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61st SESSION OF THE REGIONAL COMMITTEE

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**WELCOMING REMARKS BY THE DIRECTOR-GENERAL
OF THE WORLD HEALTH ORGANIZATION
DR. MARGARET CHAN**

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**ADDRESS TO THE 49th DIRECTING COUNCIL, 61st SESSION
OF THE REGIONAL COMMITTEE FOR THE AMERICAS**

Washington, D.C., 28 September 2009

Mr. President, honourable ministers, distinguished delegates, Dr. Roses, ladies and gentlemen,

We are meeting at a time when the first influenza pandemic of the 21st century continues to sweep around the world. When the pandemic comes to an end, sometime in the future, we will see a flurry of assessments of the event, its impact, and how it was managed.

We will also see what the world's collective action to tackle inequities really means.

The performance of individual governments will be scrutinized, as will that of WHO, and that of the international community.

The impact will be judged as negligible, or it will be devastating. Officials over-reacted, or underplayed the threat.

The whole thing was overblown, or preparedness was vastly inadequate. The international community did well to address fairness and equity, or it did poorly.

All of these diverse perceptions will find some resonance, depending on where people lived, or worked, or went to school when the first pandemic of the 21st century swept through the world.

I personally believe that this pandemic will be a watershed event. I say this not because we anticipate large numbers of deaths or major disruptions to economies and societies.

We do not. WHO continues to assess the impact of the H1N1 pandemic, at the global level, as moderate.

I say this because the consequences are likely to be so uneven and so unfairly felt.

I say this because the pandemic is spreading in a world where differences, in health status, in access to care, in quality of care, and in resources for health, are greater than at any time in recent history.

The overwhelming majority of cases experience mild illness with spontaneous recovery.

But as the number of infections mounts, this largely reassuring picture will be undercut by extremes—in the clinical spectrum of disease, in public opinion, in access to vaccines and other interventions, in response capacity, and in impact.

The world will see proof of the validity of arguments public health has been making for decades.

Weak health systems cost lives. Equity matters in health in a life-and-death way.

This is nothing new. This is true for a multitude of diseases and health conditions.

But when exactly the same virus causes manageable disruption in wealthy countries, but devastation for health care elsewhere, we will see what inequity really means in a measurable way, in a compressed timeframe.

We will see this under the bright spotlights of public concern and media attention.

Clinically, this is a virus of extremes. It does not seem to have a middle ground.

At one extreme are the mild cases. At the other extreme is a small subset of patients who rapidly fall seriously ill, sometimes going from normal respiratory function to multi-organ failure within 24 hours.

Even if the proportion of severe cases remains small, the numbers will grow and the burden will get bigger as more and more people become infected.

Emergency rooms and intensive care units will feel the true heat of the pandemic.

Saving these lives depends on rapid access to highly specialized care in highly specialized facilities that are simply not available in large parts of the developing world.

I do not need to say more.

Ladies and gentlemen, this Region is the centre of excellence for primary health care. This region understands the importance of making equity an explicit policy objective.

This Region has been at the forefront of efforts to address the social determinants of health.

As Dr. Roses notes in her annual report, this Region takes the principles of primary health care into account in all activities aimed at technical cooperation.

In her report, Dr. Roses has much to say about the Region's new vision of primary health care.

She cites abundant experience showing that this is the most effective approach for promoting equitable and sustainable improvements in health.

Strong health systems organized and managed according to the principles of primary health care give countries the resilience needed to weather global crises—like the severe economic downturn, a climate that is changing for the worse, and an influenza pandemic that is now unstoppable.

I also agree with her observation that many of the challenges facing public health today are largely similar to those that gave rise to the Declaration of Alma-Ata three decades ago.

These issues are well worth raising again at a time of economic upheaval and turbulent change.

The financial crisis hit the world where it hurts the most: money. The world has to pay attention.

Leaders in sectors with far more clout than public health are experiencing a major shift in thinking about how this world operates at the international level.

We are seeing a shift in thinking about what we, collectively, want to achieve.

We are hearing high-level talk about the need to give international systems and policies a moral dimension, and make them responsive to the genuine values and concerns of society.

We saw this at the G20 summit last week, which is forging a new world economic order that is inherently more inclusive and more fair.

We hear calls for values like community, equity, and social justice that are new in the vocabulary of world leaders, but very familiar to public health.

These are the values long embodied in the primary health care approach.

Perhaps some of our age-old arguments will now be heard as the influenza pandemic, in parallel, proves the point in a way that will be hard to ignore.

I wish you a most productive meeting.

In doing so, I also urge you to persist in your agendas for primary health care, equity, and social justice in your unique spirit of pan-American solidarity.

Thank you.