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ADDRESS OF HER EXCELLENCY

DR. MICHELLE BACHELET JERIA, PRESIDENT OF CHILE

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Dr. Michelle Bachelet Jeria, President of Chile
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Good morning, I would like to begin by offering my greetings to Dr. Jorge Basso, President of the 144th Session of the Executive Committee of PAHO; Dr. Mirta Roses, Director of PAHO (Pan American Health Organization); the delegates to the 144th Session of the Executive Committee of PAHO; the ambassadors and members of the Delegation of Chile who have accompanied me; the ministers of Haiti, Paraguay, and Suriname, who are present here; the Minister of Health and Deputy Secretaries of Health who are observing us from Chile, and all friends.

I would also, of course, like to express my pleasure at returning once again to this institution. I was seated over there many times in the past. PAHO is so important for our Hemisphere and I so cherish it, not only professionally and politically as President, but as Dr. Basso stated, from the standpoint of social protection, the basic stamp of my government. We are also meeting at a very special moment for global, regional, and Chilean public health, however. I believe the global situation was reflected very well in the opening paragraph of the 2009 report of the Global Campaign for the Health Millennium Development Goals, which 12 international leaders, myself among them, have just signed. And I quote:

“This year, 2009, will be a key one for the world’s poorest,” says the report. “The global economic crisis has already driven more than 50

million into extreme poverty, particularly women and children, so the need for action is urgent.

So, we find ourselves at a particularly challenging moment from an economic, social, environmental, and above all political standpoint; because, if we look at what is happening behind the convergence of global crises--in the economy, in the social situation, in the environment, and in many other areas--we will see that in the past two decades, the world began to globalize. However, it has not yet been able to draft the basic political agreements necessary for the governance of this globalization. And I define governance at a minimum as everything that enables us to respond effectively and solve the problems before us; for example, preventing a global economic crisis such as the current one and being able to guarantee prosperity for all, or achieving sustainable development and putting a halt to global warming, or guaranteeing peace and international stability. And in health, while we have certainly seen significant progress, we all know that the challenges are enormous and that the key to meeting them can be summarized in a single word, also mentioned in the remarks of Dr. (Jarbas) Barbosa, (Area Manager, Health Surveillance, Disease Prevention and Control of PAHO), in reference to the fight against A (H1N1). And that word is "cooperation," greater and greater cooperation. Cooperation from the developed world to the developing world, because today it is more urgent than ever to honor the commitments made at the Millennium Summit, and also, cooperation in all its forms, international and horizontal. Through cooperation, the community has created international institutions that, unlike others, work effectively. Examples of these are the World Health Organization and PAHO, which at this very moment are working to fight influenza A

(H1N1), a disease that in our country, I must inform you, is known as ABC1, because it started out in the more affluent sectors and through community transmission spread to others. We have seen, however, that it is basically in the schools, in children from schools in affluent areas, where the epidemic has reared its head. Now then, as Dr. Barbosa reminded us, implementation of the International Health Regulations, spurred by the detection of this new influenza A virus, has enabled us to put procedures in place to verify information, alert the countries to this potential risk, and immediately activate the contingency plans developed in preparation for an epidemic.

Like all of you probably, we made sure that all was in readiness when we made preparations for avian influenza. Thus, before it could reach Chile, we had all our forces of intention prepared for the flu's arrival, and arrive it did. The truth is, we were ready long before the public declaration of a public health emergency of national concern, one of the major innovations of the IHR.

The principles of international collaboration fostered by the Regulations, which include the continuous sharing of information and the mobilization of experts, equipment, and drugs, have in fact helped to guarantee an effective public health response to this event. Moreover, the [Regulations'] new mechanisms for consulting with experts and the participation of the countries initially affected have led to a better analysis of the global response. As President, I can attest to that, because when I ask the Minister and Deputy Secretaries for information, they tell me that they're teleconferencing with PAHO, with the Director, and with the various ministers of the Region and are sharing

information, activities that have proven extraordinarily useful for obtaining first-hand information for decision-making.

Thus, the current pandemic has clearly demonstrated what we already know but is increasingly important to confirm: the need for regulated international surveillance mechanisms that will enable us to conduct risk assessments and report in a timely manner. This emergency, to which all countries are exposed, given the universal susceptibility to the new virus, confirms the need to continue the arduous task of creating and developing the national capacities required to meet the core objective of the Regulations and pandemic preparedness—to prevent the international spread of diseases and mitigate their impact once they have spread. Let me say as well, however, that there is something here that troubles me. We have all witnessed it, and I believe that this is not the way to deal with this type of epidemic—because it is also creating problems for cooperation—what I am saying is that the international response to Mexico when it was hit by the influenza A (H1N1) epidemic reveals real and practical difficulties, because the initial impulse in some areas was exactly the opposite of cooperation: a tendency toward isolationism, a lack of solidarity, and a lack of cooperation, in what was a very similar and comparable reflection of another phenomenon that many of us criticized: the temptation to revert to protectionism to deal with the economic crisis. I realize that the prospect of an influenza epidemic is frightening, but the truth is, I believe the only solution is cooperation. The only solution is to work together and not slam the door on the movement of people across borders. Brazil has proposed barring travel to Chile and Argentina because of human influenza, and we believe that this type of response, a product of fear and alarm, is not the

response that those of us who work in health know is needed to handle an epidemic of this nature.

I will therefore travel to Mexico today. I will meet with President Calderón to express our solidarity with the Mexican people and show by our presence that the international community wants to learn about Mexico's experience in fighting the pandemic and find ways to help one another as the citizens of the Americas that we are. Regionally, PAHO is strategically in the best possible position. It has the ability to liaise with the United Nations and Inter-American systems and serve as a bridge to ensure that global and health policies are reflected in regional policies and vice versa. Thus, as always, PAHO is playing a key role in this task: in the development of policies and programs that implement the decisions of WHO; in rendering a rapid response to global emergencies, as seen in the recent A (H1N1) epidemic, promoting mutual collaboration among countries in surveillance, community control measures, and antivirals. Chile knows that it has your support at this time, and we are very grateful and will continue to cooperate closely. However, we are also collaborating with WHO and the U.S. Centers for Disease Control, since we have considerable diagnostic capabilities, a well-structured public and private system, excellent disease notification capabilities, and good registry in Chile. Thus, we are very well aware of how the epidemic is evolving, because when it began in Chile (since I am a doctor and have worked in the field of epidemiology) I was not only interested in global responses; I was interested in knowing exactly how the flu was going to evolve. The truth is, none of us here really knows what course this pandemic will take. We wonder whether what is happening here is different from what is happening in the Southern Hemisphere. We are

entering winter there and have asked ourselves, “A (H1N1) is coming, but what does that mean? Is it going to interfere with the seasonal flu? Is the seasonal flu coming? Will the new virus replace it? And that’s what we’ve been seeing up to this point. We are seeing cases of respiratory syncytial virus, which we always have at this time of the year, and, as usual, in very high intensity in young children under 5. However, we have not yet seen a single case of seasonal flu. And we have surveillance centers with very good detection capabilities, so we know when these viruses appear. What I mean to say, then, is that while fear of the unknown sometimes leads us to do things that often make little sense, I believe that the proper attitude at this time is for all of us to work together to examine and analyze the situation. The CDC now has a number of (technical) observers in Chile, because, of course, in October, probably when it starts getting cold and winter arrives, H1N1 is going to return. It is therefore really useful to have what is happening on in the Southern today serve as the foundation for determining the epidemiology and actual evolution of H1N1, enabling us to take additional steps in the Northern Hemisphere and continue as always in public health to improve our knowledge and capacity to respond to problems. This is why we are collaborating with the CDC through joint studies in Chile that will keep us better informed and better able to manage the influenza A (H1N1) epidemic. We also need additional cooperation, for example, to tackle other challenges in public health, such as cancer, which has become one of the three most lethal scourges in Latin America and worldwide and which is no longer considered a disease that affects only high-income countries. Accordingly, last week our country signed an agreement with the U.S. Department of Health and Human Services and its National Cancer Institute to work together in cancer prevention and control to

improve the clinical management of patients, reduce the impact of cancer on the population, improve the overall quality of life of patients, and strengthen the existing ties among the public health, medical, and scientific communities in the two countries, especially in this area. And greater cooperation above all to resolutely and effectively address the lag in achieving the health-related Millennium Development Goals that existed before the international crisis but that no doubt has worsened. Thus, from the outset, Chile has been a very enthusiastic and active participant in the initiative of President Lula and President Chirac to fight hunger and poverty, which President Lago and several other presidents have joined in the search for innovative financing mechanisms to achieve the Millennium Development Goals. We have likewise implemented UNTAID and with it, raised hundreds of millions of dollars that have enabled us to bring HIV, malaria, and tuberculosis drugs to hundreds of thousands of children in the developing world. We are therefore also promoting and working toward the achievement of all the Millennium Development Goals, especially two where considerably less progress has been made: Goals 4 and 5 on combatting infant and maternal mortality. In September of last year, we launched the Santiago Initiative, a regional initiative centered on Goals 4 and 5 aimed at working on behalf of mothers and children to reduce infant mortality and prevent the death of women in childbirth.

Looking at the figures is still very painful. In Latin America, some 400,000 children die each year before the age of 5 and 22,000 women suffer the same fate because of a lack of access to health services. The truth is, this situation is unacceptable. Yet it can clearly be improved and resolved. We have therefore launched this horizontal cooperation

initiative, which Chile, with PAHO support, is promoting with the governments of Bolivia, Ecuador, and Paraguay; the initiative, however, is completely open to all States with the desire to participate. Thus, through initiatives like this and others, such as the Pan American Alliance for Nutrition and Development for the achievement of the Millennium Development Goals; the Hunger-free Latin America and (Caribbean) Initiative; the Interagency Strategic Consensus on Reducing Neonatal Mortality and Morbidity in Latin America and the Caribbean; the Regional Interagency Task Force for the Reduction of Maternal Mortality and Morbidity, and others, we are showing with effective concrete steps that cooperation is possible, and more importantly, that it is effective.

My friends, the truth that we must not lose sight of, however, is that despite robust investments and progress, many of the poor countries are not going to achieve the Millennium Development Goals in health. This failure is essentially due to the limitations and deficiencies of organized health systems that are capable of guaranteeing universal access to promotion, prevention, and health care. Let me emphasize that some countries are achieving far better health outcomes than others, even though they may exhibit the same degree of economic development, and the evidence is showing us that the difference lies in the design and operation of the health system, which have a direct impact on the health and well-being of the population.

Health expenditure in many countries is predominantly from individuals—not in individuals, from individuals—and this is increasing at an unprecedented rate. Since expenditure is financed primarily out-of-

pocket, which is inefficient and regressive, the world is witnessing an unprecedented wave of catastrophic health expenditure that is driving millions of families into poverty each year in poor and rich countries alike. On top of this, the global community has not reached agreement on a collective global agenda or on simple, effective methods for measuring success. For that reason, while the Millennium Development Goals are a guide for international development efforts, we must begin to develop a post-Millennium Development Goals health agenda that emphasizes the social and economic dimensions of health systems in every country in the world. I would therefore like to take this opportunity to issue a call to make guaranteed universal coverage a global health objective, defining it as access by all to appropriate, affordable health services that cover both health and social protection, because we understand this as a human right as well as a way of alleviating poverty. Universal health coverage is socially just and represents social solidarity in a globalized world. Moreover, it operationalizes the universal right to health enshrined in the declaration of 1948. It is not just another program; it is a way of organizing efforts around a global aspiration similar to that of the Millennium Development Goals. Universal health coverage is efficient and progressive. Reorganizing out-of-pocket expenditure in a modern health financing system will facilitate subsidies for the poorest and sickest members of society and optimize efficiency in the distribution and utilization of resources. Universal health coverage is even possible in low-income countries. Most of the nearly 50 countries that enjoy universal health coverage today, including Chile, are either relatively affluent, which is not the case for Chile, or have built their national system over the course of a half century, as have Cuba and Sri Lanka. Universal coverage, however, is rapidly moving forward in Ghana,

Rwanda, Thailand, and Vietnam--precisely in the regions of the world where it is most needed. Financing is without a doubt the control button of health systems, enabling governments to orchestrate and promote efficiency, equity, and quality in public and private health service delivery.

Finally, universal health coverage is the responsibility of the State and demands leadership not only in the health sector but in the highest echelons of government.

The economic drama precipitated by the collapse of the markets in 2008 has created a political demand for greater social protection, and health is certainly a priority. So, my PAHO friends, none of these dreams or judgments is beyond our possibilities. It is up to us to build a future of progress for our people. Many countries are moving forward and demonstrating that economic growth can be combined with the development of social protection systems that guarantee the social rights of our peoples. However, we will move much faster if we can redouble our cooperation in this time of serious crisis. That is why I wished to come here—to thank you for PAHO's support for my country and issue this call for international cooperation to work hand in hand for the health of our peoples. For that, you can always count on Chile and this President.

Thank you very much.