PAHO to address health equity and universal health care in the Caribbean.

PAHO also benefits from partnerships with NGOs such as the Healthy Caribbean Coalition (HCC), which promotes healthy lifestyles and advocates for policy changes to combat NCDs. EarthMedic partners with PAHO to advance environmental sustainability and its impact on public health through clean energy and pollution reduction initiatives.

International agencies, including the United Nations and its specialized entities, form another critical pillar of PAHO's partnerships. The UN Multi-Country Sustainable Development Cooperation Framework for the Caribbean, aligned with the 2030 Agenda for Sustainable Development, provides a unified strategy for addressing developmental challenges. Through this framework, agencies like the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the Economic Commission for Latin America and the Caribbean (ECLAC), the Food and Agriculture Organization of the United Nations, and the International Organization for Migration collaborate with PAHO to address social determinants of health, maternal and child health, food security, and health equity.

Finally, PAHO's partnerships with international development organizations like the World Bank, the IDB, the European Commission, the United Kingdom's Foreign, Commonwealth and Development Office, Canada, USAID, and the US Centers for Disease Control and Prevention provide funding, technical expertise, and support for a wide array of health initiatives. These collaborations address issues such as health financing, infectious disease control, disaster preparedness, and climate change adaptation.

Together, these partnerships enable PAHO to strengthen health systems, build resilience to emergencies, and advance public health across the Caribbean. Their collective efforts reflect a shared commitment to improving health outcomes and achieving the SDGs.

## CHAPTER 2

# PAHO/WHO's cooperation over the past JSCS cycle

The PAHO/WHO Caribbean Subregional Program Coordination (SPC-CRB) played a pivotal role in advancing health priorities in the Caribbean during the Subregional Cooperation Strategy (SCS) 2016–2019. Beyond the strategy's initial scope, the SPC-CRB addressed critical areas such as UHC, climate change resilience, health promotion, disease prevention, health information systems, and partnerships. These efforts demonstrated PAHO/WHO's enduring impact on health development across the Caribbean.

### **Achievements in universal health coverage**

The SPC-CRB made significant progress in promoting UHC and equitable access to health care. Collaborative efforts with partners such as the World Bank, ECLAC, and the UWI improved health financing systems in countries like Barbados, Belize, and Guyana. These collaborations focused on reforming national health insurance models, conducting cost analyses, and fostering evidence-based decision-making in health financing.

HRH emerged as a priority under UHC initiatives. The joint collaborative effort of the CARICOM Secretariat and the SPC-CRB, under the mandate of the 39th COHSOD, established the HRH Action Task Force and the HRH Caribbean Commission to address workforce shortages and strengthen health systems. These efforts culminated in the HR for Resilient Health Systems Caribbean Roadmap 2025–2030, a comprehensive strategy to enhance HRH capacity and resilience. Access to essential medicines was also bolstered by the Caribbean Regulatory System (CRS), developed in partnership with CARPHA. The CRS

streamlined regulatory processes, improved drug affordability, and increased the availability of high-quality medicines across the Caribbean.

### **Strengthening climate resilience and disaster preparedness**

Recognizing the critical intersection of health and climate change, the SPC-CRB advanced climate leadership and resilience through several impactful initiatives. The program supported the development of Health National Adaptation Plans, which enhanced regional capacity to address climate change-related health challenges. These plans were complemented by a EUR 7 million EU-funded project focused on strengthening climate-resilient health systems across the Caribbean.

The SPC-CRB's disaster preparedness initiatives included implementing the WHO Emergency Response Framework, which addressed all phases of emergency management – prevention, preparedness, response, and recovery. Collaborations with the CDB prioritized mental health support in emergencies, ensuring psychosocial well-being during disaster response efforts. Environmental sustainability was further promoted through integrated health and environmental protection models, along with improvements in water, sanitation, and hygiene (WASH) systems to safeguard public health.

### **Advancing health promotion and disease prevention**

The SPC-CRB's contributions to health promotion and disease prevention spanned both NCDs and communicable diseases. The HEARTS in the Americas



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Initiative, which targets cardiovascular health, was implemented in 17 Caribbean countries, achieving full scale-up in public primary health clinics in Barbados and Trinidad and Tobago. Tobacco control regulations, investment cases for NCDs and mental health interventions, and advocacy for front-of-package warning labels underscored the program's commitment to reducing NCD risk factors.

In combating communicable diseases, the SPC-CRB collaborated with the Global Fund to secure resources for innovative HIV prevention and tuberculosis (TB) diagnosis. These efforts improved laboratory capacity and enhanced disease surveillance. Cuba was the first country in the Region of the Americas to achieve WHO certification for eliminating MTCT of HIV and syphilis, marking a milestone in regional health outcomes. This achievement was later accomplished by the 10 other countries in the Caribbean subregion. Vaccine hesitancy was addressed through research, training modules, and community engagement workshops, which aimed to rebuild trust in immunization programs disrupted by the COVID-19 pandemic.

## **Enhancing health information systems and research**

The SPC-CRB strengthened health information systems and research through the CARICOM-mandated Information Systems for Health Technical Working Group. This initiative promoted collaboration to enhance health data systems, informing policy decisions and improving health outcomes. Studies on workforce mobility, migration, and COVID-19 vaccine hesitancy provided critical insights into regional health challenges. The Virtual Campus for Public Health further supported capacity-building, offering training for public health professionals in collaboration with CARPHA and regional universities.

Operational research also played a significant role in improving HIV treatment outcomes, with a focus on addressing advanced HIV disease and drug resistance. Research on front-of-package warning labels informed regulatory frameworks to promote healthier dietary choices, while climate change perception surveys guided strategies to mitigate health risks associated with environmental changes.

## **Strengthening partnerships and resource mobilization**

Subregional partnerships and resource mobilization were central to the Caribbean TC success.

Collaborations with organizations like the CDB, the EU, and the Global Fund facilitated initiatives in adolescent health, climate resilience, and disease elimination.

Two Caribbean Congresses on Adolescent and Youth Health provided platforms for addressing youth health priorities, emphasizing collaboration and dialogue among stakeholders.

Resource mobilization efforts supported the EMTCT Plus validation, enabling progress toward the elimination of MTCT of HIV and syphilis. Climate resilience projects, funded by the EU, addressed vulnerabilities in health systems, ensuring their adaptability to climate-related challenges. These partnerships underscored the importance of collective action in advancing health development across the Caribbean.

## **Challenges and lessons learned**

Despite its achievements, during the SCS 2016–2019 cycle, the COVID-19 pandemic disrupted health priorities, diverting resources to pandemic response efforts. Limited funding and technical resources further constrained the implementation of planned

initiatives. Additionally, limited awareness of the SCS among some stakeholders hindered collaboration, highlighting the need for increased engagement and communication.

The review of the SCS 2016–2019 emphasized the importance of collaboration in addressing health priorities. While progress was made across all strategic areas, persistent challenges in funding, workforce capacity, and stakeholder awareness highlighted areas for improvement. These lessons will inform the upcoming JSCS 2025–2029, which aims to incorporate adaptive frameworks for emerging threats, strengthen digital health solutions, and build resilient health systems.

## **Looking ahead**

PAHO/WHO accomplishments during the SCS 2016–2019 cycle demonstrate the transformative potential of cooperation and strategic partnerships. By addressing critical health priorities and fostering innovation, the Organization with CARICOM has laid a strong foundation for future progress. The next strategy cycle will build on these achievements, ensuring a more resilient, responsive, and inclusive health strategy for the Caribbean in alignment with CARICOM health priorities and mandates.

## CHAPTER 3

# Strategic Agenda for PAHO/WHO's technical cooperation

The Joint Subregional Cooperation Strategy (JSCS) 2025–2029 for the Caribbean was developed through a comprehensive and participatory process that followed a structured road map to establish strategic priorities and deliverables. Building on the achievements of the SCS 2016–2019, the new strategy incorporates lessons learned, addresses emerging health challenges, and aligns with key regional and global frameworks such as the CCH IV, the PAHO Strategic Plan, the Sustainable Health Agenda for the Americas (SHAA) 2030, and the SDGs.

The JSCS 2025–2029 focuses on strengthening resilience and health systems while emphasizing equity and a life course approach as cross-cutting

themes. These priorities were selected based on the evolving health and development landscape in the Caribbean, with consideration for PAHO/WHO's leadership priorities, core functions, comparative advantages, and available resources.

The strategy was developed through extensive stakeholder engagement, including consultations, surveys, and working group discussions. This inclusive approach ensures that the JSCS reflects the collective priorities of the Caribbean while addressing persistent and emerging challenges. By integrating needs and aligning with global health agendas, the JSCS 2025–2029 aims to advance health development and build a more resilient Caribbean health system.

## Strategic Agenda

### Strategic Priority 1: Enhancing resilience of primary health care-based health systems.

#### Strategic deliverables

**1.1** Strengthen monitoring, evaluation, surveillance, and research to support evidence-based decision-making.

**1.2** Support the development of workforce policies, plans, and training programs to enhance recruitment, retention, and rationalization of skills mix to ensure a resilient health workforce that can adapt to future health needs.

**1.3** Support the adaptation and development of a digital transformation policy and standards with focus on information systems for health including interoperability, digital literacy, health information exchange, and adoption of emerging technologies (e.g., AI).

**1.4** Promote availability and access to quality, effective, and affordable medicines, vaccines, and other technologies and services.

**Strategic Priority 2: Advancing climate adaptation, mitigation, disaster preparedness and response to enhance environmental sustainability, and health security.**

**Strategic deliverables**

2.1 Develop and support implementation of climate adaptation strategies to enhance health sector resilience, including the integration of sustainable policies, practices, and standards for climate-smart health infrastructure.

2.2 Integrate environmental health considerations into subregional public health policies and programs.

2.3 Strengthen all-hazard emergency preparedness, readiness, coordination, and response capacities to fulfill responsibilities under the International Health Regulations (IHR).

**Strategic Priority 3: Strengthen multisectoral action toward the surveillance, prevention, and control of NCDs, violence, injuries, mental health conditions, and their risk factors.**

**Strategic deliverables**

3.1 Advance the development and adoption of subregional policies and standards to address NCD risk factors and commercial determinants of health.

3.2 Accelerate the implementation of initiatives for the integrated and comprehensive management of NCDs such as Better Care for NCDs (including HEARTS), and cervical cancer elimination initiatives, among others. Also the implementation of policy recommendations from Council meetings and the United Nations high-level meeting.

3.3 Advocate for and support policy development to accelerate the transition to community-based mental health care and strengthen evidence-based intersectoral suicide prevention strategies.

3.4 Advocate for and support the scaling-up of evidence-based policies to address violence as a public health concern.

**Strategic Priority 4: Advancing the prevention, control, and elimination of priority communicable diseases through subregional coordination with the One Health approach.**

**Strategic deliverables**

4.1 Advocate for and facilitate the strengthening of policies and legislation to promote and protect vaccination as a public good and support the development and implementation of electronic immunization registries, as well as strategies to address vaccine hesitancy.

4.2 Enhanced robust integrated surveillance and early-warning systems through the IHR framework to monitor, detect, and respond quickly to outbreaks of communicable diseases.

4.3 Accelerate the elimination and strengthen control of priority communicable and neglected diseases through innovative and evidence-based approaches.

**Strategic Priority 5: Enhancing technical cooperation through partnership, resource mobilization, and advocacy.**

**Strategic deliverables**

5.1 Develop a subregional framework to enhance resource mobilization in partnership with CARICOM in support of Member States to address priority health challenges.

5.2 Strengthen policy communication and engagement with decision-makers and enhance advocacy in partnership with key stakeholders to address priority health issues.

## CHAPTER 4

# Implementing the Strategic Agenda

The successful implementation of the JSCS strategic priorities and strategic deliverables relies on several key factors. Strengthened partnerships play a crucial role in achieving the desired outcomes, particularly through reinforced collaboration with CARICOM for health leadership and political advocacy. Effective interaction, collaboration, and coordination with CARICOM's entities, such as CARPHA and the UWI, and established health machineries further enhances the implementation process by advancing specific deliverables.

PAHO plays a central role in providing TC, which requires efficient and effective coordination with all levels of the Organization with a combination of public health professionals.

Recognizing that no single technical advisor can possess all the necessary competencies to address the wide range of topics under a specific strategic deliverable, PAHO must explore additional options to procure specialized expertise. This can be achieved by leveraging resources within PAHO or collaborating with external partners to address gaps in technical expertise. These efforts will ensure that deliverables outlined in the Biennial Work Plan are achieved effectively and efficiently. CARICOM will continue to advocate for resources in support of Member States' priorities.

This structured and collaborative approach ensures that the JSCS Strategic Agenda is implemented successfully.

## CHAPTER 5

# Monitoring and evaluation of the JSCS

The monitoring and evaluation (M&E) of the JSCS ensures accountability, assesses progress, and facilitates data-driven decision-making to achieve the intended outcomes of the strategy. The PAHO Performance Monitoring and Assessment (PMA) reporting framework and mid-term and end-term reviews, along with the CARICOM Monitoring, Evaluation, Accountability and Learning (MEAL) framework, will be utilized to provide updates to the COHSOD, and the CARICOM Health Sector Development Office.

The PAHO PMA framework provides a structured mechanism to measure progress against established indicators and targets while enabling adaptive management. It ensures stakeholders are aligned with JSCS objectives and have access to timely and relevant data to assess the impact of TC. Key components include the regular collection, analysis, and reporting of data related to health outcomes and programmatic achievements.

Mid-term reviews allow PAHO and partners to assess progress, identify challenges, and recalibrate strategies

to ensure alignment with evolving health priorities. End-term reviews evaluate the overall impact of the JSCS, sustainability of interventions, and identify lessons learned. These insights are critical for informing subsequent strategies and strengthening subregional health systems.

The CARICOM MEAL framework is a results-based tool designed to report on progress made during a specified time frame. Evidence-based reports from these tools will help both PAHO and the CARICOM Secretariat to share findings, highlight successes, and advocate for continued political and financial commitment to health initiatives. Regular updates will serve as the basis to foster transparency, accountability, and collective ownership of health outcomes.

Reports shared with the CARICOM Secretariat on the implementation of the strategy, supported by strong M&E systems based on the PMA and MEAL frameworks, will ensure that the JSCS remains effective, relevant, and sustainable in addressing the Caribbean's health priorities.

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# Annexes

## Annex A Subregional Cooperation Strategy development process

### Development process for the Strategic Agenda of the Joint Subregional Cooperation Strategy (JSCS) 2025–2029

The development of the PAHO/WHO Joint Subregional Cooperation Strategy (JSCS) 2025–2029 for the Caribbean was a comprehensive and participatory process guided by a structured road map to define strategic priorities and deliverables for the subregion. This new strategy builds on the Subregional Cooperation Strategy (SCS) 2016–2019, integrating lessons learned, addressing emerging health challenges, and aligning with regional and global health frameworks such as the Caribbean Cooperation in Health IV (CCH IV), the PAHO Strategic Plan, the Sustainable Health Agenda for the Americas (SHAA) 2030, and the United Nations Sustainable Development Goals (SDGs).

#### Key phases in the development process

1. Preparatory phase:
  - **Stakeholder engagement:** The process commenced with consultations with CARICOM entities and Member States at the CARICOM Council for Human and Social Development (COHSOD) meeting in Washington, D.C., to ensure their support and participation. A working group comprising internal PAHO stakeholders, including Subregional Program Coordination (SPC) staff, PAHO/WHO representatives, and a consultant, was formed to steer the development process.
  - **Situation analysis:** Data from review of the previous JSCS including a stakeholder survey, subregional health indicators, and socioeconomic analyses informed the development of a situation analysis and SWOT evaluation to identify health priorities, challenges, and opportunities in the Caribbean subregion.
2. Drafting strategic priorities:
  - **Development of priorities:** Using the results of the situation analysis and inputs from internal PAHO consultations, five draft strategic priorities and associated deliverables were identified. These priorities focused on resilience in primary health care systems, environmental health, communicable diseases, noncommunicable diseases (NCDs), and partnerships for resource mobilization.
3. Stakeholder consultations:
  - **Technical consultation (Trinidad and Tobago):** This session involved reviewing the draft Strategic Agenda with key health stakeholders, including CARICOM, CARPHA, and UWI representatives, who provided feedback through working groups. Recommendations led to refinements in the strategic priorities and deliverables.
  - **Multisectoral consultation (Guyana):** Broader input was sought from representatives across sectors, including health ministries, academic institutions, civil society organizations, PAHO/WHO representatives,

ambassadors, and international organizations. Working groups reviewed and refined the strategic priorities to ensure they addressed subregional health needs effectively.

**4. Alignment and refinement:**

- Feedback from consultations ensured alignment with existing frameworks (e.g., CCH IV, PAHO Strategic Plan 2020–2025 and 2026–2031, WHO General Programme of Work [GPW] 13/14) and refined priorities for feasibility and impact. The final agenda emphasized the development of subregional common public health goods, fostering collaborative solutions to shared challenges.

**5. Finalization and reporting:**

- The revised Strategic Agenda that was validated and received consensus support from stakeholders at the multisectoral consultation meeting in Guyana. The Strategic Agenda will be finalized in the Subregional Cooperation Strategy document, incorporating cross-cutting themes like equity and health across the life course, and aligned with PAHO outputs and outcomes and resources, and will be implemented in partnership with CARICOM and its entities and other key partners.

**6. Implementation and monitoring:**

- A launch event is scheduled for January 2025, followed by structured performance monitoring and mid-term and end-term reviews to assess the strategy's impact and guide adjustments.

The development of the Strategic Agenda was a collaborative and iterative process that will ensure the JSCS serves as a robust framework for advancing health outcomes across the Caribbean subregion.

# Annex B

## Strategic Agenda linkages

**JSCS Strategic Priority 1:** Enhancing resilience of primary health care-based health systems.

CCH IV Priorities:

Health Systems for universal access to health and universal health coverage

Data and evidence for decision-making and accountability

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
1.1 Strengthen monitoring, evaluation, surveillance, and research to support evidence-based decision-making.	<p>OCM 21: Increased capacity of Member States and the Pan American Sanitary Bureau to generate, analyze, and disseminate health evidence and translate knowledge for decision-making at national and subnational levels.</p> <p>OCM 22: Strengthened research and innovation to generate solutions and evidence to improve health and reduce health inequalities.</p>	Goal 7: Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research and innovation, and the use of technology.	Joint OCM 3.1: The primary health care approach renewed and strengthened to accelerate universal health coverage.	Target 3.b: Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases.
1.2 Support the development of workforce policies, plans, and training programs to enhance the recruitment, retention, and rationalization of skills mix to ensure a resilient health workforce that can adapt to future health needs.	OCM 7: and Policy on the Health Workforce 2030: Strengthening human resources for health to achieve resilient health systems.	Goal 3: Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health.	Joint OCM 3.2: Health and care workforce, health financing, and access to quality-assured health products substantially improved.	Target 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
1.3 Support the adaptation and development of a digital transformation policy and standards with focus on information systems for health including interoperability, digital literacy, health information exchange, and adoption of emerging technologies (e.g., AI).	OCM 20: Integrated information systems for health developed and implemented with strengthened capacities in Member States and the Pan American Sanitary Bureau.	Goal 7: Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research and innovation, and the use of technology.	Joint OCM 3.3: Health information systems strengthened, and digital transformation implemented.	

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
1.4 Promote innovation and access to quality, effective, and affordable medicines, vaccines, and other technologies and services.	OCM 8: Increased equitable access to essential medicines, vaccines, and other health technologies that are safe, affordable, clinically effective, cost-effective, and quality-assured, and rational use of medicines, with strengthened regulatory systems that contribute to achieving universal access to health and universal health coverage.	Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.	Joint OCM 6.2: Access to essential health services during emergencies is sustained and equitable.	Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

**JSCS Strategic Priority 2:** Advancing climate adaptation, mitigation, disaster preparedness and response to enhance environmental sustainability, and health security.

CCH IV Priority:  
Safe, resilient, healthy environments

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
2.1 Develop and support implementation of climate adaptation strategies to enhance health sector resilience, including the integration of sustainable policies, practices and standards for climate-smart health infrastructure.	OCM 18: Increased capacity of health actors to address social and environmental determinants of health with an intersectoral focus prioritizing groups in conditions of vulnerability.  Adapt and mitigate climate-related threats to health – OCM PAHO Strategic Plan Results framework 2026–2031 (Proposed).	Goal 11: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.	Joint OCM 1.1: More climate-resilient health systems are addressing health risks and impacts.  Joint OCM 1.2: Lower-carbon health systems and societies are contributing to health and well-being.	
2.2 Integrate environmental health considerations into regional public health policies and programs.	OCM 19: Health promotion strengthened, and inequities reduced, using the Health in All Policies approach, health diplomacy, and intersectoral action.	Goal 11: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.	Joint OCM 2.1: Health inequities reduced by acting on social, economic, environmental, and other determinants of health.	Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
2.3 Strengthen all-hazard emergency preparedness, readiness, coordination, and response capacities to fulfill responsibilities under the International Health Regulations (IHR).	<p>OCM 23: Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster resilient health sector.</p> <p>OCM 25: Rapid detection, assessment, and response to health emergencies.</p>	Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks and emergencies and disasters that affect the health of the population.	<p>Joint OCM 5.1: Risks of health emergencies from all hazards reduced and impact mitigated.</p> <p>Joint OCM 5.2: Preparedness, readiness, and resilience for health emergencies enhanced.</p> <p>Joint OCM 6.1: Detection of and response to acute public health threats is rapid and effective.</p> <p>Joint OCM 6.2: Access to essential health services during emergencies is sustained and equitable.</p>	Target 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

**JSCS Strategic Priority 3:** Strengthen multisectoral action toward the surveillance, prevention, and control of NCDs, violence, injuries, mental health conditions, and their risk factors.

CCH IV Priority:  
Health and well-being of Caribbean people throughout the life course

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
3.1 Advance the development and adoption of subregional policies and standards to address NCD risk factors and commercial determinants of health.	OCM 13: Risk factors for noncommunicable diseases reduced by addressing the determinants of health through intersectoral action.	<p>Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.</p> <p>Goal 11: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.</p>	Joint OCM 2.2: Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches.	Target 3.4: By 2030, reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
<b>3.2</b> Accelerate the implementation of initiatives such as Better Care for NCDs (including HEARTS), and cervical cancer elimination initiatives, among others.	OCM 5: Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.	Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.  Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.	Joint OCM 4.1: Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance.	Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
<b>3.3</b> Advocate for and support policy development to accelerate the transition to community-based mental health care and strengthen evidence-based intersectoral suicide prevention strategies.	OCM 16: Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action.	Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.  Goal 1: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.	Joint OCM 3.1: The primary health care approach renewed and strengthened to accelerate universal health coverage.	Target 3.4: By 2030, reduce by one-third premature mortality from NCDs through prevention and treatment and promote mental health and well-being.  Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
<b>3.4</b> Advocate for and support the scaling-up of evidence-based policies to address violence as a public health concern.	OCM 15: Improved intersectoral action to contribute to the reduction of violence and injuries.	Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.	Joint OCM 2.2: Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches.	

**Strategic Priority 4:** Advancing the prevention, control, and elimination of priority communicable diseases through subregional coordination with the One Health approach.

CCH IV Priorities:

Safe, resilient, healthy environments

Health and well-being of Caribbean people throughout the life course

Strategic deliverables	PAHO SP 2020–2025	SHAA 2030	GPW 14	UN SDG targets
<p><b>4.1</b> Advocate for and facilitate the strengthening of policies and legislation to promote and protect vaccination as a public good and support the development and implementation of electronic immunization registries, as well as strategies to address vaccine hesitancy.</p>	<p>OCM 4: Increased response capacity of integrated health services networks (IHSNs) for prevention, surveillance, early detection and treatment, and care of communicable diseases, including vaccine-preventable diseases.</p>	<p>Goal 5: Ensure access to essential medicines and vaccines, and to other priority health technologies, according to available scientific evidence and the national context.</p>	<p>Joint OCM 4.2: Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, and older person health and nutrition services and immunization coverage improved.</p>	<p>Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.</p>
<p><b>4.2</b> Enhanced robust integrated surveillance and early-warning systems through the IHR framework to monitor, detect, and respond quickly to outbreaks of communicable diseases.</p>	<p>OCM 24: Countries' capacities strengthened to prevent and control epidemics and pandemics caused by high-impact and/or high-consequence pathogens. OCM 25: Rapid detection, assessment, and response to health emergencies.</p>	<p>Goal 8: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks, and emergencies and disasters that affect the health of the population.</p>	<p>Joint OCM 6.1: Detection of and response to acute public health threats is rapid and effective.</p>	<p>Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p>
<p><b>4.3</b> Accelerate the elimination and strengthen control of priority communicable and neglected diseases through innovative and evidence-based approaches.</p>	<p>OCM 17: Health systems strengthened to achieve or maintain the elimination of transmission of targeted diseases.</p>	<p>Goal 10: Reduce the burden of communicable diseases and eliminate neglected diseases.</p>	<p>Joint OCM 4.1: Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases, while addressing antimicrobial resistance.</p>	<p>Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases.</p>

**Strategic Priority 5:** Enhancing technical cooperation through partnership, resource mobilization, and advocacy.

CCH IV Priority:  
Partnership and resource mobilization for health

<b>Strategic deliverables</b>	<b>PAHO SP 2020–2025</b>	<b>SHAA 2030</b>	<b>GPW 14</b>	<b>UN SDG targets</b>
<b>5.1</b> Develop a subregional framework to enhance resource mobilization in partnership with CARICOM in support of Member States to address priority health challenges.	OCM 27: Strengthened PASB leadership, governance, and advocacy for health.	Goal 2: Strengthen stewardship and governance of the national health authority, while promoting social participation.		
<b>5.2</b> Strengthen policy communication and engagement with decision-makers and enhance advocacy in partnership with key stakeholders to address priority health issues.	OCM 27: Strengthened PASB leadership, governance, and advocacy for health.	Goal 2: Strengthen stewardship and governance of the national health authority, while promoting social participation.		

Notes: OCM, outcome; PASB, Pan American Sanitary Bureau; SP, Strategic Plan.

# Annex C

## JSCS Strategic Agenda: Alignment of strategic deliverables and subregional common public health goods

### Subregional Common Public Health Goods Framework

PAHO's technical cooperation at the subregional level is a unique product for the Caribbean. It represents technical cooperation that benefits the entire subregion, and complements the work at country, regional, and global levels to effectively position the public health agenda and enhance the implementation of the PAHO Strategic Plan and Program Budget.

The priorities for the work at the subregional level are articulated in the respective joint subregional cooperation strategies (JSCS), optimally with PAHO taking a proactive approach to ensure the alignment of the needs of the respective integration mechanism with PAHO's priorities and mandates.

### The PAHO/WHO Subregional Program Coordination's main roles and functions

The Organization Development Initiatives (ODI) 2 and 9 of PAHO outlined the seven key functions of the three levels of PAHO, regional level, subregional level, and country level, with their aligned roles (see [ODI 2 Annex 1 - Functions and Roles Matrix](#)). While specific roles were defined for each level, it is recognized that effective and efficient technical cooperation and delivery of results requires an integrated approach with the three levels working in a collaborative manner since all levels complement each other. It is also important to note that some roles are cross-cutting, such as political and strategic leadership, policy dialogue, capacity-building, monitoring of the health situation, emergency response, and resource mobilization and partnerships, including cooperation among countries, leveraging expertise of centers of excellence, and involving PAHO/WHO Collaborating Centers. However, some functions are led by a specific organizational level. The normative function is led by the regional level; country offices lead the provision of direct technical cooperation and capacity-building in countries; while the main function of the subregional programs is the coordination with the subregional integration mechanisms and partners, and it:

- Engages and coordinates with the subregional integration mechanisms and partners to ensure that regional and global health mandates are reflected in the subregional level agendas, policies, strategies, and frameworks;
- Leads and guides the adoption of regional and global policies, strategies, and plans within the subregional integration mechanisms;
- Contributes to regional agendas, policies, strategies, and frameworks with evidence and initiatives from the subregion.

These main functions and roles of the subregional program will lead to the development of subregional common public health goods.

A **subregional common public health good** is reflected at the **PAHO output level** and refers to health resources, policies, or initiatives that are developed to address common public health challenges and improve health outcomes for the population of the entire subregion.

Key features of subregional common public health goods:

1. **Shared benefits:** They provide advantages to all countries within the subregion, such as improved disease control, enhanced healthcare access and/or quality, or reduced public health risks.
2. **Collaboration:** Their creation and maintenance require cooperative action through the CARICOM integration mechanism and Member States, pooling expertise, resources, and infrastructure.
3. **Transboundary nature:** They address health challenges that cross national borders, such as communicable diseases, disaster preparedness, or health system resilience.

Examples:

- Regional vaccination programs to eliminate infectious diseases.
- A subregional strategy for integrated disease surveillance (e.g., for vector-borne diseases like dengue) in collaboration with CARPHA.
- Common pharmaceutical and health technologies pooled procurement mechanisms to reduce costs and ensure equitable access.
- Standardized health policies and training programs for healthcare workers on innovations to improve health outcomes and conditions across the subregion.

By focusing on common challenges and solutions, subregional common public health goods strengthen the collective health resilience and socioeconomic stability of the subregion.

The subregional common public health goods that are to be developed under the Subregional Cooperation Strategy agenda should satisfy the criteria described above and aligned with the relevant strategic deliverable.

**Strategic Priority 1:** Enhancing resilience of primary health care-based health systems.

**Strategic deliverables**

**Subregional common public health goods**

1.1 Strengthening monitoring, evaluation, surveillance, and research to support evidence-based decision-making.

1. A shared set of M&E tools and templates to enable enhanced predictive modeling, generation of quality data, effective monitoring of public health programs, and support policy decision-making.
2. A standardized series of training activities at the subregional level to build capacity to utilize health intelligence for impactful communication and policy action.
3. A subregional platform providing structured, context-specific evidence synthesis and policy support tools to inform health programs and decision-making in the Caribbean subregion.
4. An expanded and strengthened Caribbean Virtual Health Library through the inclusion of:
  - a. Caribbean chapter of the Formative Second Opinion Program developed
  - b. Windows of Knowledge
  - c. Evidence Maps

Strategic deliverables	Subregional common public health goods
<p>1.2 Support the development of workforce policies, plans, and training programs to enhance the recruitment, retention, and rationalization of skills mix to ensure a resilient health workforce that can adapt to future health needs.</p>	<ol style="list-style-type: none"> <li>1. An expanded and well-marketed UWI-PAHO Diploma in Health Policy and Health Systems Program.</li> <li>2. A Human Resources for Health Caribbean Commission (HRH-CC) with expanded membership.</li> <li>3. Human Resources for Resilient Health Systems Caribbean Roadmap 2025–2030</li> <li>4. Action Plan for Migration and Mobility of health workers in the Caribbean.</li> <li>5. Action Plan for Strengthening HRH Strategic Information in the Caribbean.</li> <li>6. HRH investment cases.</li> <li>7. Health labor market analysis.</li> </ol>
<p>1.3 Support the adaptation and development of a digital transformation policy and standards with focus on information systems for health including interoperability, digital literacy, health information exchange, and adoption of emerging technologies (e.g., AI).</p>	<ol style="list-style-type: none"> <li>1. Caribbean Collaborative Platform for Health Information Systems Governance and Interoperability: A subregional coordination mechanism established through the Caribbean Technical Working Group for Information Systems for Health, this platform would drive harmonized development, implementation, and governance of digital health information systems across the Caribbean in support of the PAHO Plan of Action for Strengthening Information Systems for Health 2024–2030.</li> <li>2. A shared repository of digital health tools and frameworks, collaboratively developed and maintained for use by all Caribbean countries to strengthen digital health ecosystems.</li> <li>3. A subregional digital training initiative targeting healthcare workers, administrators, and communities to increase capacity and confidence in using digital technologies.</li> <li>4. A subregional digital health network node linked to the Pan American and Global Digital Health Connectivity Networks (GDHCN), supporting seamless data exchange and service delivery across the Caribbean.</li> </ol>

Strategic deliverables	Subregional common public health goods
<p>1.4 Promote innovation and access to quality, effective, and affordable medicines, vaccines, and other technologies and services.</p>	<ol style="list-style-type: none"> <li>1. An updated Caribbean Regulatory System (CRS) in collaboration with CARPHA's lead and driven by Member States.</li> <li>2. A subregional donation and transplantation network to facilitate access to transplantation through deceased donations, in support of the regional strategy for donation and equitable access to organ, tissue, and cell transplantation.</li> <li>3. A Caribbean Pharmaceutical Policy to facilitate the evaluation of data and information to improve decision-making, promoting evidence-based approaches, and incorporating strategies to expand access to generics and biosimilars.</li> <li>4. A subregional road map on health technology assessment (HTA) supported to implement 2023 COHSOD resolution on HTA.</li> <li>5. Subregional policy framework and strategies on access to health technologies to be developed in collaboration with CARICOM in support of the 2024 COHSOD resolution on intellectual property and public health.</li> <li>6. A subregional forum supported to facilitate dialogue to promote synergies and coordination in efforts to build capacities for innovation and production of health technologies.</li> <li>7. Subregional strategic framework to enhance access to the Regional Revolving Fund.</li> </ol>

**Strategic Priority 2:** Advancing climate adaptation, mitigation, disaster preparedness and response to enhance environmental sustainability, and health security.

Strategic deliverables	Subregional common public health goods
<p>2.1 Develop and support implementation of climate adaptation strategies to enhance health sector resilience, including the integration of sustainable policies, practices, and standards for climate-smart health infrastructure.</p>	<ol style="list-style-type: none"> <li>1. Revised and updated Smart Hospitals Toolkit.</li> <li>2. The Caribbean Research Agenda for Climate Change and Health rolled out at the subregional level.</li> <li>3. New Caribbean Action Plan on Health and Climate Change developed in collaboration with CARPHA, CIMH, CARICOM Secretariat, and Caribbean Community Climate Change Centre.</li> <li>4. Integrated surveillance systems for climate-sensitive diseases and conditions.</li> <li>5. Regional training courses to facilitate capacity-building on climate change and health including the One Health approach.</li> <li>6. Subregional communications strategy for climate change and health.</li> </ol>
<p>2.2 Integrate environmental health considerations into regional public health policies and programs.</p>	<ol style="list-style-type: none"> <li>1. Adaptation and roll-out of regional protocols for the Caribbean subregion to monitor select environmental determinants of health – air quality, waste management, water, sanitation, and hygiene (WASH).</li> </ol>

Strategic deliverables	Subregional common public health goods
2.3 Strengthen all-hazard emergency preparedness, readiness, coordination, and response capacities to fulfill responsibilities under the International Health Regulations (IHR)	<ol style="list-style-type: none"> <li>1. Harmonized IHR Monitoring and Evaluation Framework (MEF) for Caribbean SIDS in collaboration with CARPHA.</li> <li>2. Subregional strategic framework for Border Health and Points of Entry developed in collaboration with CARPHA.</li> <li>3. Action of Plan for Health Disaster Risk Reduction (DRR) updated in collaboration with CDEMA and CARPHA.</li> <li>4. Roster of public health experts supporting the Caribbean Health Emergency Response Team developed in collaboration with CARPHA and CDEMA.</li> <li>5. Enhance Health Technical Working Group of the Caribbean Development Partners Group with standardized tools for emergency response.</li> <li>6. Establish Health Rapid Needs Assessment Team (RNAT) in collaboration with CARPHA and CDEMA.</li> </ol>

**Strategic Priority 3:** Strengthen multisectoral action toward the surveillance, prevention and control of NCDs, violence, injuries, mental health conditions, and their risk factors.

Strategic deliverables	Subregional common public health goods
3.1 Advance the development and adoption of subregional policies and standards to address NCD risk factors and commercial determinants of health.	<ol style="list-style-type: none"> <li>1. A unified policy framework and technical package to support subregional action on NCD risk factors including tobacco, alcohol, physical inactivity, and unhealthy diets.</li> <li>2. A package of standardized training materials, tools, and templates to help Caribbean ministries implement effective school nutrition programs.</li> <li>3. A shared platform offering scientific briefs, communication materials, and legal guidance to support the adoption of FOPWL regulations.</li> <li>4. Strengthen the technical capacity of NCD Commissions, NGOs, and CSOs in the Caribbean</li> <li>5. Technical tools and frameworks developed to strengthen the capacity of the Caribbean Public Health Law Forum.</li> <li>6. A standardized, multicountry emergency response toolkit tailored to managing chronic disease and mental health during disasters.</li> </ol>
3.2 Accelerate the implementation of initiatives such as Better Care for NCDs (including HEARTS), and cervical cancer elimination initiatives, among others.	1. A regional mechanism to institutionalize WHO's HEARTS initiative and cervical cancer programs, ensuring quality and equity in NCD care.
3.3 Advocate for and support policy development to accelerate the transition to community-based mental health care and strengthen evidence-based intersectoral suicide prevention strategies.	1. A coordinated training, resource, and surveillance initiative supporting national efforts under a regional mental health and suicide prevention plan.
3.4 Advocate for and support the scaling-up of evidence-based policies to address violence as a public health concern.	1. CARICOM Violence Prevention and Response Framework developed with PAHO technical support.

**Strategic Priority 4:** Advancing the prevention, control, and elimination of priority communicable diseases through subregional coordination with the One Health approach.

Strategic deliverables	Subregional common public health goods
<p>4.1 Advocate for and facilitate the strengthening of policies and legislation to promote and protect vaccination as a public good and support the development and implementation of electronic immunization registries, as well as strategies to address vaccine hesitancy.</p>	<ol style="list-style-type: none"> <li>1. Advocacy Toolkit for the introduction of Electronic Immunization Registries.</li> <li>2. Introduction of electronic platforms to improve data management, e.g., electronic immunization registries, vaccine preventable disease and ESAVI surveillance systems and electronic platforms.</li> <li>3. Introduction of new vaccines and vaccine formulations to sustain VPD elimination and control new and reemerging VPDs</li> <li>4. Application of the PAHO Performance Monitoring Tool to strengthen National Immunization Programs.</li> <li>5. Model regional immunization legislation developed with the support of PAHO technical guidance.</li> </ol>
<p>4.2 Enhanced robust integrated surveillance and early-warning systems through the IHR framework to monitor, detect, and respond quickly to outbreaks of communicable diseases.</p>	<ol style="list-style-type: none"> <li>1. Standardized subregional training and tools to enhance genomic surveillance.</li> <li>2. Training and provision of tools to enhance AMR surveillance.</li> </ol>
<p>4.3 Accelerate the elimination and strengthen control of priority communicable and neglected diseases through innovative and evidence-based approaches.</p>	<ol style="list-style-type: none"> <li>1. Standardized guidelines and policies for innovations in HIV/STI prevention and treatment:               <ol style="list-style-type: none"> <li>a. HIV self-testing, STI rapid test</li> <li>b. Pre- and post-exposure prophylaxis (long-lasting injectables)</li> <li>c. Advanced HIV disease management.</li> </ol> </li> </ol>

**Strategic Priority 5:** Enhancing technical cooperation through partnership, resource mobilization, and advocacy.

Strategic deliverables	Subregional common public health goods
<p>5.1 Develop a subregional framework to enhance resource mobilization in partnership with CARICOM in support of Member States to address priority health challenges.</p>	<ol style="list-style-type: none"> <li>1. Subregional framework with CARICOM for resource mobilization.</li> </ol>
<p>5.2 Strengthen advocacy and engagement with decision-makers and enhance engagement with key partners and key stakeholders to address priority health issues.</p>	<ol style="list-style-type: none"> <li>1. Advocacy and collaboration with CARICOM Health Desk and key stakeholders to address priority health Issues.</li> </ol>

The PAHO/WHO-CARICOM Joint Subregional Cooperation Strategy (JSCS) 2025–2029 presents a comprehensive and forward-looking framework designed to strengthen health systems, promote equity, and build resilience across the Caribbean. Developed through close collaboration between the Pan American Health Organization (PAHO) and the Caribbean Community (CARICOM), this high-level strategy responds to the subregion’s most pressing health challenges – ranging from the growing burden of noncommunicable diseases and climate-related threats to persistent health inequities and workforce constraints.

Grounded in lessons learned from previous cycles and aligned with key global and regional frameworks – including the Sustainable Development Goals, PAHO Strategic Plan, and the CARICOM Strategic Plan – the JSCS 2025–2029 prioritizes integrated, multisectoral approaches to health and development. It sets out five strategic priorities aimed at enhancing primary health care systems, improving disaster preparedness and climate adaptation, strengthening disease prevention and control, and advancing regional cooperation through technical partnerships and resource mobilization.

The strategy also incorporates a robust monitoring and evaluation framework to ensure accountability, support evidence-based decision-making, and enable adaptive management. It reflects a shared commitment to transformative health outcomes that are inclusive, sustainable, and people-centered.

This publication is essential reading for policymakers, health professionals, and development partners seeking to understand and support a coherent, regionally led response to complex health challenges in the Caribbean. It offers a clear road map for action and collaboration, underscoring the importance of Pan-Americanism, solidarity, innovation, and resilience in achieving health for all.