



**Pan American
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Organization**



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**PRESENTATION OF THE QUINQUENNIAL REPORT 2013-2017
OF THE DIRECTOR OF THE PAN AMERICAN SANITARY BUREAU**

Dr. Carissa F. Etienne
Director of the Pan American Sanitary Bureau

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**25 September 2017
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**29th Pan American Sanitary Conference
69th Session of the WHO Regional Committee for the Americas**

Honorable President of the 29th Pan American Sanitary Conference,
Dr. Antonio Barrios, Minister of Health of Paraguay,
Honorable Ministers and Secretaries of Health of Member States of the Pan American
Health Organization,
Director-General of the World Health Organization,
Honorable Dr. Tedros Adhanom Ghebreyesus,
Distinguished Member State Delegates,
Eminent Members of the Diplomatic Corps,
Representatives of Nongovernmental Organizations in formal relations with the
Pan American Health Organization,
Representatives of the United Nations and Other Specialized Agencies,
Fellow PAHO and WHO Colleagues,
Honored Guests,
Esteemed Ladies and Gentlemen:

A very good morning to you all

Today, I have the honor and privilege of presenting to you the Quinquennial Report of the Director, which summarizes the work of the Pan American Sanitary Bureau during the period, 2013-2017. As you are aware, the start of this period was marked by my assumption of duty as the Director of the Pan American Health Organization in February 2013 and once again, I would like to express my sincerest gratitude to our Member States for the trust that they have invested in me.

We are all justifiably proud of PAHO's 115 years of existence, and are pleased to be counted among those institutions, which have not only endured, but have also continued to survive and thrive, for more than a century. We gain much satisfaction from the Organization's continued evolution and adaptation to changing health priorities and environments at the national, sub-regional, regional, and global levels. PAHO's 115 years of experience at the forefront of regional public health has also had

significant global reach and impact, given its role as the WHO's Regional Office for the Americas over the last 69 years.

During the period under review, Member States and the Bureau collaborated closely via a Member State Consultative Group to identify the programmatic priorities for resource allocation. The result was the PAHO Strategic Plan- 2014 to 2019, the first ever to be developed in this fashion.

Our Member States also collaborated on the development of, and formally approved, the Bureau's new Strategic Plan Monitoring System. This system facilitated a joint end-of-biennium assessment by the Bureau and PAHO Member States in November 2015, a first for any WHO region. All 52 countries and territories participated in this exercise and I would like to take this opportunity to reiterate my appreciation to Member States for this milestone.

Within the context of the 2030 Agenda for Sustainable Development and other global and regional mandates, a 16-member Countries Working Group led the way, with PASB's support, in drafting the new Sustainable Health Agenda for the Americas 2018-2030. Like the earlier Health Agenda for the Americas 2008-2017, this new Agenda will constitute the highest-level strategic planning and policy framework for Member States' collective actions to enhance health and well-being throughout the hemisphere.

Despite their diversity and varying stages of development, the countries and territories of the Americas are united in their commitment to make both individual and collective progress to achieving the goals of the 2030 Agenda for Sustainable Development.

SDG 3, the goal most specific to health, includes universal health coverage as one of its targets. PASB has worked with Member States to advance universal health, guided by the regional Strategy for Universal Access to Health and Universal Health Coverage that was approved by the 53rd Directing Council in 2014. The Strategy's goal is to ensure that "all people and communities have access, without discrimination, to comprehensive, appropriate, and timely quality health services determined at the national level according to needs, as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability".

In working to transform health systems and advance to universal health, the Bureau's technical cooperation has contributed to:

- **Enhanced access to health services**, as exemplified by the Mais Médicos project in Brazil, which through triangular cooperation, primarily involving Cuba, expanded primary health care to more than 63 million people.

- **Strengthened regulatory systems for medicines and other health technologies**, as exemplified by the establishment of the Caribbean Regulatory System in 2015 to create a single entry point into the pharmaceutical markets of member countries of the Caribbean Community [CARICOM].
- **Enhanced human resources for health**, by providing increased access to a greater variety of training courses via cost-effective virtual learning platforms in addition to the more traditional educational mechanisms.
- **Improved access to efficacious, safe, and quality medicines**, with Member States continuing to take advantage of the PAHO Strategic Fund for public health supplies. Its inclusion of essential medicines for NCDs and its 2015 agreement with the Global Fund's Pooled Procurement Mechanism have brought additional benefits to Member States.
- **Strengthened health information systems, knowledge management, and research**, with strategies and mechanisms to obtain, analyze, and disseminate more up-to-date health-related data. The results of efforts in this area are amply demonstrated in the Health In the Americas Plus flagship publication of the Organization.

Two key areas of PASB's technical cooperation with Member States were its support during health emergencies and disasters, and the related work of building core capacities under the International Health Regulations [2005]. PASB enhanced its own capacity to respond to emergencies in Member States, by establishing a new Emergency Operations Center [EOC], and by strengthening the skills and competencies of existing and new members of the Regional Health Response Team in order to increase surge capacity. In 2016, the Bureau combined its expertise in disasters and epidemic alert and response to create the new Health Emergencies Program, in alignment with WHO's restructured emergencies program.

This ongoing internal strengthening enabled the Bureau to respond in a timely manner to emergency situations that included tropical storms and hurricanes; toxic fires; earthquakes; droughts; floods; migration crises and infectious disease epidemics, among others.

Work at the national level was complemented by our sub-regional technical cooperation, including the development of an Andean Strategic Plan for Disaster Risk Management in the Health Sector; a Central American Plan for Comprehensive Risk Management of Public Health Emergencies; and the implementation of the Smart Hospitals initiative in the Caribbean, building on the Safe Hospitals program.

During the period under review, three emerging viruses – Ebola, chikungunya, and Zika – sternly tested the core capacities of PAHO Member States in relation to the

International Health Regulations. In October 2014, after the United States of America confirmed its first imported case of Ebola, I activated the PASB's EOC and initiated the first-ever formal implementation of the PASB Incident Management System. The Bureau moved quickly to organize joint missions with regional and international experts and partners to assess Member States' readiness for responding to a possible Ebola virus introduction and to develop strategies and plans for addressing identified gaps. PASB also provided staff, and supported the deployment of national personnel, to assist with the response in affected African countries.

Zika virus introduction and the resulting widespread epidemic occupied much of the PASB's attention in 2015 and 2016. The Bureau worked with countries and partners to track the epidemic while providing critical support in clinical and laboratory diagnosis of cases, case management, and vector control, among others. We also collaborated with partners to provide evidence-based, ethical guidelines and advice to Member States given the significant fetal and neurological sequelae that were associated with Zika virus infections.

While the prevention and control of communicable diseases continued to pose challenges during this period, a number of countries and the wider Region were successful in eliminating certain diseases. Particularly noteworthy were the elimination of onchocerciasis in Colombia, Ecuador, Mexico, and Guatemala; the elimination of trachoma in Mexico; and the elimination of mother-to-child transmission of HIV and syphilis in Cuba. In addition, we reached two historic milestones at the regional level, namely, the declaration in 2015 of the elimination of endemic transmission of rubella and congenital rubella syndrome and the certification in 2016 of the elimination of measles from the Americas. Measles is the fifth vaccine-preventable disease to have been eliminated from our Region, so, amid all of our challenges, we still do have much reason to celebrate!

Important support for these achievements came from the PAHO Revolving Fund for Vaccine Procurement and the annual Vaccination Week in the Americas. PASB is now focusing its technical cooperation on protecting and sustaining these achievements by assisting countries to maintaining high vaccine coverage, expanding coverage where needed, and improving surveillance. We are also working steadfastly towards the elimination of other diseases, where feasible.

HIV and sexually transmitted infections remain problematic for the Region, despite gains in antiretroviral coverage and falling AIDS mortality rates. PASB's technical cooperation in this area gave priority to the optimization of care and treatment; the elimination of mother-to-child transmission of HIV and congenital syphilis; prevention and care for key populations; and the provision of broad strategic information. The Bureau actively promoted the Treatment 2.0 platform, which aims to expand access

to HIV diagnosis, treatment, and care, and conducted Treatment 2.0 missions to a number of countries.

The Bureau also worked to address the control of tuberculosis and neglected infectious diseases; malaria elimination; the elimination of cholera on the island of Hispaniola; and the prevention of diseases occurring at the animal health–human health interface. We collaborated actively with the Global Fund, the Carter Center, the United Nations Children’s Fund [UNICEF], the United States Centers for Disease Control and Prevention [CDC], and the Spanish Agency for International Development Cooperation, among many other partners.

Guided by the regional Plan of Action on Antimicrobial Resistance approved in 2015, PASB contributed to the development of national action plans to combat AMR. This work emphasized multi-sectoral action among the health, animal, and agriculture sectors, and included collaboration with the United Nations Food and Agriculture Organization and the World Organization for Animal Health.

As you are all aware, non-communicable diseases have supplanted communicable diseases as the major causes of death and disability in almost all countries of the Region. Over the reporting period, the Bureau’s technical cooperation has contributed to the development and implementation of national NCD policies, strategies, plans, and interventions, with a focus on creating enabling environments through legislation and regulations. The REGULA initiative, for example, aims to enhance countries’ abilities to develop and implement legislative, regulatory, and fiscal measures for NCD risk factor reduction. These include measures for obesity prevention and improved nutrition such as the taxation of sugary beverages and unhealthy food products; front-of-package labeling; and the regulation of marketing of unhealthy products, especially to children. We have actively advocated for strategies to reduce the harmful use of alcohol and to curb tobacco use, the latter through implementation of the WHO Framework Convention on Tobacco Control. These actions have often provoked resistance from the affected industries, but the Bureau has responded by providing countries with appropriate support and assistance.

Intertwined with its programmatic approaches, PASB’s technical cooperation has strongly emphasized a life course approach. PAHO’s Latin American Center for Perinatology, Women, and Reproductive Health, CLAP/WR, has led the charge in addressing maternal mortality by promoting the collection, analysis, and reporting of accurate information on maternal mortality and morbidity and by spearheading initiatives such as “Zero Maternal Deaths from Hemorrhage.”

The Bureau has assisted Member States in adapting their health policies and systems to address the needs of an aging population and in promoting prevention and healthy aging. These efforts have included support for the implementation of evidence-

based self-care programs in primary care and community health services. The Bureau has also championed the development of the new Inter-American Convention on Protecting the Human Rights of Older Persons, the first accord of its kind worldwide.

Both PAHO's Strategic Plan and the Sustainable Development Agenda call for dedicated efforts to enhance social inclusion. In this regard, PAHO's 52nd Directing Council took the groundbreaking step in 2013 of approving a resolution that addresses disparities in access to, and use of, health services by lesbian, gay, bisexual, and transgender [LGBT] people. The Bureau organized the first-ever Regional Meeting on the Health of LGBT Persons and Human Rights in 2014, and in 2016 commenced work to analyze national laws and policies within the context of discrimination and exclusion of LGBT persons from health care services. Data has been collected from over 30 Member States, and the resulting report is in its final draft.

PASB has also continued work on defining core indicators for gender and health; developing health system interventions to prevent violence against women; and in mapping approaches to gender equality within health policies.

In the context of the International Decade for People of African Descent 2015-2024, the Bureau spearheaded the development of a proposal on health plans for Afro-descendants for the Central American and Andean regions. PASB has also been working to improve the availability and quality of data on ethnicity and health. To further strengthen our technical cooperation in this area, the Bureau has drafted a new Policy on Ethnicity and Health for presentation to this Conference.

In 2016, the Bureau launched a high-level Commission on Equity and Health Inequalities in the Region of the Americas, in partnership with the Institute of Health Equity at University College London. Its mandate is to undertake the Review of Equity and Health Inequalities in the Americas, the first comprehensive regional effort to gather evidence on health inequities.

Recognizing that addressing the social determinants of health demands inter-sectoral, whole-of-society action, PAHO's 53rd Directing Council approved the regional Plan of Action on Health in All Policies 2014-2019, the first of its kind among WHO regions. PASB developed and disseminated a tool for countries to document and systematize examples of inter-sectoral work that demonstrate the HiAP approach. We have also established a task force to define core indicators from across the SDG framework that can be employed to monitor the impact of inter-sectoral actions on health.

With regard to technical cooperation modalities, the Bureau has strengthened its country focus, tailoring our interventions to address national particularities, and taking steps to ensure that each country has an updated PAHO-WHO Country Cooperation

Strategy. We have also streamlined our sub-regional technical cooperation to respond to the health agenda of the major sub-regional integration entities and to complement cooperation at national level.

A major achievement over the period was the enhancement of the PASB's administrative and managerial systems. The on-time and within-budget implementation of the new PASB Management Information System, more commonly referred to as PMIS, was extremely challenging and onerous for all staff, but I am very happy to report that they demonstrated dedication, initiative, commitment and persistence to ensure a successful Go-Live launch. The Organization is already reaping the benefits of PMIS in more streamlined and shorter business processes and greater transparency, accountability, and collaboration.

These internal measures are intended to enhance the efficiency and effectiveness of PAHO's technical cooperation with Member States, and will continue into the future.

In all of these efforts, PASB has sought to maintain alignment with WHO's plans, programs, and reforms, making adjustments, where and when indicated. These adjustments have taken account of PAHO's constitutional framework, which establishes the Organization as the specialized agency for health within the inter-American system and affirms PAHO as an independent entity, which along with its Director, is directly accountable to the Member States of the Americas.

This special status was reflected in the 55th PAHO Directing Council's adoption of the WHO Framework on Engagement with non-State Actors [FENSA], which replaces PAHO's previous guidelines on collaboration with non-state entities, but with specific instructions that FENSA be implemented in a manner that respects PAHO's Constitution and special legal status.

Proposed revisions to the 2014-2019 PAHO Strategic Plan, which will be presented to this Conference, are in recognition of the new programmatic priorities that have emerged, based on a collaborative priority-setting exercise with Member States that employed a PAHO-adapted Hanlon methodology. For the amended Strategic Plan—once it is approved—and in the development of its successor plan, the Bureau will support Member States' efforts by according the highest priority to the following areas:

- Advancing towards universal health and ensuring resilient health systems;
- Meeting and sustaining country obligations under the IHR, and developing strong national and regional emergency and disaster preparedness and response capacity;

- Preventing and controlling communicable diseases, eliminating them where feasible, and containing antimicrobial resistance;
- Improving women’s and children’s health, and the health of persons living in conditions of vulnerability;
- Reducing the burden of the main NCDs and their risk factors, mental health disorders, and violence and injuries, including road traffic injuries;
- Implementing multi-sectoral, whole-of-society approaches to improve the social and environmental determinants of health, including mitigating measures and adaptations to respond to climate change; and
- Ensuring that countries are on track to achieve all the targets of SDG 3 and health-related targets in other SDGs, and that information systems are in place to measure their progress toward those targets.

In closing, I do hope that this overview has provided a taste of what we have achieved over the past five years, even though I would really encourage all of you to review the published report. While highlighting our achievements, we recognize that many challenges to national, sub-regional, and regional health development still persist. These, we must face together, with a steadfast focus on equity.

To our PAHO’s Member States, I wish to express my sincere appreciation for your guidance, confidence, solidarity, and commitment, both political and financial, for ensuring that the Bureau and PAHO continue their tradition of excellence. I am truly thankful to our colleagues and partners in the United Nations and Inter-American Systems, other developmental agencies, civil society, and the private sector for their collaboration and contributions to our work.

Lastly, but definitely not least, I wish to convey my sincerest gratitude to every member of the PASB team at the country offices, at the specialized centers, and at headquarters and across all of the technical, managerial and administrative spheres, for their unwavering dedication, continued commitment, and unstinting willingness to “go the extra mile” in the service to our Member States and the Bureau.

In this new era of the Sustainable Development Agenda, let us go forward in partnership on the road to universal health, equity, and sustainable health development, for the health and well-being of all of the peoples of the Americas.

I thank you.
