ANNUAL REPORT OF THE DIRECTOR 2018

PRIMARY HEALTH CARE
THE TIME IS NOW
PRIMARY HEALTH CARE: THE TIME IS NOW

For PAHO, primary health care (PHC) refers to much more than merely the first level of care. PHC is a strategic approach to developing, organizing, and financing health systems and services that are equitable and centered on people, their families, and communities. The PHC approach implies a whole-of-society commitment in which the right to health is fully expressed and calls for increasing the capacity of the first level of care within integrated networks of services, intersectoral action to address the social determinants of health, and social participation. The PHC approach requires governance and political will; well-trained and equitably distributed human resources for health; financing mechanisms that are fair, equitable, and solidarity-based; information systems for health; and access to safe, appropriate, affordable, and effective medicines and health technologies.

Throughout 2017-2018, PAHO worked with its Member States to implement PHC as the overarching strategy to achieve universal health. This year’s Annual Report of the Director details PAHO’s technical cooperation with member countries during 2017-2018 aimed at strengthening health systems based on primary health care: breaking down barriers to access; giving voice to the unheard; and enabling social participation, government action, intersectoral and multisectoral collaboration, and advocacy for health.
2018 marks the 40th anniversary of the Alma-Ata Declaration on primary health care, which called for “health for all by the year 2000.” Alma-Ata confirmed the right of everyone, everywhere to have access to health that allows for a full, productive, and dignified life. It assigned governments the responsibility for ensuring their people access to health services that not only are curative but that also address promotion, prevention, and rehabilitation.

Although the goal of “Health for All” was not met by the target date, the values and principles of Alma-Ata have inspired worthy efforts to expand access to health over the past four decades. Throughout 2017-2018, PAHO drew on accumulated knowledge and experience since Alma-Ata to strengthen PHC as a critical strategy to advance universal health in the 21st century.

By embracing primary health care to address the needs of people living in difficult circumstances due to social inequalities, including indigenous people and Afro-descendants, the region of the Americas is progressively transforming the vision of “Health for All” into a reality.
A RENEWED FOCUS ON EQUITY

“Leaving no one behind” requires eliminating barriers that keep many people in the Americas from accessing health and health care. Throughout 2017-2018, PAHO worked with its Member States to expand access to health for people living in difficult circumstances due to social inequalities. These included indigenous people, Afro-descendants, and other ethnic groups; women; LGBT people; older adults; and migrants.

PAHO’s technical cooperation in this area in 2017-2018 included advancing the work of the Commission on Equity and Health Inequalities in the Americas and the report on the health situation and access to care for LGBT persons, mandated by the landmark PAHO resolution “Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual and Trans Persons.”

In addition, a new PAHO Policy on Ethnicity and Health was approved, and PAHO supported the launch of Every Woman, Every Child – Latin America and the Caribbean (EWEC-LAC) and the Santiago Commitment to Action, advancing interministerial-level political commitment for the implementation of the Global Strategy for Women’s, Children’s and Adolescents’ Health in the Region. PAHO accelerated implementation of the “Zero Maternal Deaths by Hemorrhage” initiative, which seeks to reduce the equity gap in maternal mortality in 10 countries where women are most at-risk of dying in childbirth.

The principles of nondiscrimination and inclusion, which involve the LGBT community, are integral to the PHC approach.
PAHO assisted member countries in beginning or deepening health systems transformation or strengthening initiatives based on PHC for universal health. This included technical cooperation to strengthen stewardship and governance, improve health financing systems, increase efficiency of health services, and promote a strategic focus on the first level of care within integrated health services delivery networks to address a wide range of public health priorities, including maternal and child health, sexual and reproductive health, NCDs, mental health, injury prevention, communicable diseases, and health emergencies. Specific PAHO technical cooperation in this area in 2017-2018 included support for rebuilding and transforming Dominica’s health system following Hurricane Maria, support to 13 countries to implement national road maps to advance towards universal health, support to 17 countries for the improvement and regulation of health financing systems, and technical cooperation to 8 countries for implementation of integrated health service delivery networks. The PAHO Strategy on Human Resources for Universal Access to Health and Universal Health Coverage was approved.

PAHO also continued its technical cooperation aimed at strengthening national regulatory authorities. This included coordinating with 16 countries to facilitate sharing of information on substandard and falsified pharmaceutical products and with 17 countries to exchange pharmacovigilance alerts.
FOSTERING A WHOLE-OF-SOCIETY APPROACH

The PHC approach implies a whole-of-society commitment to making countries’ health systems universal and people-centered, with broad social participation in health and the engagement of other sectors to ensure “health in all policies” (HiAP).

During 2017-2018, PAHO’s technical cooperation in this area included support for a new network of mayors for healthy municipalities; facilitation of intersectoral dialogue among finance, trade, and health officials in collaboration with UNDP, the World Bank and other partners; and compiling evidence on the impact of NCDs on social and economic development for health authorities to use in advocating with heads of state and ministries of finance. PAHO also supported the creation of local intersectoral commissions that give parents, teachers, students, neighborhoods, street vendors, professionals, and others the opportunity to play an active role in health decision-making.

The “whole-of-society” approach encourages public participation and creates spaces for all voices to be heard.
HEALTH
EMERGENCIES AND
DISEASE ELIMINATION

During 2017-2018, PAHO helped countries respond to outbreaks of yellow fever, diphtheria, measles, and other infectious diseases while also working to strengthen core capacities within the framework of the International Health Regulations (IHR). This included support from PAHO’s Revolving Fund to procure needed vaccines as well as technical cooperation aimed at strengthening laboratory capacity in countries throughout the Region. PAHO also helped member countries advance toward the elimination of diseases. The regional elimination of maternal and neonatal tetanus was achieved in 2017; in June 2018, WHO certified Paraguay as having eliminated malaria; and in December 2017 Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat and Saint Kitts and Nevis received certificates for their elimination of mother-to-child transmission of HIV and syphilis. In addition, Cuba was recertified by WHO for the same achievement.

PAHO provided key assistance in the aftermath of hurricanes Irma and Maria, which broke records for their severity in the Caribbean, and following the eruption of Guatemala’s Fuego volcano, to help authorities assess and meet the health needs of affected communities. This complemented support for ongoing efforts in the Caribbean and elsewhere in the Americas to strengthen disaster preparedness, including early warning and rapid response systems, and to reduce risks in the health sector through the Smart Hospitals Initiative.
When I began my second term as Director of the Pan American Health Organization, I defined the overarching theme of my second term as “Advancing health and well-being, leaving no one behind.” In the spirit of this theme, one of my top priorities has been advancing universal health through resilient health systems based on the primary health care approach. This includes promoting a renewed focus on equitable health for all, with special emphasis on women, children, ethnic groups, indigenous populations, and persons living in conditions of vulnerability.

I believe this report reflects well the work that we in PAHO’s secretariat have undertaken in collaboration with our Member States and other partners to advance these priorities. I am confident that all our stakeholders will see in this report the many ways that PAHO’s technical cooperation programs and health leadership are helping to bring our Region closer to realizing the dream of “Health for All.”
ANNUAL REPORT OF THE DIRECTOR 2018

PRIMARY HEALTH CARE
THE TIME IS NOW

WWW.PAHO.ORG/AR2018

PAHO

525 23rd St. NW
Washington, DC 20037

www.paho.org

PAHOWHO
PAHOWHO
OPSPAHO
PAHOTV

WWW.PAHO.ORG/AR2018