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ANNUAL REPORT OF THE DIRECTOR

Innovating for Health

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Director of the Pan American Sanitary Bureau

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Honorable President,
Honorable Ministers of Health,
Distinguished Delegates,
Distinguished Members of the Diplomatic Corps,
Esteemed Colleagues,
Ladies and Gentleman:

A very good morning to you all.

I am privileged to share with you the Annual Report of the Pan American Sanitary Bureau for the period mid-2013 through mid-2014. It covers the first full year since Member States entrusted me with the leadership of the Pan American Health Organization (PAHO) and the direction of its Secretariat, the Pan American Sanitary Bureau (PASB). During this first year, I dedicated significant time to listening and engaging with you, PAHO's Member States, partners, and stakeholders. The rich dialogue that we have shared has helped to inform and refine my vision on how to position this great Organization for the future.

The report highlights significant achievements of the Organization over the past year, as we have sought to build on PAHO's strong history as a leader by providing innovative yet practical solutions to the public health challenges faced by our Region.

A salute to innovation is the common thread that connects much of our 2013-2014 annual report, as we reflect on innovation in information technology, innovation in delivery systems and innovation in policy. This is the foundation upon which the Bureau and you, our member states, will move forward and positively impact the future of health in the Americas.

As you read the annual report, you will find highlights of key strategic innovations in PASB's technical cooperation and managerial initiatives, which have been implemented to enhance the Organization's effectiveness and advance public health in PAHO Member States.

One of these examples is the rollout of HIV Treatment 2.0 in Latin America and the Caribbean, in which we collaborated closely with governments, donors, civil society, and other partners to define a new generation of HIV treatment programs grounded in public health. This new framework seeks to optimize the use of antiretroviral drugs, improve access to point-of-care diagnostics, adapt service delivery models, and mobilize community participation to improve the efficiency and effectiveness of HIV treatment and care. A structured dialogue was utilized to bring together technical, programmatic and financial perspectives in order to identify and address barriers to the expansion and sustainability of antiretroviral treatment programs.

In the area of communicable disease prevention and control, another innovative framework was developed, but in this instance for tuberculosis control in large cities. This framework, which seeks to involve national and local authorities in the fight against this disease, incorporates inter-sectoral approaches, a focus on the social determinants of health, and social protection for tuberculosis patients and their families. This initiative is being piloted in Bogota, Colombia; Guarulhos, Brazil; and Lima, Peru. It has generated strong political commitment and the active participation of local authorities, policymakers and private sector stakeholders. It is living proof of how innovative policies could benefit patients in several countries.

An important achievement of the PASB during this reporting period has been the tangible progress that we have made in cholera elimination in Hispaniola. PASB has supported cholera control and elimination in Haiti and the Dominican Republic since the epidemic began in 2010. These efforts are yielding positive results as reported cases of cholera in Haiti have declined by 83%. Improved case detection and rapid treatment efforts have resulted in a markedly reduced case fatality rate, which has declined from 16.7% in 2011 to less than 1% in 2013. Likewise, in the Dominican Republic fewer than 200 cases of cholera were reported during the first six months of 2014.

Another noteworthy achievement during this period was the 2014 Vaccination Week in the Americas, in which 44 countries and territories participated and facilitated

extended access to vaccination for all citizens of the Region. In this collective effort, more than 60 million persons of all ages, including those living in remote, border and urban fringe areas, indigenous populations and other at-risk groups were vaccinated against a wide range of vaccine-preventable diseases. This is indeed a resounding example of regional solidarity and collective Pan American commitment at its best.

Many Member States have seized the opportunity provided by Vaccination Week to undertake other preventive health measures and, in this regard, we would like to highlight deworming activities for the control of soil-transmitted helminthiasis. In 2014, Honduras implemented its first national campaign to deworm and vaccinate children, during which some 800,000 children under five years of age were reached. Similarly, Nicaragua successfully integrated a campaign for deworming and vaccination, targeting 345,000 children under five.

The opportunity to optimize every contact that a client has with the health service is of paramount importance as we consider how to advance universal health coverage. We are, therefore, very pleased to note that in 2014, six countries had combined deworming with vaccination during Vaccination Week to cover more than 6.3 million children.

In relation to the prevention and control of the Chronic, Non-communicable Diseases [NCDs], the countries of this Region are developing and implementing policies and programs with PASB's technical cooperation. These programs are increasingly utilizing integrated and comprehensive approaches to preventing and controlling NCDs and their risk factors.

The organization has continued to be a strong advocate for the adoption of a "health in all policies and across all sectors" approach. We note evidence of the adoption of this approach among different institutions and sectors, particularly education and the private sector, and their involvement in initiatives to promote healthy lifestyles, reduce risks and improve the management of NCDs.

In an effort to reduce the epidemic of childhood and adult obesity, a number of Member States have launched innovative legislation or regulations related to healthy eating. Legislation that would reduce children's consumption of processed foods was introduced in Brazil, Chile, Colombia, Costa Rica and Peru.

In addition, in 2013, Mexico, which has the world's highest per capita soda consumption and one of the highest rates of death from diabetes, approved a new law establishing taxes on sugar-sweetened beverages as an innovative public health measure to reduce demand. The revenues generated by these new taxes will be used to provide safe drinking water in schools throughout Mexico.

In another groundbreaking project, the PASB and the U.S. Centers for Disease Control and Prevention (CDC), in collaboration with other stakeholders, spearheaded the Global Standardized Hypertension Treatment Project, an innovative effort to develop and implement standardized treatment of hypertension.

In the area of NCD prevention and control, innovations in technology and policy were also introduced during this reporting period. For example, PASB has been advocating for and assisting with the application of new testing modalities for HPV. This is a tremendous milestone since cervical cancer continues to be one of the leading cancers among women in Latin America and the Caribbean, even though it is highly preventable. In late 2013, PAHO and WHO issued new evidence-based guidelines on cervical cancer screening, which included the use of HPV DNA testing as a primary screening tool.

During the course of the year, the Bureau then organized a series of multi-stakeholder policy dialogues in five countries to disseminate the new evidence and discuss policy changes. This, in turn, led to the development and rollout with PASB's support of new national policies and plans supporting HPV DNA test-based screening programs.

Another example of leadership in NCDs has been the launch of a suicide observatory in December 2013 to address the significant under-reporting and heterogeneity in data collection methods. Suicide is the second-leading cause of death among persons, aged 15 to 29 years, and is a significant cause of mortality across the lifespan.

This Observatory provides a virtual platform for compiling timely information on suicidal behavior to support evidence-based planning and to allow countries to address risk factors more effectively. The Bureau plans to expand this network in the Region to other countries to help improve the quality of vital registration data on suicide.

In the area of disabilities and rehabilitation, the PASB provided technical support to the Ministry of Health of Chile for the development of an innovative tool to improve data collection and assess the performance of activities of daily living undertaken by people with disabilities. The tool, and the data it provides, can be used to assess degrees of disability as well as the impact of interventions. It also provides the opportunity to align the findings of evaluations on disabilities and rehabilitation with policy.

One of the most ambitious goals yet articulated by PAHO Member States is that of universal health coverage, based on the principles that all people and communities have equitable access to the comprehensive, people-centered, and guaranteed quality health services they need over their life course, without financial hardship. Pursuant to the call from Member States, a regional strategy on Universal Health Coverage [UHC] has now been defined and will be presented to this august body for decision making.

In order to advance towards universal health coverage, the countries of the Americas must overcome shortages and insufficiencies in the numbers of human resources for health as well as the inequitable distribution of these resources. Some of these workforce challenges are being addressed through the use of e-learning technologies and telemedicine to reduce professional isolation; in providing low-cost opportunities to develop clinical competence, and in ensuring better quality of care in rural and hard-to-reach areas.

In order to resolve some of these workforce issues, the PASB embarked upon an innovative modality of technical cooperation in an effort to build capacity in human resources for health in Brazil to address both the shortage and mal-distribution of primary care physicians in that Member State. This program called “Mais Médicos” or “More Doctors” is playing an important role in facilitating Brazil’s efforts to expand access to health care, as it provides physicians for priority regions, restructures the country’s basic health units, and increases the number of medical graduates and residents.

As of mid-2014, preliminary results have demonstrated a significant increase in the order of 35% in the number of primary care consultations in municipalities participating in the program, with a corresponding 20% reduction in persons being referred to reference hospitals. Given the increase in access to health care, the program has been well received by the Brazilian population, with three quarters of the

population expressing a favorable opinion on this initiative which improves access to health through a primary healthcare approach.

Further efforts to enhance human resources for health especially in remote areas have been strengthened by the creation of a new Virtual Education Clinic, as part of the PAHO Virtual Campus of Public Health. A variety of health professionals can now receive up-to-date training at their workplaces through self-teaching modules that include question-and-answer sessions with experts, clinical discussions, photo galleries, case studies, seminars and conferences. In 2013, this educational initiative was launched as a pilot in Argentina, Colombia, and Panama and, subsequently, expanded to Bolivia and Paraguay. More than 400 health professionals have participated in this technologically innovative initiative that uses a combination of computers and mobile devices.

The Virtual Education Clinic is just one of a series of platforms created by PASB in order to engage more efficiently with our Member States. The PAHO Regional Platform on Access and Innovation for Health Technologies [PRAIS] now features a new basic regulatory observatory that facilitates the systematic collection and analysis of core regulatory data from Member States so that knowledge gaps can be identified with a view to improving regulatory capacity. Twenty-seven Member States currently participate in the Observatory, providing information on their regulatory capacities. As a consequence, PASB has been able to build a regional regulatory profile for the Americas.

Another innovative effort has been the creation of the ProEthos platform, a collaborative initiative that helps to standardize and systematize the procedures of ethics review committees to improve the quality, transparency, and efficiency of their work.

PASB has also been making greater use of information and communication technologies [ICTs] as they offer innovative opportunities for improving health care as well as the quality of our technical cooperation. In this regard, ICTs are being utilized in the Dominican Republic to improve the care of pregnant women and to enhance maternal health outcomes by increasing early prenatal attendance at medical appointments. This particular project in DOR focuses on urban women living in compromised socioeconomic conditions. With WHO financing, PASB is collaborating with the national ministries responsible for health, women, and technology to provide

handheld mobile devices and to monitor increased clinic attendance and maternal outcomes. Non-governmental organizations are providing outreach services to mothers.

In the area of Preparedness, Surveillance and Response, recognizing that both national response and international health cooperation in disasters could be significantly enhanced, PASB has developed and is currently pilot-testing a new platform, Health Operations in Emergencies [HOPE], to facilitate the registration of international response teams. Standards for foreign medical response teams have also been developed in collaboration with WHO. Additionally, a guide for a Caribbean Medical Assistance Team has also been established and is being peer-reviewed. These initiatives will be further strengthened as this line of work is included in PASB's Biennial Work Plan, 2014-2015.

On a frequent basis, Member States of our Region can face the potential disruption of health services caused by climatic extremes and weather disasters. When this occurs, the health sector is subject to both the direct and indirect impacts of these events. For example, in December 2013, a severe storm struck Saint Vincent and the Grenadines severely damaging the country's only referral hospital and flooding many of its 39 district health clinics. This resulted in a health sector cost of approximately US\$ 2.1 million.

To address this issue, PASB has been working with national stakeholders in the Caribbean on a new and innovative Smart Hospital Initiative. Building on the Safe Hospitals concept, it promotes a shift away from the traditional disaster response model to one that proactively seeks to minimize the health impact of disasters through climate adaptation, mitigation measures, and preparedness. It also seeks to reduce the environmental footprint of the health sector, one of the largest consumers of energy.

The Safe Hospitals Initiative has stimulated countries to invest billions of dollars to improve the safety of new and existing health facilities. To spur further progress in this area, PASB is developing an online dashboard to track planned and prospective new healthcare facilities and is seeking agreements with international financial institutions and development agencies to include safe hospital criteria in funding instruments.

Up to this juncture, I have captured many achievements and innovations of the PASB and Member States, of which we can be justly proud. However, I must take this opportunity to remind us all of the challenges facing the Bureau and its work with

Member States and the imperative need to adopt new approaches to the delivery of our technical cooperation. Change will be inevitable as Member States continue to strengthen their own public health leadership capacity and new actors emerge on the field of international health cooperation. Added to these, we can anticipate changes in the social, economic, environmental and geopolitical milieu. Scientific and technological transformations will also affect and impact every country in the Region, as well as the Organization.

All of these challenges underscore the critical need for the application of innovative approaches to financing and managing the PASB's operations, and to tailoring its programs to meet the needs of Member States, both individually and collectively. In keeping with the whole-of-society and whole-of-government approaches that are essential for confronting health challenges, PASB will also need to explore new partnerships in other sectors, with other bilateral and multilateral agencies, and with untapped potential partners within the Americas and beyond.

As the Organization innovates and adapts to change, it must also build upon its past achievements and the strong tradition of Pan American solidarity that has made these possible. PAHO has played a central role in the Americas in disease eradication, elimination and transmission interruption, and in providing public health policy direction. The newly endorsed goal of achieving universal health coverage reflects the Region's continuing commitment to achieve groundbreaking public health results in the face of daunting odds.

PAHO and the Member States must continue to be creative and innovative in order to effectively tackle the challenges of the future, such as NCDs, emerging infectious diseases, aging, disasters, trauma and violence, adolescent health, employment and health, environmental health and climate change, while simultaneously attending to the health goals on the Post-2015 sustainable development agenda.

As we look ahead, the leadership and staff of PASB remain firmly committed to technical excellence, to improving organizational efficiency and effectiveness, to mobilizing the resources needed to facilitate and support its technical cooperation programs, and to ensuring that its human resources have the best competencies and skills to capitalize on new perspectives and practices and position the Organization at the cutting edge of public health

PASB will continue to work in close collaboration with, and under the guidance of PAHO Member States to pursue joint public health goals that will protect and improve the lives of all peoples throughout the Americas.

I thank you.
