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**PRESENTATION OF THE QUINQUENNIAL REPORT 2008-2012 OF THE DIRECTOR
OF THE PAN AMERICAN SANITARY BUREAU**

“110 YEARS OF PAN AMERICAN PROGRESS IN HEALTH”

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It is my honor to present the 2008–2012 Quinquennial Report with the results of the administration that was entrusted to me, within the framework of the “110 Years of Pan American Progress in Health,” during which this Organization has contributed to benefit the peoples of the Americas. We are the proud heirs of an invaluable heritage, which entails an ineluctable commitment to continue to build upon this heritage with our daily actions.

This is a continuous process which involves the Member States, the Pan American Sanitary Bureau, the Associated Members and Observer States, and our associates and partners toward a common goal: building health for all. The achievements accrued over time and those reached in this period, which are described in further detail in the “Health in the Americas” report, in the report on the 2010-2011 program, and the report on implementation of the 2008-2013 strategic plan, which we will analyze later, respond to the mandates of the Governing Bodies and are the product of political, technical, and financial commitments toward common objectives, added to the tireless efforts of the many teams that make up the great Pan American network of public health.

A decade ago, at the dawn of a new millennium, our appraisal of the major contributions made by the Organization during its first centennial was tempered by a reflection on its importance and relevance in facing the inherent challenges of an environment undergoing rapid change. Thus, the linchpin of the mandate that was conferred to me was to renew and strengthen institutional activity by means of coordinated work between the Secretariat, the Member States, and the working group created for this purpose.

The principles of Pan-Americanism, solidarity, and cooperation that inspire the Organization are immutable, but to ensure that PAHO would consolidate its leadership in regional public health in the 21st century, we had to transform its positioning, procedures, systems, and structure so as to boost its capacity to respond to changing regional and national needs in the field of public health. The result has been a profound process of institutional transformation and development, with reflections on policy and programmatic actions, on the institutional structure of the Organization, and in its management.

The placement of public health on the political agenda of the Americas, as an essential element of human development, has been strengthened remarkably. This topic has played an active role in the Summits of the Americas, the Ibero-American Summits, and several subregional forums, including new organizations created in this period, such as UNASUR and its South American Health Council, APEC, and CELAC, among others. Furthermore, the Organization enjoys close collaboration with Inter-American agencies and active participation in the working group of the Regional Directors for Latin America and the Caribbean of the sister agencies of the United Nations, with particular emphasis on collaboration toward achievement of the Millennium Development Goals (MDG), further progress in United Nations reform, joint program building, use of trust funds, strengthening of country teams, and application of the principles of the Paris Declaration with regard to the harmonization and alignment of international cooperation for a greater impact under the leadership of countries in all processes.

Close coordination with the World Health Organization (WHO), through the effective operation of the Global Policy Group chaired by the Director-General, has strengthened interregional collaboration and the alignment of global policies with regional strategies and plans, as well as improved the allocation of resources to regions, countries, and joint programs. PAHO has also expanded its partnership building efforts and strengthened its relations with multiple sectors of civil society, from faith-based organizations, youth organizations, women's organizations, and indigenous and Afro-descendant community organizations through professional and academic societies to the private sector, and has established new mechanisms for dialogue, such as the Pan American Forum for Action on Non-communicable Diseases.

In turn, the development and adoption of the Health Agenda for the Americas has allowed us to revisit this highest-level political instrument as an expression of the collective will and decision of sovereign states, so as to inspire and guide their path toward achievement of common goals in health and as a guideline for all other sectors and organizations acting in the field of development—including PAHO, in a priority role. Thus, planning and evaluation processes have been strengthened substantially; results-centered management and the Regional Program Budget Policy were adopted, which has increased the proportion of resources directed to countries and has established an allocation for the subregional levels of integration. PAHO now enjoys an encouraging financial situation, our resources have increased nearly threefold, all States are up to date on their obligations as an expression of their commitment to the Organization, and we can count on solid support from our donors. Strategic funds for procurement of critical supplies, vaccines, syringes, and cold chain equipment have played an instrumental role in speeding the incorporation of more advanced supplies for health protection and disease prevention in the Region.

The transformation of the institutional framework of PAHO has strengthened governance processes remarkably, particularly by establishing a culture of prominence of all Member States. Accountability and transparency in the operations of the Bureau were strengthened by the adoption of the Code of Ethics, the Protocol for Conducting Investigations, the internal and external audit policy, the evaluation policy and several other control mechanisms. Investment in infrastructure and technology was improved at PAHO headquarters and in country offices and centers alike, improving connectivity and cutting costs, and, consequently, facilitating the involvement of Member States in the various Governing Bodies and advisory groups and the incorporation of these mechanisms by Member States. We also celebrate the addition of Aruba, Curacao, and Saint Martin as new associate members, joining Puerto Rico, which became our first associate member 20 years ago.

Within the process of continuous review of the most effective use of resources, Specialized Centers were transferred, transformed, and merged or devolved to their Member States, and the establishment of the Caribbean Public Health Agency (CARPHA) is well underway. Likewise, we have adopted a Decentralized Technical Cooperation model whereby several regional programs have been transferred from our headquarters to offices and centers in member countries, such as our programs on dengue, Chagas disease, disabilities, leprosy and leishmaniasis, ocular health, indigenous health, veterinary public health, and maternal and perinatal health.

The methodology developed by WHO for definition of Country Cooperation Strategies has been applied throughout the Region, thus ensuring that the earmarked contributions of the Organization to national health development are aligned with national policies and take into account all sectors and actors of society, as well as the work of other stakeholders in the field of development. The methodology was adapted for greater applicability to subregional organizations that have subregional health and development plans, and this experience was shared with the other Regions of the world through the Country Support Units (CSU) network. Analysis of the cooperation needs of the Caribbean, within the guiding framework of the CARICOM Caribbean Cooperation in Health Phase 3 (CCH3) initiative, led to the establishment of international health official positions in 7 countries or territories that do not have representative offices.

The Organization's efforts toward renewal and institutional transformation should be viewed in terms of its ability to meet the changing health needs of the countries and peoples of the Americas. In the first decade of the new millennium, the Region achieved a four-year gain in life expectancy, with better quality of life, as a consequence of an 11% reduction in mortality, the elimination or control of several diseases, and greater social protection in health, among many other interventions.

Given the historical burden of socioeconomic inequity and inequality in the Region, if we are to achieve a longer life expectancy and a better quality of life for all peoples, it is essential and pressing that we fight tirelessly for equity and equality in public health. The incorporation of the human rights framework, of gender approaches, of cultural and ethnic diversity, and of a focus on social and environmental determinants to public health analysis and interventions has made a major contribution toward this effort.

The momentum generated by the Millennium Declaration and its 2015 Development Goals was reflected in new investments and initiatives that enabled advancement toward regional public health goals and helped place countries on the path to fulfillment of the majority of these Goals, particularly those related to health. However, this achievement must effect an improvement in the health condition and status of each individual and each community, not only on national averages and indicators. Toward this end, it is essential that we increase the visibility of existing distinctions in health status in accordance with the social determinants of health. The *Faces, Voices and Places* initiative has played an essential role in increasing the visibility of the living conditions of marginalized social groups and strengthening local leadership through work at the grassroots level with an integrated, participatory approach to health and development in vulnerable communities.

The renewal of primary health care in the Region was set in motion in 2003, on the 25th anniversary of the Alma-Ata conference, and strengthened at the Buenos Aires 30/15 conference in 2007. The continuous progress of the reform and reorganization of health systems around the concept of primary health care is essential for the achievement of universal health care. Within the wide range of historical, political, economic, geographical, and demographic contexts of the Americas, there are distinct approaches and degrees of progress among countries, but the primary health care strategy has demonstrated its unquestionable value as a means of ensuring that systems are more efficient and more resistant to crises, emergencies, and epidemiological and demographic changes and improving the provision of quality health care.

The concept of health as a basic human right is enshrined in the political agendas of nearly all countries in the Region. Several States have adopted new Constitutions which incorporate the right to health, joining those that had done so decades ago. Others have implemented new legal frameworks for the public health care services, sanitary regulation, and expansion of insurance coverage. As a result, millions of individuals and families gained access to health coverage for the very first time. Many countries managed to expand health protection by extending coverage to include groups previously excluded from existing systems, by creating new coverage

mechanisms, by reducing the out-of-pocket expenditures of patients, or through implementation of social measures such as direct cash transfers, child and education-based allowances, disability and old age benefits, and combinations of these measures.

Five years ago, I expressed my hope and conviction that the remarkable achievements of Vaccination Week in the Americas would gradually ensure that World Immunization Week would become a reality. This year, that public health dream has come true. Vaccination Week in the Americas has directly benefited more than 400 million men, women, and children during its 10-year history, in a synchronized effort from all our States and from hundreds of thousands of volunteers to ensure equitable access to the benefits of vaccination. It represents a massive effort toward equality in access to health and its benefits, as it seeks to bridge the gaps in vaccination coverage that persist in some areas and communities and that undermine the public health protection network and endanger the whole of society. The decision of the World Health Assembly to launch World Immunization Week welcomes all countries of the world to a feast of prevention and health promotion.

A collective effort of equal magnitude is required from all countries and all sectors of government and of society if we are to face the challenge posed by non-communicable diseases and their devastating health, economic, and social effects. Several low-cost public health interventions with proven effectiveness are available to reduce the expected impact of these diseases, but tackling their underlying causes is not the exclusive purview of the health sector. Smoking, obesity, physical inactivity, unhealthy diets, and harmful use of alcohol can only be addressed through public policies that coordinate the actions of several sectors, including the food industry, the transportation and education sectors, urban planning, the trade sector, and the legislative branch, working in tandem with the private sector, the communications media, nongovernmental organizations, and civil society. Other serious issues that account for a high burden of disease, death, and disability include mental health; homicide; suicide; violent behavior, including domestic and gender-based violence; and traffic accidents. All of these issues are closely linked to phenomena of exclusion, marginalization, stigma, and discrimination rooted in historical inequalities and social intolerance.

The Region is behind schedule on the Millennium Development Goal that concerns maternal mortality, which shows the high human and social costs of inequalities at their fullest extent. Disparities in the access to comprehensive sexual and reproductive health services—particularly skilled delivery care and contraception—are related to social and cultural determinants, to discrimination, and to the complex network of mechanisms required to ensure timely access to high-quality care. Overcoming the current situation requires a continuous process of maternal, newborn,

and child care, with special emphasis on adolescents, indigenous women, and the residents of vulnerable communities.

The recent impact of Hurricane Isaac and other natural events that have ravaged our countries, such as the earthquake in Haiti and the A(H1N1) pandemic, is an ever-present challenge. Unlike in the previous century, and thanks to the work carried out by Member States, the Organization, and our partners and allies, the majority of the countries in the Region now have the capability to respond to minor or moderately serious crises, disasters, and emergencies without the need for international assistance. The creation and strengthening of emergency and disaster response programs and the implementation of regional strategies to reduce the consequences of disasters on health—such as those designed to reduce the vulnerability of hospitals and health centers, their workers, and the community—have been successful, and each event that strikes brings fewer human losses to mourn.

Many countries have strengthened their approach to the social and environmental determinants of health, within the framework of the struggle against poverty and exclusion and the framework of human safety, in such areas as access to drinking water and sanitation, housing improvement, reduction of exposure to indoor and outdoor air pollution, and reduction of exposure to radiation, pesticides, and other chemical contaminants. There is a growing awareness of the need to integrate and coordinate efforts so as to correct the fundamental causes of inequalities in health outcomes, ensuring a harmonious relationship between human beings and nature, with sustainable patterns of production and consumption, within the framework of a new focus on “wellness” or “well-being” and with a greater responsibility toward our legacy to future generations.

This is crucial in order to ensure that the health benefits achieved in the Region of the Americas during the last decade—and those that will continue to be achieved—reach all countries and all population groups equally. The reduction of disparities among countries and within them is, unquestionably, the greatest public health challenge faced by the Region, as well as a necessary condition for its peaceful and sustainable development and prominence on the world stage.

For 110 years, Pan-Americanism has been a powerful force for extraordinary health progress. I am proud of the historical legacy that I received from my predecessors and proud to have fulfilled a mandate of transformation to lead PAHO in the 21st century, and would like to express my gratitude to the team that joined me on this journey and to the support received from ministers, our allies and partners, and my family and friends. I am certain that the Pan American Health Organization, 110 years young, renewed, and strengthened, will continue to light the path toward our common goal: “health for all.”