



**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE  
**Americas**

## **57th DIRECTING COUNCIL**

***71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS***

*Washington, D.C., USA, 30 September-4 October 2019*

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**OPENING REMARKS BY HON. DR. TEDROS ADHANOM GHEBREYESUS  
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION**

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**30 September 2019  
Washington, D.C.**

**57th Directing Council of PAHO  
71st session of the WHO Regional Committee for the Americas**

Honourable Minister Duane Sands, outgoing President of the Directing Council,  
Honourable Secretary Alex Azar,  
Regional Director, my sister Carissa,  
Honourable Ministers and Heads of Delegation, dear colleagues and friends,

It's a pleasure to be with you once again.

Thank you, Secretary Azar, for your leadership both domestically and internationally.

Thank you for expressing your commitment to making health care more accessible and affordable for all Americans at the United Nations High-Level Meeting on Universal Health Coverage last week.

Thank you also for your strong personal engagement in the fight against the Ebola outbreak in the Democratic Republic of the Congo.

The U.S. is a great friend to WHO, and your support is saving lives around the world.

Minister Sands, thank you for being with us today at this very difficult time for your nation.

Our hearts go out to those who have lost those they love, or everything they have, to Hurricane Dorian.

Over the weekend I had the opportunity of visiting Abaco and Grand Bahama with you.

I saw the devastation wrought by the hurricane, but I also saw the incredible beauty of a country that relies heavily on tourism and remains open for business.

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My brother, WHO is committed to standing with you and your people in solidarity. Together, we will alleviate their suffering, and together, we will build back better.

What I saw in the Bahamas is a tragic reminder of the urgent need to both mitigate and adapt to our changing climate.

I saw the same thing on my recent visit to the Pacific, where climate change is stealing homes, and stealing hope.

I visited Tonga, where they are moving hospitals to higher ground and planting mangroves to fight back against encroaching seas and erosion.

I visited Kiribati, which will be under water within a century unless we take urgent action.

And I visited Tuvalu, where the Prime Minister has warned that any further temperature increase will spell the total demise of his nation.

Although small island states are the least responsible for climate change, they are among the most at risk.

That's why we have established the initiative on Climate Change and Health in Small Island Developing States.

We held three consultations, including one in Grenada for the Caribbean islands.

From those consultations, we developed an action plan, which was endorsed during the World Health Assembly in May this year.

Our vision is that by 2030, every island in the Caribbean will have a health system that is resilient to climate change. This is ambitious, but doable.

One way that Caribbean states can build their own capacity is by training Emergency Medical Teams to respond to emergencies like Hurricane Dorian domestically, regionally and globally.

For the moment, only Barbados has an Emergency Medical Team. WHO is ready to work with other states to build your capacity.

My sister Carissa, thank you for your leadership in the region and your partnership and friendship as part of WHO's Global Policy Group.

The development of the Sustainable Health Agenda for the Americas 2018 to 2030, which you led, is a powerful platform for realizing the vision of a healthier and more equitable region of the Americas.

At its heart is our shared vision for universal health coverage.

The political declaration on universal health coverage, approved at the General Assembly last week, is the most comprehensive, international agreement on health in history.

The negotiation was not always easy – nothing worth doing ever is.

Countries do not agree on everything. But they agree on this: the right of all people to the highest attainable standard of health.

The Global Monitoring Report on Universal Health Coverage, published last week on the eve of the high-level meeting, shows that your region stands out as a global leader.

Between 2010 and 2015, the Region of the Americas was the only region that saw improvements in both service coverage and financial protection.

Congratulations.

But you know that there is always more work to do to expand access to services, improve the quality of those services, and reduce out-of-pocket spending.

Yesterday I heard from the CARICOM countries, who are asking for technical support to establish national health insurance programmes. WHO is committed to providing that support.

There is no single path to universal health coverage. But for all countries, the foundation must be primary health care.

I know this is your priority too. The Regional Compact on Primary Health Care, launched in April this year, with the 30-30-30 target, is a major step in the right direction.

I especially welcome the commitment by countries to allocate at least 30 percent of their entire public health budget to the first level of care by 2030.

And I applaud the emphasis you have put on strengthening stewardship and governance in health.

Your collaboration with the Central American Parliament to harmonize and strengthen legal frameworks for health, is very important.

I always say that health is a political choice.

Parliaments play a crucial role in translating political commitments into legal and regulatory realities.

At the Inter-Parliamentary Union Assembly in Serbia this month, we are expecting countries to adopt a resolution on universal health coverage, and we ask for the support of all of your countries for that resolution.

There are other causes for celebration.

The Americas is one of only two regions where tobacco use and tobacco-related deaths are both falling.

Your Region leads the world on detection and reporting of tuberculosis among men – who have higher prevalence of TB than women, but are less likely to be diagnosed.

The PAHO revolving fund and PAHO strategic fund continue to provide lifesaving support.

And Argentina has now been certified as malaria-free.

But just as you have many reasons for cheer, you also have causes for concern.

There are significant inequalities between and within countries.

Although the region as a whole reached the SDG target on maternal mortality almost a decade ago, some countries and communities have been left behind.

A study of four PAHO countries shows suggests that women experience higher out-of-pocket health spending than men.

Budgetary allocations for health have stagnated or reduced.

Industry interference has prevented the implementation of national health insurance schemes and taxation on tobacco alcohol, sugary drinks and foods high in fat, sugar and salt.

Despite significant improvements in child health, recent outbreaks of measles and increasing rates of childhood obesity, especially in small island countries, threaten to undermine the gains you have made.

Your agenda this week features several agenda items aimed at meeting some of these challenges.

The PAHO disease elimination initiative sets out an ambitious vision for freeing the region of the burden of more than 30 communicable diseases by 2030, from cervical cancer to Chagas, malaria to measles and trachoma to tuberculosis.

Just as you're taking action on communicable disease, you're also taking steps to address the burden of noncommunicable diseases, the leading cause of death in this region.

The plan of action of the elimination of industrially produced trans-fatty acids sets out a clear path towards removing these harmful products from the region's food supply.

In May this year, the International Food and Beverage Alliance, representing 12 of the world's largest food producing companies, committed to align its policy with the WHO call to eliminate industrially-produced trans-fat from the global food supply by 2023.

Another crucial weapon in our fight against NCDs is health promotion.

No country or region can afford to simply manage diseases. We must create the conditions in which health can flourish, by addressing the conditions in which people are born, grow live, work and age.

That is what the Strategy and Plan of Action on Health Promotion aims to do. It aims to prevent or delay the use of secondary and tertiary health services for as long as possible.

But when those services are needed, it is vital that they are of good quality.

Poor quality services not only cause unacceptable suffering, they also undermine the most valuable commodity in health: trust.

If implemented, the Strategy and Plan of Action to Improve Quality of Care will go a long way towards improving outcomes and building trust between people and providers in the region.

Quality services are not just a luxury for the rich; they're a necessity for all people.

In the same way, organ, tissue and cell transplants are now life-saving procedures that should be accessible by all people who need them, not only those who can afford them.

The Strategy and Plan of Action on equitable access to organ, tissue and cell transplants aims to redress this imbalance through promoting voluntary donations, and strengthening the governance, stewardship and capacities of health systems for transplants.

The Strategy and Plan of Action on Ethnicity and Health is an important initiative to reduce inequalities for marginalized groups.

And finally, none of these initiatives are achievable without good data, which is essential for understanding who is being left behind, and why.

This is a major area of focus for WHO as part of our transformation, as it is for you.

The Plan of Action for Strengthening Information Systems for Health sets out specific actions, with concrete indicators, for improving the governance and management of health information, and the better use of new technologies.

Honourable Ministers, dear colleagues and friends,

WHO is committed to a healthier, safer and more equitable Region of the Americas.

Allow me to say a few words about how WHO is transforming to achieve that vision.

Since we last met, Carissa and the other Regional Directors and I have been hard at work transforming WHO into an agile organization that works seamlessly across all 3 levels to deliver the Sustainable Development Goals.

We now have a new programme budget to support the General Programme of Work.

To build this new budget, we turned our planning process upside down, so that country needs drive the work of the regions and headquarters.

For the first time in our history, all three levels of the organization have worked together to define exactly what headquarters will produce in the coming biennium.

As a result, we now have a list of more than 300 specific “global public health goods” that we will develop in the next two years. These are the technical tools you need to make progress towards the “triple billion” targets. All of these came from the grass-roots.

But we're not just changing what we do, we're also changing how we do it.

Our new operating model aligns the organization at all three levels, and will enable us to work together more effectively and efficiently.

We are working hard to make our organization results-oriented for delivering a measurable impact at the country level.

One of our key priorities was to make sure every single WHO employee can connect their work to our corporate priorities.

Today, 75% of staff can link their day-to-day work to the General Programme of Work, compared with only 47% last year.

We are also committed to increasing diversity across the organization, which is essential for making our new operating model work. We've already achieved several quick wins, from our new intern programme to our leadership team.

To empower and equip our staff to succeed, we have started rolling out 13 new or redesigned processes to harmonize and optimize the way we do business, from the way we develop norms and standards, to planning, monitoring implementation and results, recruitment, procurement, communications and more.

And we have announced plans for the WHO Academy, a major initiative to revolutionize health learning globally and train health workers to implement WHO norms and standards. The Academy, we believe, will be a game-changer in global health.

My brothers and sisters,

Let me leave you with three challenges for the next year.

First, the challenge of primary health care.

The political declaration on Universal Health Coverage and the Sustainable Health Agenda for the Americas emphasize the fundamental importance primary health care.

All the ingredients are in place. Now it's time for countries to invest and implement.

Second, the challenge of inequality.



You are all familiar with the catch-cry of the Sustainable Development Goals, to leave no one behind. We live in a world of searing inequalities.

Health must be one area in which those inequalities are reduced, not increased.

I urge you all to focus your efforts on the poorest, the most marginalized and the most vulnerable.

Third, the challenge of climate change.

We need a concerted effort to mobilize resources from the Green Climate Fund and other sources to both mitigate climate change and support countries to adapt their health systems to its effects.

Health systems should also be leading the way in relying more on renewable energy, using sustainable waste management and reducing single-use plastics.

My friends,

Your region, like our world, has many difficulties and divisions.

The challenge we all face is to rise above – to transcend the issues that threaten to tear us apart and unify where we can find common ground.

We share the same planet, the same DNA, the same hopes and aspirations.

Our guiding star is the right of all people to the highest attainable standard of health.

That is our vision. I am committed to working with you to make it a reality in the lives of the people we serve.

Thank you so much. Muchas gracias. Obrigado. Merci beaucoup.

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