By the facts: Why funding the Pan American Health Organization (PAHO) is critical to our country and the global response to COVID-19

As Latin America becomes a global hotspot for new COVID-19 cases, the Pan American Health Organization (PAHO) risks becoming insolvent by September 2020 because of the U.S. failure to meet its already committed funding and its withdrawal of ongoing support for the organization. Indeed, with the U.S. accounting for 60% of the organization’s budget, PAHO has already proposed staff furloughs and other budget cuts. Since its founding in 1902, which predates even the creation of the World Health Organization (WHO), PAHO has played an important regional role in leading collaborative public health efforts. With its headquarters in Washington, DC, PAHO has worked to promote equity in health, to combat disease, and to improve the quality of, and extend, the lives of the peoples of the Americas. Defunding PAHO not only threatens equitable access to healthcare and vaccines, but also threatens continuing work that builds on decades of public health achievements, including the eradication of polio, smallpox, measles, and rubella.

Representing 52 Member States and territories, PAHO promotes and supports the right of everyone to good health by setting regional health priorities and mobilizing action to address health challenges—challenges that recognize no borders. Towards this end, PAHO collaborates across countries, as well as with ministries of health, civil society organizations, government agencies, universities, and various other partners, both in the region and abroad. Among the 800 WHO Collaborating Centers around the world—Centers that contribute and help shape WHO guidance and policies—190 are in the WHO Region of the Americas.

The U.S. has played, and continues to play, an invaluable role in PAHO’s mission

As the oldest, continuously functioning international health agency in the world, PAHO has shared a relationship with the U.S. since its founding. The first General International Sanitary Convention of the American Republics, which were the first steps towards the creation of the organization, was held in Washington, D.C. The first Chairman of the organization, Walter Wyman, was also the surgeon general of the United States Public Health and Marine Hospital Service. Today with 27 different country offices throughout the Americas, PAHO’s headquarters is still located in Washington, D.C.

PAHO has played a major role in handling the COVID-19 pandemic as it spreads across Latin America

With 19.1 million COVID-19 cases and more than 715,000 deaths globally, the Americas are now home to half of COVID-19 cases, as well as nearly half of COVID-19 deaths. Latin America alone accounts for a quarter of all global cases and more than 190,000 deaths—Chile’s fatality count has risen by more than 50% in one week and Brazil now takes the second-highest number of confirmed cases worldwide. As countries throughout the Americas have yet to reach their peak, PAHO has

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continued to provide technical guidance for Member States, in addition to working in close collaboration with regulatory authorities and manufacturers to ensure equitable access to any potential COVID-19 treatments, vaccines, and diagnostics. Moreover, PAHO has sent 15 million COVID-19 PCR testing kits to over 35 countries, along with 67 PPE shipments to 26 countries totaling 1.5 million gloves, 11 million masks, and 621,000 gowns.

PAHO plays a critical role coordinating regional health initiatives

Over the past 118 years, PAHO has accomplished a number of historical milestones. Through their Revolving Fund, a 41-country procurement pool for vaccines and other related supplies, the organization has vaccinated tens of millions of children. With these vaccines, national immunization programs routinely reach more than 5 million people living in Latin America and the Caribbean each year. Moreover, PAHO Member States can secure supplies for immunization campaigns and outbreak response activities. PAHO is actively working with global partners to ensure the availability and affordability of COVID-19 vaccines, when they are proven effective and come to market. For 26 years now, PAHO has celebrated, and played an integral part in, the eradication of both polio from the Americas. From 1978 to 1993, the organization provided technical assistance and mobilized countries around the region towards polio eradication. Indeed, over this period, vaccination rates for polio in less than one-year-old children improved from 25% to more than 80%. Similarly, the Americas, again with PAHO’s guidance, became the first region in the world to eliminate the endemic transmission of measles, rubella, and congenital rubella syndrome. Since PAHO’s founding in 1902, the Americas have seen an increase in life expectancy by 30 years, along with major reductions in infant mortality. Latin America, along with the Caribbean, now has the lowest infant mortality rates of any developing region. Of note, PAHO has also contributed to the elimination of onchocerciasis in Ecuador, Colombia, Guatemala, and Mexico; the elimination of Chagas’ Disease in Chile, Brazil, and Paraguay; and the elimination of trachoma in Mexico. Moreover, this region also has the highest rates of coverage with antiretroviral treatment for people with HIV/AIDS of any developing country region.

PAHO furthers key U.S. policy goals

PAHO continues to coordinate member countries’ compliance with the International Health Regulations (IHR), a U.S.-led effort involving over 196 countries. This binding agreement was signed in 2005 to prevent, protect against, control and provide a public health response to the international spread of disease, among other public health risks. In addition to the IHR, PAHO has provided critical support for unexpected migrant flows across Member States, providing both health services and humanitarian assistance for refugees, as well as assisting Member States with the repatriation of undocumented migrants. With over $161B in exports from the U.S. to Latin American neighbors and over $108B in imports in 2019, economic security will not come without health security across the Americas.

Recently, President Trump announced his intentions to cut ties with WHO. Less widely reported, the Administration also halted funding for PAHO. This decision, if carried out, threatens health cooperation and security with the Americas, at a time when the organization is most desperately needed. Indeed, financial documents from the organization show that, due to both arrears from previous years and reductions in future voluntary contributions, PAHO currently sits on the “brink of insolvency.” As of 2019, the United States led all Member States in amounts owed (US$110M), accounting for 67% of the $164.6M total debts. Given recent announcements to cut funding to WHO from the U.S., PAHO estimates that it will be unable to meet its financial commitments and may become insolvent by September 2020. The U.S. accounted for 60% of PAHO’s assessed contributions in 2018. As a result, the organization is already running on reserve funds and has proposed several cost-cutting measures, including a temporary furlough for all staff members.

Written by: Anthony D. So, MD, MPA, Professor of the Practice; Prateek Sharma, MSc; and Joshua Woo at the IDEA (Innovation + Design Enabling Access) Initiative, Johns Hopkins Bloomberg School of Public Health*

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