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**PRESENTATION OF THE 2019 ANNUAL REPORT
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DIRECTOR OF THE PAN AMERICAN HEALTH ORGANIZATION AND
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THE WORLD HEALTH ORGANIZATION**

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**57th Directing Council of PAHO
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President of the 57th Directing Council of the Pan American Health Organization,
Honorable Daniel Salas, Minister of Health of Costa Rica
Honorable Ministers and Secretaries of Health of Member States of the Pan American
Health Organization
Distinguished Member State Delegates
Director General of the World Health Organization, Dr. Tedros Adhanom
Representatives of the United Nations and Other Specialized Agencies
Fellow PAHO and WHO Colleagues
Honored Guests
Esteemed Ladies and Gentlemen

Once again, a very good morning to you all.

It is my distinct pleasure to present the 2019 Annual Report of the Director of the Pan American Health Organization, which covers the period July 2018 to June 2019. Our activities during this period have continued under the overarching theme of my second term, namely- *Advancing health and well-being, leaving no-one behind*.

During the period under review, our journey to health and equity in the Region of the Americas progressed under the theme of this annual report entitled- *Advancing the Sustainable Health Agenda for the Americas 2018-2030*.

The Sustainable Health Agenda for the Americas 2018-2030 [SHAA2030] is not only the successor to the Health Agenda for the Americas 2007-2018, but it also represents the tailoring of the health and health-related goals of the global 2030 Sustainable Development Agenda to the situation and realities of our Region.

As you are all aware, the 2030 Sustainable Development Agenda, with its 17 Goals- the SDGs- was approved by the United Nations General Assembly in 2015. Though the SDG most directly related to health is SDG 3 -To ensure healthy lives and promote wellbeing for all at all ages- we should fully appreciate that all of the other SDGs do have an impact on health, as highlighted in an annex to my report.

The Region of the Americas made substantial advances towards the achievement of the Millennium Development Goals but fell short of some of those targets. The MDG agenda focused on less-developed countries, despite the fact that health inequities- which are avoidable, unfair, and unjust differences in health outcomes and status- also existed and still persist in more developed countries.

These inequities are largely the result of the social, economic, environmental and other determinants of health. They demonstrate that our health is impacted not only by our biological make-up and the quality of the health systems and services in our countries, but also by how much money and other resources we have access to; how much education we have; where we live; our gender roles; our racial and ethnic identities; our sexual preferences and identities; the state of our environment; and the type of food and drink that is promoted, available, and accessible to us, among other factors.

The Region of the Americas continues to be one of the most inequitable in the world. The phrase “the haves and the have-nots” that so clearly makes the distinction between population groups that tend to prosper, and those who do not, remains relevant, not only to financial resources and material possessions, but also to health. The mantra of the 2030 Sustainable Development Agenda-*no one left behind*- goes to the heart of sustainable national development, where the rights of all persons, including the right to the highest attainable standard of health, are respected. Progressive realization of those rights requires explicit actions from the duty-bearers, primarily governments, to ensure their universal application to all people, the rights-holders.

In 2017, the PAHO Secretariat- the Pan American Sanitary Bureau, which I shall refer to as PASB or the Bureau- supported PAHO’s Member States to develop the SHAA2030 as our roadmap to achieve the health-related SDGs. The SHAA2030 vision strongly supports *leaving no one behind* and the concept of health for all, which has captivated the attention of the global health community and people across the world for many years. The idea of healthy, productive people everywhere, living their best lives despite the inevitable challenges, is one that cannot fail to inspire.

In championing the reduction of health inequities over the years, the Bureau has worked diligently with Member States to implement a number of relevant interventions, including:

- The identification of the cross-cutting themes of human rights, gender, ethnicity, and equity, and creation of the Equity, Gender, and Cultural Diversity Office within the Bureau;

- The development of a regional Strategy for Access to Universal Health and Universal Health Coverage in 2014;
- The establishment of the Commission on Equity and Health Inequalities in the Region of the Americas in 2016; and
- The establishment of a High-Level Commission on Universal Health in the 21st Century: 40 Years of Alma-Ata in 2018.

The SHAA2030 has 11 goals and 60 targets encompassing health issues that PAHO Member States and the Bureau have been addressing for many years. In the remarks that follow, I will highlight selected areas of our technical cooperation related to the SHAA2030 goals over the review period.

The first six SHAA2030 goals relate directly to universal health and the core components of the health system, namely- service delivery; leadership and governance; health financing; health workforce; access to essential medicines, vaccines, and technologies; and health information. Health systems strengthening, with both increased access to, and coverage of, quality health services, is critical for the achievement of all the other SHAA2030 goals.

At the technical level, as we continued to implement the regional strategy for universal health, we placed great emphasis on strengthening the primary health care [PHC] approach as a core component. Universal health aims to provide comprehensive, quality, integrated health services that address promotion, prevention, diagnosis, treatment, rehabilitation, and palliation, and that are accessible to all when needed, without resulting in financial hardship for the users. While we recognize that there are differences in countries' developmental stage, size, culture, resources, and systems, we strongly believe that all countries can address the core principles and components of universal health, regardless of those differences.

In strengthening service delivery, we continued to work with Member States to expand integrated health services delivery networks, IHSDNs. We focused on strengthening the first level of care and incorporating specific priority programmatic areas, such as noncommunicable diseases [NCDs], maternal and child health, and communicable diseases into the IHSDNs.

In enhancing the stewardship and governance of the national health authority, including its capacity to enable and maintain intersectoral action and social participation, we worked with countries to define national strategies and health development plans. Additionally, we supported efforts to strengthen legal frameworks for health and revise the structure of the essential public health functions. Our ground-breaking subregional technical cooperation with the Central American Parliament, the PARLACEN, to harmonize and strengthen legal frameworks for health resulted in a model law and

guidance for legislative revision in each Central American country and the Dominican Republic.

Adequate, sustainable health financing is a key component of strengthened health systems for universal health, as emphasized in the *Report of the High-level Commission on Universal Health in the 21st Century: 40 years of Alma-Ata*, which I launched in April 2019 during a visit to Mexico. I also inaugurated the *Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30*, which aims to reduce, by at least 30 percent, barriers to health access, and to increase funding for primary health care by 30 percent, both by 2030.

The 2017 regional Strategy for Human Resources for Universal Health and the related Plan of Action 2018-2023 recognize the importance of human resources for health, and training PHC-oriented personnel. During the review period, the Bureau worked with training institutions to revise their curricula in order to produce human resources for health that meet community needs and the requirements of IHSDNs, and to fulfil the institutions' social responsibility.

At subregional level, we collaborated with the Caribbean Regional Nursing Body to finalize a Regional Strategic Plan for Nursing and Midwifery 2020-2024; we partnered with the High Council of Central American Universities and the Executive Secretary of the Council of Ministers of Health of Central America and the Dominican Republic, COMISCA, to develop a road map for the accreditation of careers in health in Central America and the Dominican Republic; and we facilitated the launch of a new Latin American Network of Schools of Public Health during the 5th International Medical Education Conference in Peru in May 2019 and the network's review of public health teaching methods in the Region.

Access to essential vaccines, medicines, and other health technologies continued to be a critical priority for the Bureau. The PAHO Revolving Fund for Strategic Public Health Supplies and the PAHO Revolving Fund for Vaccine Procurement continued to be vital pillars of our technical cooperation providing Member States with safe, effective, affordable, quality supplies, while taking advantage of economies of scale. We strengthened partnerships, established long-term agreements, and negotiated the best possible prices for costly medicines of proven effectiveness for priority diseases, exemplified by the procurement of Human Papilloma virus [HPV] vaccine, and, for the first time, medicines to control selected NCDs. Between January and September 2019, forty-one Member States and territories participated in the PAHO Revolving Fund for Vaccines, which acquired US\$ 635 million worth of vaccines on their behalf. During the same period, 23 Member States participated in the Strategic Fund for Public Health Supplies, which acquired US\$ 59 million in supplies on their behalf.

Advances in providing reliable health information were made through the strengthening of national and subnational information systems for health (IS4H) that

produce timely, quality, disaggregated data, which are essential for the identification of groups in conditions of vulnerability, decision-making, planning, monitoring, and evaluation. We worked with Caribbean countries and the Caribbean Community [CARICOM] to develop an IS4H roadmap for the Caribbean and made a Call for Proposals from public institutions for IS4H strengthening. A regional Call for Proposals resulted in funds being awarded to 36 grantees from 27 countries and territories for diverse issues ranging from telemedicine, mHealth, and electronic health records to health system analysis, rabies surveillance, infant mortality, and mental health in disasters and emergencies.

The First UN High-level Meeting on Universal Health Coverage which took place last week offered an opportunity for PAHO Member States and the Secretariat to emphasize to a global audience that access for all to quality, comprehensive health services is as important as coverage, and justify our use of the term- universal health- to encompass these two important components.

We continued to advance knowledge and evidence through the production and publication of information based on qualitative and quantitative research; enhancing platforms to facilitate knowledge exchange; and building national and subnational capacity to conduct implementation research and disseminate the results. We launched the Virtual Health Library on Traditional, Complementary and Integrative Medicine in December 2018, and supported the establishment of the Caribbean Public Health Agency's [CARPHA] Evidence Portal. We also contributed to the BiGG International Database of [GRADE](#)¹ Guidelines and established a Repository of Legislation on Risk Factors in NCDs. The Bureau took advantage of information and communication technology advances, and continued to utilize the Pan American Journal of Public Health, our flagship 21-year old, open-access, peer-reviewed scientific and technical journal, to provide health information and improve health literacy.

The likelihood and severity of outbreaks, emergencies, and disasters have increased, due in large part to climate change. These events were compounded by the mass migration of people across borders in response to political, economic, and other factors. The Bureau worked with Member States to concurrently prevent and manage disease outbreaks through extensive outreach initiatives and enhanced immunization programming as well as strengthening national core capacities for implementation of the International Health Regulations [IHR]; mitigate, respond to, and recover from natural disasters; and address the effects of mass migration in originating, transit, and destination countries. Our principles of rights-based approaches and equity mandated a focus on all populations impacted by this movement—those migrating, those in border areas and destination countries, and those left behind.

¹ GRADE = Grading of Recommendations Assessment, Development and Evaluation

PASB worked to heighten epidemiological surveillance, strengthen immunization programs, and build local and national capacity for the management of anticipated disease threats. Other areas of focus included water, sanitation, and hygiene [WASH]; vector control; and reduction of air, water, and soil pollution. The Bureau developed and published a *Guidance Document on Migration and Health*, which outlines a people-centered, multi-hazard approach and promotes shared responsibility among key stakeholders at national and subnational levels.

In Venezuela, the Bureau collaborated with national authorities, non-governmental organizations, UN agencies and other external partners to develop a Master Plan for HIV, Tuberculosis, and Malaria Control in that country, and hosted a meeting to present and discuss the Plan. I am pleased to report that the Master Plan attracted funds totaling US\$ 5 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria for the purchase of antiretroviral treatment through the PAHO Strategic Fund. In addition, we mobilized over US\$ 20 million from the international community to support national and local health systems, including the provision of essential health care to the most vulnerable groups among both the migrant and the host populations.

NCDs, and mental health and neurological conditions, remain important causes of death and illness in the Region of the Americas. The increasing NCD burden has become a global priority for action, and after the Third UN High-level Meeting on NCDs in September 2018, the 4x4 NCD priorities—cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, and risk factors of tobacco use, unhealthy nutrition, harmful use of alcohol, and physical inactivity, became 5x5, with the addition of mental health and neurological conditions to the disorders and air pollution to the risk factors.

Despite enhanced recognition of the burden and impact of NCDs, translation into measurable national outcomes and adequately resourced interventions is lagging. The Bureau’s technical cooperation to reduce NCD risk factors focused on enabling environments that “make the healthy choice the easy choice”.

We promoted and contributed to the development and implementation of legislation, regulations, and fiscal measures to reduce the consumption of unhealthy commodities and provide incentives for health-promoting activities.

As with other health issues—and arguably more so—NCD prevention and control demand multisectoral, whole-of-government, whole-of-society, health-in-all-policies actions that address the various determinants of health. PASB fostered partnerships with civil society and the health-promoting private sector, while emphasizing the need for conflict of interest management in accordance with the Framework of Engagement with Non-State Actors, FENSA.

We built on previous work in cervical cancer prevention, advancing towards elimination of the disease through technical cooperation in the framework of the regional Plan of Action for Cervical Cancer Prevention and Control 2018-2030. In support of this

goal, the PAHO Revolving Fund supplied over 1.6 million doses of HPV vaccine to countries.

Mental health and neurological disorders, and the persons who experience them, are still exposed to stigmatization. In many countries mental health services are not readily available and accessible, particularly in the public sector, and the emphasis remains on the institutional management of these disorders. The Bureau focused on mental health promotion, community mental health services, and accelerated implementation of the mental health gap action program [mhGAP], to guide interventions using the PHC approach. There were also concerted efforts to improve mental health and psychosocial support post-disasters, through strengthening of national capacity to provide psychological first aid.

Communicable diseases remain priorities for attention. Heartened by successes in reducing several of these infections, we continued to strengthen efforts towards the elimination of selected diseases and the termination of epidemics, and established strategies to reduce antimicrobial resistance [AMR]. In addressing AMR, we worked to strengthen national detection and surveillance systems; developed national AMR plans utilizing the One Health approach; implemented national antimicrobial stewardship programs; and advocated and negotiated in national and international fora for mechanisms to detect and reduce AMR. Through negotiations in which the Bureau participated, an agreement was reached for the establishment of the International Centre for Antimicrobial Resistance Solutions [ICARS] in Denmark.

We collaborated with countries to increase the uptake of WHO's recommendations on the initiation of antiretroviral treatment in people living with HIV, regardless of the CD4 count. As of mid-2019, 29 [83 percent] of PAHO's 35 Member States had adopted those recommendations, with the remaining six in the process of updating their policies.

In addressing tuberculosis, the Bureau ensured that Member States were prepared for the first High-level Meeting on Ending Tuberculosis of the UN General Assembly that was convened in September 2018. We also participated in this meeting and our interventions to reduce this disease emphasized groups in situations of vulnerability, active civil society participation, and promotion of innovative initiatives such as Tuberculosis Control in Large Cities and the Tuberculosis Elimination Initiative.

In addressing malaria, we supported countries such as Argentina and Paraguay in completing their malaria elimination certification processes; contributed to the consolidation of interruption of transmission in countries close to elimination of this disease; and supported the adaptation of national plans and strategies towards elimination of malaria in endemic countries.

Neglected infectious diseases, often seen as markers of inequities, were not neglected by the Bureau. We mobilized US\$ 1.5 million per year for two years towards

the elimination of lymphatic filariasis and supported the interruption of transmission of Chagas disease through elimination of its domestic vector in Guatemala, Honduras and Nicaragua. Transmission of Chagas disease was also interrupted in Paraguay due to the successful elimination of the domestic vector of this disease in that country. As a result of these achievements in four of the Organization's eight Key Countries, the Central America subregion and Mexico are free of the vector responsible for most of the endemicity of Chagas disease in that geographic area. Paraguay was certified as having eliminated the domestic vector of Chagas disease in its entire territory.

The Region is on the verge of eliminating dog-mediated human rabies, with only two countries reporting a total of six cases of this infection during the period under review; robust prevention and control programs are being implemented in those two Member States.

In response to the many incidents in PAHO Member States involving venomous animals such as snakes, scorpions, spiders, caterpillars, and bees, particularly in Latin America and the Caribbean, the Bureau convened the first meeting of official laboratories producing anti-snake venom in Latin America, and initiated development of reference material for the diagnosis and treatment of envenoming incidents in the Region.

Other innovative efforts to control communicable diseases included initiation of a Caribbean-wide process for the development of hepatitis C guidelines; convening of an integrated meeting of heads of hepatitis, HIV, and tuberculosis programs in Latin American countries; and support for the development of an investment case for hepatitis control in Brazil and Chile.

The Bureau's focus on reducing inequalities and inequities in health mandates the strengthening mechanisms to measure inequities and track progress towards SHAA2030 and the SDGs. We convened a regional meeting in March 2019 on "The Sustainable Development Goals in Health in the Americas: Challenges for the Monitoring of Equity and Proposals for Progress" to initiate an organization-wide, equity-focused framework for monitoring regional and country-level progress towards the SHAA2030 and SDG 3 targets.

The Bureau examined its own actions in support of health equity mandates, analyzed barriers to the implementation of health equity initiatives, and made recommendations for a broader range of strategies. These recommendations, along with those from the Commission on Equity and Health Inequalities in the Americas—whose final report will be presented to this Directing Council—will inform more effective strategies for reduction of health inequalities and inequities.

We also pursued efforts to strengthen health promotion as a crosscutting approach in addressing the social and other determinants of health, and strengthened interventions in settings such as schools, workplaces, and communities through multisectoral actions with a wide range of partners, including civil society.

In further pursuit of social inclusion, we conducted and published a systematic review of HIV, STIs, and viral hepatitis among indigenous and Afro-descendant people in Latin America; carried out extensive national and subnational consultations with indigenous peoples, Afro-descendants, Roma people, ministries of health, and other relevant entities to inform the development of the PAHO Strategy and Action Plan on Ethnicity and Health 2019-2025, which will be presented to this Directing Council; and undertook a study to review regional and country efforts towards gender mainstreaming in health. The recommendations of this study were presented during the Women Deliver Conference in Vancouver, Canada in June 2019.

As always, a critical underlying approach in the Bureau's technical cooperation was our country focus, based on the recognition that despite commonalities among countries, and effective use of subregional and regional approaches, "one size does not fit all". We continued to develop and implement Country Cooperation Strategies spanning 4-6 year periods; ensured that Member States were involved in organizational planning, budgeting, and evaluation processes, including the joint end-of-biennium evaluation, development of the PAHO Strategic Plan 2020-2025, and formulation of the Program Budget 2020-2021; and enhanced our cooperation among countries for health development [CCHD] technical cooperation modality. The Bureau allocated 1.9 million USD to support CCHD and mobilized 1.2 million USD in in-kind contributions from the participating Member States.

As might be expected, there were challenges and lessons learned during the review period, for both PAHO Member States and the Bureau. One common challenge was limited resources, reflected in some Member States by a reduction in health budgets and programs, and in the Bureau by difficulties in maintaining some technical teams and sustaining successful technical cooperation initiatives. Changes in national political administrations sometimes resulted in adjustments in national policies that threatened or negatively impacted health gains, requiring the Bureau to enhance its evidence-based advocacy and implement innovative strategies, without comprising its status and reputation as an objective, honest broker for health.

Progress has been made in increasing awareness of the need for multisectoral, whole-of-government, whole-of-society, health-in-all-policies approaches, but mechanisms for such integrated actions, such as the National NCD Commissions that have been established in some countries, are not performing optimally. Advocacy, capacity-building, and provision of resources for such entities are vital strategies for their effective functioning.

Social participation in policy development, particularly involvement of the users of the services, remains fledgling. Strategies to inform, educate, and empower civil society, including nongovernmental and *grass roots* organizations, to participate in these upstream efforts need to be enhanced. The private sector, which can sometimes be a formidable opponent to health, can also be a strong ally. With exclusion of health-

harming industries such as tobacco and arms; due diligence and management of conflict of interest; advocacy with private sector entities that have the potential to promote and support health; and engagement with health-supporting private companies, progress can be made in the whole-of-society approach to improve health.

To support our technical cooperation and maintain close alignment with ongoing WHO reform, the Bureau worked to strengthen and fine-tune its internal systems and processes, striving for greater efficiency, effectiveness, and transparency.

- We launched a new learning platform that assembles evaluation reports from different parts of the Organization and makes them available to all PASB personnel.
- We relaunched the Resource Mobilization Network for more effective resource mobilization across the Organization.
- Our Enterprise Risk Management system continued to mature, identifying organizational risks and devising strategies to manage them.
- We improved our Information Technology Services, focusing on enhanced cybersecurity.
- We continued to implement the PASB Communications Strategic Plan 2018-2022 and adopted a new PAHO visual identity and new guidelines for communication products and channels.

In looking forward, strong traditional and non-traditional partnerships remain critical to achieve the Region's priority health goals. It is undeniable that there has been some fracturing of the principle of regional solidarity, but I firmly believe that all PAHO Member States remain committed to moving forward together for the health of the Region, helping each other, and leaving no one behind. As long as that commitment remains, actions to achieve the best possible health outcomes for all can be discussed, negotiated, and brokered, and we will do everything within our power to assist Member States accordingly.

The Bureau is fully committed to the strategic approaches outlined in Phase 1 of the joint initiative by WHO and 10 other leading global organizations active in health: *Towards a Global Action Plan for Healthy Lives and Well-Being for All: Uniting to Accelerate Progress towards the Health-Related SDGs*. This initiative seeks to **align** joint efforts with country priorities and needs; **accelerate** progress by leveraging new ways of working together and unlocking innovative approaches; and **account** for contributions to progress in a more transparent and engaging way. These are all synchronous with PAHO's technical cooperation concepts and mechanisms.

Of course, we must not forget enlightened self-interest as a motivator for partnerships. It is nothing to be ashamed of! As altruistic, empathetic, and supportive as many countries and entities undoubtedly are, we all appreciate acknowledgement and appreciation. We all benefit from disease prevention and control and strengthened health

systems in countries, whether we are neighbors, visitors, or trading partners. We have created a “joined up world” and although it appears that there are perceptions to the contrary, our destinies remain intertwined, at least as they relate to health.

The Region of the Americas has many valuable lessons and experiences to share, and many valuable lessons and experiences to learn from others. The road to achievement of the SHAA2030 goals and the 2030 Agenda for Sustainable Development is not an easy one—there are potholes and pitfalls, and we can be sure that there will also be unexpected curves, perhaps even detours.

However, one thing is also sure- we will not lose sight of the destination, and together- Member States, the Bureau, and partners—we will make progress. We will develop, implement, and monitor policies, plans, and programs, adjusting them as needed for greater impact; allocate and mobilize resources for agreed priorities; and strengthen national health systems and programs, as well as PASB’s technical, managerial, and administrative functions, while observing the Organization’s values of integrity, respect, solidarity, excellence, and equity.

The PASB Team and I pledge our continued loyalty, guidance, and support on the journey to equitable health for all, and to sustainable development in the Americas, leaving no one behind.

I thank you.

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